## E 1040 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.

| Age/Blindness You:  | Filing Status<br>Check only<br>one box.  | If yo                                      | Single  Married filing jointly [<br>u checked the MFS box, enter the r<br>son is a child but not your dependen | name of         |                               |        |              |                     |              |                                |                                 |                  |         |  |
|---|--|--|--|-----------------|-------------------------------|--------|--------------|---------------------|--------------|--------------------------------|---------------------------------|------------------|---------|--|
| If joint return, spouse's first name and middle initial   Last name   Last name   Last name   APLIED FOR  | Your first name and middle initial Last  |  |  |                 | me                            |        |              |                     |              |                                | Your social security number     |                  |         |  |
| Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.  Apt. no.  Apt. no.  Cry, town, or post office. If you have a foreign address, also complete spaces below.  Cry, town, or post office. If you have a foreign address, also complete spaces below.  Cry, and a province/state/county  Foreign country name  Foreign province/state/county  Foreign postal code  Foreign postal code  Foreign postal code  Tyou so a dependent  Someone can claim: you as a dependent your spouse as a dependent  Sopuse iterrizes on a separate return or you were a dual-status alien  Age/Blindness You: Were born before January 2, 1957 Are blind  Dependents (see instructions):  (1) First name  Last name  Last name  1 Wages, salaries, tips, etc. Attach Form(s) W-2  Attach  2a Tax-exempt interest 2a b Taxable amount.  4a IRA distributions  4a IRA distributions  4a IRA distributions  4a IRA distributions  5a Pensions and annuities  5a Social security benefits  6a Social security benefits  6a Social security tenguine  4a IRA distributions  4a IRA distributions  4a IRA distributions  5a Pensions and annuities  5a Social security benefits  6a Social security tenguine  5a Pensions and annuities  5a Pensions and annuities  5a Dordinary dividends  5a Social security benefits  6a Social security tenguine  4a IRA distributions  4a IRA distributions  4a IRA distributions  4b IRA distributions  5a Pensions and annuities  5a Pensions and annuities  5a Pensions and annuities  5a Dordinary dividends  5a Social security tenefits  6a Dordinary dividends  5a Dor    | HARISH   |  |  |                 | THALLURI                      |        |              |                     |              |                                | 086-15-8008                     |                  |         |  |
| Apt. no.   Check here if you, or your Samulary Street, if you have a P.O. box, see instructions.   Apt. no.   Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.   You   Samular Standard   Samular Street   Samular Standard   Samular Standard Standard   Samular Standard   Samular Standard Standard   Samular Standard Standard Standard Standard Standard   Samular Standard Stan     | If joint return, spouse's first name and middle initial Las                            |  |  |                 | me                            |        |              |                     |              |                                | Spouse's social security number |                  |         |  |
| City, town, or post office. If you have a foreign address, also complete spaces below.   State   ZIP code   74555   55 to 9   50 to this fund. Checking a box below will not change   Yes   No   Standard   Yes   Yes   No   Standard   Yes   Yes   No   Standard   Yes   Yes   Yes   No   Standard   Yes   Yes   Yes   Yes   No   Standard   Yes         | RAJITHA  |  |  | UMMZ            | ANENI                         |        |              |                     |              |                                | APPLIED FOR                     |                  |         |  |
| City, town, or post office. If you have a foreign address, also complete spaces below.  Ca  | Home address   | (numbe                                     | er and street). If you have a P.O. box, see  | ructions.       |                               |        |              | Apt. no.            |              | Presidential Election Campaign |                                 |                  |         |  |
| Treatment in the proposition of     | 34247 E  | THAN                                       | TER,   |                 |                               |        |              |                     |              |                                |                                 |                  |         |  |
| FREMONT Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign postal code your tax or refruit   You   Spouse   Standard   Your spouse as a dependent   Your spouse as a dependent  | City, town, or p   | ce. If you have a foreign address, also co | te spaces below.   |                 |                               | ZIF    |              |                     |              |                                |                                 |                  |         |  |
