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 Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nonis a child but not your dependent	- ame of	ried filing separately (f your spouse. If you	, -			,	, –	_		. , . ,	
Your first name and middle initial				Last name							Your social security number		
SRI SAI MALLIK				BOLLU						***-**-7097			
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number			
Home address (number and street). If you have a P.O. box, see 6409 BREEZE BAY PT				instructions.				1126 CI			nere if you,		
City, town, or post office. If you have a foreign address, also cor FORT WORTH				spaces below.	State TX		ZIP code 76131			to go to		otly, want \$3 Checking a change	
Foreign country name				Foreign province/state,	county	ounty For		oreign postal code		your tax			
At any time du	ring 20	21, did you receive, sell, exchange,	or oth	erwise dispose of an	y financi	al interest i	in any	virtual o	urren	cy?	Yes	⊠ No	
Standard Deduction		eone can claim:				ependent			6				
Age/Blindness	You:	☐ Were born before January 2, 1	957	Are blind Sp	ouse: [Was bor	rn befo	ore Janu	ary 2,	1957	☐ Is bl	ind	
Dependents	s (see	instructions):		(2) Social securit	y (3) Relationsh	nip	(4)	if qua	alifies for	r (see instru	ctions):	
If more	(1) F	rst name Last name	number to y		to you		Child	tax cre	dit	Credit for ot	her dependents		
than four													
dependents, see instructions	s ——							<u>'</u>			[
and check													
here ▶									Ш				
A 1	_1_	Wages, salaries, tips, etc. Attach F	orm(s)	W-2						1	1.	13,358.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b Taxa	ble interest	t.			2b	1		
required.	3a	Qualified dividends	3a		b Ordi	nary divide	nds .			3b	1		
	4a	IRA distributions	4a		b Taxa	ble amoun	t			4b			
	5a	Pensions and annuities	5a		b Taxa	ble amoun	t			5b			
Standard	6a	Social security benefits	6a 4		b Taxa	ble amoun	t			6b			
Deduction for—	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7			
• Single or Married filing separately, \$12,550	8	Other income from Schedule 1, line 10							8	-2	21,380.		
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						9		91,978.			
• Married filing jointly or Qualifying	10	Adjustments to income from Sche								10	1		
	11	Subtract line 10 from line 9. This is your adjusted gross income							11		91,978.		
widow(er),	12a	Standard deduction or itemized				. 12	a	12,	550				
\$25,100 • Head of household,	b	Charitable contributions if you take						•	300				
	С	Add lines 12a and 12b								120		12,850.	
\$18,800 If you checked any box under Standard Deduction,	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		,	
	14	Add lines 12c and 13								14		12,850.	
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0							15	_	79,128.		
see instructions.											_		

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

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	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3		16	13,156.				
	17	Amount from Schedule 2, line 3		17					
	18	Add lines 16 and 17		18	13,156.				
	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	13,156.				
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.				
	24	Add lines 22 and 23. This is your total tax	. ▶	24	13,156.				
	25	Federal income tax withheld from:							
	а	Form(s) W-2	167.						
If you have a qualifying child, attach Sch. EIC.	b	Form(s) 1099							
	C	Other forms (see instructions)							
	d	Add lines 25a through 25c		25d	18,167.				
	26	2021 estimated tax payments and amount applied from 2020 return	.C.	26					
	27a	Earned income credit (EIC)							
		Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ▶ □							
	b	Nontaxable combat pay election							
	С	Prior year (2019) earned income							
	28	Refundable child tax credit or additional child tax credit from Schedule 8812	-						
	29	American opportunity credit from Form 8863, line 8		-					
	30	Recovery rebate credit. See instructions	-						
	31	Amount from Schedule 3, line 15							
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credi		32	10 100				
	33	Add lines 25d, 26, and 32. These are your total payments		33	18,167.				
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid		34	5,011.				
5	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	▶□	35a	5,011.				
Direct deposit? See instructions.	▶ b	Routing number							
	►d	, toodan manifest							
	36	Amount of line 34 you want applied to your 2022 estimated tax > 36							
Amount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions		37					
You Owe	38	Estimated tax penalty (see instructions)							
Third Party Designee	ins	o you want to allow another person to discuss this return with the IRS? See structions		⊠ No					
		me ▶ no. ▶ numbe	er (PIN)	>					
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge a belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge								
	You	ur signature Pate Your occupation			nt you an Identity				
l-i-t0		IT		inst.)	N, enter it here				
Joint return? See instructions. Keep a copy for your records.	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)					
	Pho	one no. (860)841-9391 Email address SAIMALLIK007@GMAIL.COM	1						
Doid	Pre		PTIN		Check if:				
Paid					Self-employed				
Preparer	Firr	m's name ▶	Phor	one no.					
Use Only	Firr	m's address ▶	Firm'	's EIN ▶					
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information.			Form 1040 (2021)				