E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

2021

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status	s 🔀 S	Single Married filing jointly	Marı	ried filing separately	(MFS)	Head of	hous	ehold (HOH)	Qua	alifying wic	low(er) (QW)
Check only one box.	•	u checked the MFS box, enter the roor is a child but not your dependen		f your spouse. If you	checl	ked the HOH o	r QV	/ box, enter th	e child's	name if tl	he qualifying
Your first name	and mi	iddle initial	Last n	ame					Your social security number		
HEMANTH	KUM	AR	KOL	LURU					681-31-7124		
If joint return, spouse's first name and middle initial Last			Last r	ast name					Spouse's social security number		
		er and street). If you have a P.O. box, see	e instruc	tions.				Apt. no.	1		ion Campaign
248 AMH					1 -			F04		here if you if filing joir	, or your ntly, want \$3
City, town, or post office. If you have a foreign address, also complete				·				code			Checking a
SUNDERLAND Foreign country name				MA			01375		1	low will not	•
				Foreign province/state/county				Foreign postal code		your tax or refund. You Spouse	
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interest	in an	y virtual curre	ncy?	Yes	⊠ No
Standard	Som	eone can claim: You as a de	epende	nt	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a dual-status	s alier	า					
Age/Blindness	s You:	Were born before January 2, 1	957	Are blind Sp	oouse	: Was bo	rn be	fore January 2	2, 1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) ✓ if q	ualifies fo	r (see instru	uctions):
If more	(1) F	irst name Last name		number to you				Child tax c	redit	Credit for of	ther dependents
than four											
dependents, see instruction	s ——										
and check											<u> </u>
here ▶											
A++ I-	_1_	Wages, salaries, tips, etc. Attach I	Form(s)) W-2					. 1		98 , 501.
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable interes		. 2k)		
required.	3a_	Qualified dividends	3a		b Ordinary dividends				. 3k)	
	4a	IRA distributions	4a		b Taxable amount				. 4k)	
	5a	Pensions and annuities	5a		b T	axable amoun	ıt.		. 5k)	
Standard	6a	Social security benefits	penefits 6a b Taxable amount						. 6b)	
Deduction for— Single or Married filing separately, \$12,550	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □									
	8	Other income from Schedule 1, line 10							. 8		-7 , 280.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							▶ 9		91,221.
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	1	91,221.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedul	e A)	12	а	12,55	0.		
Head of	b	Charitable contributions if you take the standard deduction (see instructions) 12b 300.							0.		
household, \$18,800	С	Add lines 12a and 12b							. 12	С	12,850.
If you checked	13	Qualified business income deduct	tion fro	m Form 8995 or Fori	m 899	95-A			. 13		
any box under Standard	14	Add lines 12c and 13									12,850.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from I	ine 11. If zero or less	, ente	er -0			. 15	5	78 , 371.

	16	Tax (see instructions). Check if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌 _			16	12,991.
	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	12,991.
	19	Nonrefundable child tax credit or credit for o	ther depender	nts 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	12,991.
	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	12,991.
	25	Federal income tax withheld from:							·
	а	Form(s) W-2			25a	17,4	418.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	17,418.
	26	2021 estimated tax payments and amount a						26	·
If you have a Lagrangian qualifying child,	27a	Earned income credit (EIC)		Nο	27a				
attach Sch. EIC.		Check here if you were born after Janu							
		January 2, 2004, and you satisfy all the	e other requi	rements for					
		taxpayers who are at least age 18, to claim t	1 1	structions ►					
	b	Nontaxable combat pay election			_				
	С	Prior year (2019) earned income							
	28	Refundable child tax credit or additional child			28				
	29	American opportunity credit from Form 8863			29				
	30	Recovery rebate credit. See instructions .			30				
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27a and 28 through 31. These are	-					32	
	33	Add lines 25d, 26, and 32. These are your to					. •	33	17,418.
Refund	34	If line 33 is more than line 24, subtract line 2			-	=		34	4,427.
	35a	Amount of line 34 you want refunded to you			ck here Checkin		▶ ∐ vings	35a	4,427.
Direct deposit? See instructions.	▶b	Routing number 2 2 1 3 8 1 5							
	►d	Account number 1 0 3 5 4 9 9							
	36	Amount of line 34 you want applied to your			36				
Amount You Owe	37	Amount you owe. Subtract line 33 from line			1 1	ctions	. ▶	37	
	38	Estimated tax penalty (see instructions) .			38				
Third Party		you want to allow another person to disc ructions				Yes. Com	nloto h	olow	X No
Designee		ignee's	Phone			Persona			Z NO
		ie 🕨	no.			number			
Sign	Und	er penalties of perjury, I declare that I have examine	ed this return and	I accompanying sch	edules and	statements.	, and to	the bes	t of my knowledge and
Here	beli	ef, they are true, correct, and complete. Declaration of	of preparer (other	than taxpayer) is ba	ased on all	information of	of which	prepare	er has any knowledge.
TICIC	You	r signature	Date Your occupation					t you an Identity	
							ction Pl nst.) ▶	N, enter it here	
Joint return? See instructions.	Sno	use's signature. If a joint return, both must sign.	Date	VDDOTTIBIVE THATE				t your spouse an	
Keep a copy for	Орс	use's signature. If a joint return, both must sign.	Date	Spouse's occupati	I				ection PIN, enter it here
your records.					(see				
	Pho	ne no. (607) 379-8041	Email address	HK.KOLLURU	J@GMAI	L.COM			
Paid	Pre	parer's name Preparer's signat	ure		Date	P	TIN		Check if:
	_UMP	MAHESHWARI BOYINI UMA MAHES	HWARI BOY	INI	01/25	/2022 P	02472	867	Self-employed
Preparer Use Only	Firr	Firm's name ► GLOBAL TAXES LLC Phone							678)965-9522
	Firr	'saddress ▶ 2530 Pebble Creek L	n Cummin	g GA 30041			Firm's	s EIN 🕨	30-1017196
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 01/17	7/22 PRO			Form 1040 (2021)

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