| At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  \  Yes  \  No  \   Standard Deduction  \  Spouse itemizes on a separate return or you were a dual-status alien  Age/Blindness You:  \  Were born before January 2, 1957  \  Are blind  \  Spouse:  \  Was born before January 2, 1957  \  Is blind  Dependents (see instructions):  \  (2) Social security   | FREMONT  |  |  |                 | CA                            |        |              | 9                   |              |                                |                                 |                  |         |  |
| At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  \[ \forall \text{No} \]  Standard Deduction \[ Spouse itemizes on a separate return or you were a dual-status alien  Age/Blindness You:  \[ Were born before January 2, 1957 \] Are blind \[ Spouse:  \] Was born before January 2, 1957 \[ Is blind \]  Dependents (see instructions):  If more than four dependents, see instructions and check here \[ \begin{array}{c} \] 1 Wages, salaries, tips, etc. Attach Form(s) W-2  2a Tax-exempt interest \[ 2a \] b Taxable interest \[ 2b \] Social security see instructions \[ 3a \] Qualified dividends \[ 3a \] 1.  Attach Sch. B if required.  4a IRA distributions \[ 4a \] B Taxable amount \[ 4b \] 5 Pensions and annuities \[ 5a \] Social security benefits \[ 6a \] Social security benefits \[ 6b \] Social security benefits \[ 6a \] Social security benefits \[ 6a \] Social security benefits \[ 6a \] Social security benefi    | Foreign country name   |  |  |                 | Foreign province/state/county |        |              | Foreign postal code |              | code                           | your tax or refund.             |                  |         |  |
| Standard Deduction  Someone can claim:  |  |  |  |                 |                               |        |              |                     |              | You                            | Spouse                          |                  |         |  |
| Spouse itemizes on a separate return or you were a dual-status alien  | At any time du   | ring 20                                    | 021, did you receive, sell, exchange   | , or othe       | erwise dispose of a           | ny fir | nancial inte | rest in a           | ny virtual o | curren                         | ncy?                            | Yes              | ⊠ No    |  |
| Dependents (see instructions):  If more than four dependents, see instructions and check here ▶ □  Attach Sch. B if required.  Sch. B if required.  Attach Sch. B if required.  Attach Sch. B if required.  The distributions and annuities and check here ▶ □  Attach Sch. B if required.  The distributions and annuities and check here ▶ □  Attach Sch. B if required.  The distributions and annuities and check here ▶ □  Attach Sch. B if required.  The distributions and annuities and check here ▶ □  Attach Sch. B if required.  The distributions and annuities and check here ▶ □  The distributions and annuities and check here ▶ □  The distributions and annuities and check here ▶ □  The distributions and annuities and check here ▶ □  The distributions and annuities and check here ▶ □  The distributions and check here ▶ □  The dis     | Standard<br>Deduction  | _  |  |                 | •                             |        |              | ent                 |              |                                |                                 |                  |         |  |
| Dependents (see instructions):  If more than four dependents, see instructions and check here ▶ □  Attach Sch. B if required.  Sch. B if required.  Attach Sch. B if required.  Attach Sch. B if required.  The distributions and annuities and check here ▶ □  Attach Sch. B if required.  The distributions and annuities and check here ▶ □  Attach Sch. B if required.  The distributions and annuities and check here ▶ □  Attach Sch. B if required.  The distributions and annuities and check here ▶ □  Attach Sch. B if required.  The distributions and annuities and check here ▶ □  The distributions and annuities and check here ▶ □  The distributions and annuities and check here ▶ □  The distributions and annuities and check here ▶ □  The distributions and annuities and check here ▶ □  The distributions and check here ▶ □  The dis     | Age/Blindness  | s You:                                     | Were born before January 2. 1  | 957             | Are blind S                   | pous   | se: 🗌 Wa     | s born b            | efore Janu   | Jarv 2                         | . 1957                          | ☐ Is b           | lind    |  |
| If more than four dependents, see instructions and check here ▶ □    1 Wages, salaries, tips, etc. Attach Form(s) W-2   2a Tax-exempt interest   2a   b Taxable interest   2b     3a Qualified dividends   3a   1   b Ordinary dividends   3b   1     1 RA distributions   4a   b Taxable amount   4b     5a Pensions and annuities   5a   b Taxable amount   5b     5a Social security benefits   6a   b Taxable amount   6b     5a Other income from Schedule D if required. If not required, check here   7   550.   Single or Married filing separately, 512,550   10   Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   9   90,824.   Standard deduction or itemized deductions (from Schedule A)   12a   25,100.   Subtract line 10 from line 9. This is your adjusted gross income   10   10   25,100.   Head of household, 518,880   13   24   25,100.   If you checked any box under Standard Placeurs   14   25,100.   Poduction   15   Taxable income Subtract line 14 from line 11, from or less, enter -0-   |  | -  |  | <u> </u>        | T                             |        |              |                     | I            |                                |                                 |                  |         |  |
| than four dependents, see instructions and check here   | •  | •  | ,  |                 |                               |        | 1 ' '        |                     |              |                                |                                 | 1. 1             | •       |  |
| dependents, see instructions see instru     |  | (1)  |  |                 |                               |        |              |                     |              |                                |                                 |                  |         |  |
| and check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □  | dependents,  |  |  |                 |                               |        |              |                     |              | $\overline{\sqcap}$            |                                 |                  |         |  |
| Attach Sch. B if required.  1 Wages, salaries, tips, etc. Attach Form(s) W-2  2a Tax-exempt interest . 2a b Taxable interest . 2b  3a Qualified dividends . 3a 1 . b Ordinary dividends . 3b 1 .  IRA distributions . 4a b Taxable amount . 4b  5a Pensions and annuities . 5a b Taxable amount . 5b  Standard Deduction for Bingle or Married filing separately, \$12,550  Married filing jointly or Qualifying Widow(er), \$25,100  Head of household, \$18,800  It you checked any box under Standard Dyeduction, \$13 Qualified business income deduction from Form 8995 or Form 8995-A . 13  It wages, salaries, tips, etc. Attach Form(s) W-2  1 90,273.  1 |  | s —  |  |                 |                               |        |              |                     |              |                                |                                 |                  |         |  |
| Attach Sch. Bif required.  2a Tax-exempt interest   | here ▶ □   |  |  |                 |                               |        |              |                     |              | $\overline{\sqcap}$            |                                 |                  |         |  |
| Attach Sch. Bif required.  2a Tax-exempt interest   |  | . 1  | Wages, salaries, tips, etc. Attach l   | Form(s)         | W-2                           |        |              |                     |              | · .                            | . 1                             |                  | 90,273. |  |
| Sch. B if required.  3a Qualified dividends   | Attach   | 2a   |  | 1               |                               | b      | Taxable int  | erest               |              |                                | 2b                              |                  |         |  |
| Textured       |  | 3a   |  | 3a              | 1.                            |        |              |                     |              |                                | 3b                              | ,                | 1.      |  |
| Standard Deduction for—Single or Married filing separately, \$12,550  | required.  | 4a   | IRA distributions  | 4a              |                               | -      |              |                     |              |                                | . 4b                            | ,                |         |  |
| Deduction for — Single or Married filing separately, \$12,550     7     Capital gain or (loss). Attach Schedule D if required. If not required, check here     7     550.       9     Other income from Schedule 1, line 10     8       9     Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income     9     90,824.       Married filing jointly or Qualifying widow(er), \$25,100     10     11     Subtract line 10 from line 9. This is your adjusted gross income     11     90,824.       Head of household, \$18,800     50     Charitable contributions if you take the standard deduction (see instructions)     12a     25,100.       If you checked any box under Standard Peduction, Deduction, Deduction, Total Deduction, Deduction, Total Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Total Description or Interval Description or Int   |  | 5a   | Pensions and annuities   | <b>5a b</b> Tax |                               |        | Taxable an   | axable amount       |              |                                | . 5b                            | ,                |         |  |
| Capital gain or (loss). Attach Schedule D if required. If not required, check here   7   550.   | Standard   | 6a   | Social security benefits   | 6a              |                               | b      | Taxable an   | nount .             |              |                                | . 6b                            | ,                |         |  |
| Married filing separately, \$12,550  9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  10 Adjustments to income from Schedule 1, line 26  11 Subtract line 10 from line 9. This is your adjusted gross income  12a Standard deduction or itemized deductions (from Schedule A)  12a Standard deduction or itemized deduction (see instructions)  12b  12c 25,100  13 Qualified business income deduction from Form 8995 or Form 8995-A  14 Add lines 12c and 13  15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-   | Deduction for -  | 7  |  |                 |                               |        |              |                     |              |                                | ] 7                             |                  | 550.    |  |
| ## Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  ## Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  ## Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  ## Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  ## Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  ## Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 10b  ## Add lines 1.2b, 3b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 10b  ## Add lines 1.2b, 3b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 10b  ## Add lines 1.2b, 3b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 6b, 7, and 8. This is your total income  ## Add lines 1.2b, 3b, 6b, 7, and 8. This is your adjusted gross income  ## Add lines 1.2b, 3b, 6b, 7, and 8. This is your adjusted gross income  ## Add lines 1.2b, 7, 10b  ##    | Married filing separately, \$12,550  • Married filing jointly or Qualifying widow(er), | 8  |  |                 |                               |        |              |                     |              |                                |                                 |                  |         |  |
| Married filing jointly or Qualifying widow(er), \$25,100     12a     Standard deduction or itemized deductions (from Schedule A)     12a     25,100       Head of household, \$18,800     b Charitable contributions if you take the standard deduction (see instructions)     12b     12c     25,100       If you checked any box under Standard Peduction, Deduction, United Standard Deduction In Information Schedule 1, line 26     10     10       11 Subtract line 10 from line 9. This is your adjusted gross income     12a     25,100       12a     25,100     12b       b Charitable contributions if you take the standard deduction (see instructions)     12b       13 Qualified business income deduction from Form 8995 or Form 8995-A     13       14 Add lines 12c and 13     14 Add lines 12c and 13       15 Taxable income. Subtract line 14 from line 21. If zero or less, enter -0-     15   |  | 9  | ·  |                 |                               |        |              |                     |              | . 1                            | ▶ 9                             |                  | 90,824. |  |
| Qualifying widow(er), \$25,100     12a     Standard deduction or itemized deductions (from Schedule A)     12a     25,100       Head of household, \$18,800     b     Charitable contributions if you take the standard deduction (see instructions)     12b     12c     25,100       If you checked any box under Standard Pdeduction, \$20 under Operation of the production of the pro   |  | 10   | Adjustments to income from Schedule 1, line 26   |                 |                               |        |              |                     |              |                                | . 10                            | )                |         |  |
| widow(er), \$25,100  Head of household, \$18,800  If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, \$15  Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-  |  | 11   | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>  |                 |                               |        |              |                     |              | ▶ 11                           |                                 | 90,824.          |         |  |
| Head of household, \$18,800   |  |  |  |                 |                               |        |              |                     |              | ,100                           | ٥. 🗌                            |                  |         |  |
| \$18,800       C       Add lines 12a and 12b       12c       25,100         If you checked any box under Standard       14       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12c and 13       14       25,100         Deduction, Deduction, Deduction, Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-       15       65,724  | Head of  | b  |  |                 |                               |        |              |                     |              |                                |                                 |                  |         |  |
| 13 Qualified business income deduction from Form 8995 or Form 8995-A  | household,   | С  | , , ,  |                 |                               |        |              |                     |              |                                | . 12                            | С                | 25,100. |  |
| Standard         14         Add lines 12c and 13         15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-         15         55, 724  | If you checked   | 13   |  |                 |                               |        |              |                     |              |                                |                                 |                  |         |  |
| Deduction, 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-   | any box under  | 14   | Add lines 12c and 13   |                 |                               |        |              |                     |              | . 14                           |                                 | 25 <b>,</b> 100. |         |  |
|   | Deduction,   | 15   | <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0                                |                 |                               |        |              |                     |              |                                | 15                              | _                |         |  |

| Form 1040 (202                     | 1)   |  |  |   |  |            |            |                                 |  | Page <b>Z</b>          |  |
|------------------------------------|------|--|--|---|--|------------|------------|---------------------------------|--|------------------------|--|
|                                    | 16   | Tax (see instructions). Check  | if any from Form                                       | (s): <b>1</b> 881                           | 4 <b>2</b> 🗌 4972                      | 3 🗌        |            |                                 | 16   | 7,489.                 |  |
|                                    | 17   | Amount from Schedule 2, lin  | ne 3   |   |  |            |            |                                 | 17   |                        |  |
|                                    | 18   | Add lines 16 and 17  |  |   |  |            |            |                                 | 18   | 7,489.                 |  |
|                                    | 19   | Nonrefundable child tax credit or credit for other dependents from Schedule 8812                       |  |   |  |            |            |                                 | 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   | 7,489.                 |  |
|                                    | 23   | Other taxes, including self-employment tax, from Schedule 2, line 21                                   |  |   |  |            |            |                                 | 23   | 0.                     |  |
|                                    | 24   | Add lines 22 and 23. This is your <b>total tax</b>   |  |   |  |            |            |                                 | 24   | 7,489.                 |  |
|                                    | 25   | Federal income tax withheld from:  |  |   |  |            |            |                                 |  |                        |  |
|                                    | а    | Form(s) W-2  |  |   |  | 25a        | 14         | <b>,</b> 983.                   |  |                        |  |
|                                    | b    | Form(s) 1099   |  |   |  | 25b        |            |                                 |  |                        |  |
|                                    | С    | Other forms (see instruction   | s)   |   |  | 25c        |            |                                 |  |                        |  |
|                                    | d    | Add lines 25a through 25c  |  |   |  |            |            |                                 | 25d  | 14,983.                |  |
| If you have a                      | 26   | 2021 estimated tax paymen  |  |   |  | 1 1        |            |                                 | 26   |                        |  |
| qualifying child, attach Sch. EIC. | 27a  | Earned income credit (EIC)   |  |   |  | 27a        |            |                                 | _  |                        |  |
| attaon oon. Lio.                   |      | Check here if you were I January 2, 2004, and you  |  |   |  |            |            |                                 |  |                        |  |
|                                    |      | taxpayers who are at least a   |  |   |  |            |            |                                 |  |                        |  |
|                                    | b    | Nontaxable combat pay elec   | -  | 1 1   | _                                      |            |            |                                 |  |                        |  |
|                                    | С    | Prior year (2019) earned inco  |  |   |  |            |            |                                 |  |                        |  |
|                                    | 28   | Refundable child tax credit or   |  |   | Schedule 8812                          | 28         |            |                                 |  |                        |  |
|                                    | 29   | American opportunity credit from Form 8863, line 8   |  |   |  |            |            |                                 |  |                        |  |
|                                    | 30   | Recovery rebate credit. See  |  |   |  | 30         |            |                                 |  |                        |  |
|                                    | 31   | Amount from Schedule 3, line 15  |  |   |  |            |            |                                 |  |                        |  |
|                                    | 32   | Add lines 27a and 28 through 31. These are your total other payments and refundable credits            |  |   |  |            |            |                                 | 32   |                        |  |
|                                    | 33   | Add lines 25d, 26, and 32. These are your <b>total payments</b>  |  |   |  |            |            |                                 | 33   | 14,983.                |  |
| Refund                             | 34   | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> |  |   |  |            |            |                                 | 34   | 7,494.                 |  |
| riciana                            | 35a  | Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶ □            |  |   |  |            |            | 35a                             | 7,494.   |                        |  |
| Direct deposit?                    | ▶b   | Routing number 0 5 1   | 0 0 0 0  | 1 7   | ▶ c Type: 🛛                            | ] Checkii  | ng 🗌 S     | Savings                         |  |                        |  |
| See instructions.                  | ▶d   | Account number 4 3 5 0 4 5 3 2 6 7 2 5   |  |   |  |            |            |                                 |  |                        |  |
|                                    | 36   | Amount of line 34 you want   | applied to your  | 2022 estimate                               | ed tax 🕨                               | 36         |            |                                 |  |                        |  |
| Amount                             | 37   | Amount you owe. Subtract   | line 33 from line                                      | 24. For details                             | s on how to pay,                       | see instr  | uctions    | . ▶                             | 37   |                        |  |
| You Owe                            | 38   | Estimated tax penalty (see in  | nstructions) .   |   | 🕨                                      | 38         |            |                                 |  |                        |  |
| Third Party                        |      | you want to allow another  | person to disc   | cuss this retur                             | n with the IRS?                        | See        | ¬ν ο-      |                                 | la al acco   | ₩.                     |  |
| Designee                           |      | nstructions  |  |   |  |            |            | •                               |  | X No                   |  |
|                                    |      | Designee's Phone Personal iden name ► no. ► number (PIN)   |  |   |  |            |            |                                 |  |                        |  |
| Sign                               | Un   | der penalties of perjury, I declare  | that I have examine                                    | ed this return and                          | accompanying sch                       | nedules an | d statemer | its, and t                      | o the bes  | at of my knowledge and |  |
| Here                               | bel  | ef, they are true, correct, and com  | of preparer (other than taxpayer) is based on all info |   |  |            | n of whic  | h prepare                       | er has any knowledge.                              |                        |  |
| Here                               | Yo   | ur signature   | Date Your occupation                                   |   |  |            |            | If the IRS sent you an Identity |  |                        |  |
| laint out on O                     | N.   |  |  |   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |            |            |                                 | Protection PIN, enter it here (see inst.)          |                        |  |
| Joint return? See instructions.    | Sn   | Spouse's signature. If a joint return, <b>both</b> must sign.  |  | Date APPLICATION DEVEL  Spouse's occupation |  |            |            |                                 | If the IRS sent your spouse an                     |                        |  |
| Keep a copy for your records.      | Ор   | opouse a signature. Il a joint return, <b>both</b> must sign.  |  |   | ale spouse's occupation                |            |            |                                 | Identity Protection PIN, enter it here (see inst.) |                        |  |
|                                    |      |  |  |   | HOME MAKER                             |            |            |                                 |  |                        |  |
|                                    |      | Phone no. (334) 492-1831   |  |   | Email address HARISHTHALLURI@GMAIL.COM |            |            |                                 |  |                        |  |
| Paid                               | Pre  | parer's name   | Preparer's signat                                      | ure   |  | Date       |            | PTIN                            |  | Check if:              |  |
| Preparer                           | SYAM | PRIYA RAM SAGAR GUPTA TALLAM   | RAM SAGAR GUPTA TALLAM 03/19/20                        |   |  | 9/2022     | P0208      | 2703                            | Self-employed                                      |                        |  |
| Use Only                           | Fir  |  |  |   |  |            |            | Pho                             | Phone no. (678) 965-9522                           |                        |  |
| ————                               | Fir  | Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041   |  |   |  |            |            |                                 | Firm's EIN ► 30-1017196                            |                        |  |
|                                    |      |  |  |   |  |            |            |                                 |  |                        |  |