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

2021

OMB No. 1545-007

IBS Use Only—Do not write or staple in this space

Filing Status Check only one box.	If yo	Single X Married filing jointly Under the number that the MFS box, enter the number is a child but not your dependent	ame of								
Your first name and middle initial La				me					Your social security number		
JANAKIRAMAN				OIAN					386-27-5233		
If joint return, spouse's first name and middle initial L			Last na	me					Spouse's social security number		
				BALINENI					959-91-1658		
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.						Preside	Presidential Election Campaign				
700 IIIIIWIII DIU VI						Check here if you, or your					
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code						spouse if filing jointly, want \$3 to go to this fund. Checking a					
NAPERVILLE				IL					box below will not change		
Foreign country name				Foreign province/state/county						x or refund.	•
At any time du	ring 20	021, did you receive, sell, exchange,	or othe	rwise dispose of a	ny fin	ancial interest i	in an	y virtual curre	ncy?	☐ Yes	⊠No
Standard Deduction		eone can claim:		•		a dependent					
Age/Blindness	You:	☐ Were born before January 2, 1	957	Are blind S	oouse	e: Was bo	rn be	fore January 2	2, 1957	☐ Is bli	ind
Dependents				(2) Social secur		(3) Relationsh				or (see instru	ctions):
If more	(1) Fi	rst name Last name		number			to you Child tax		redit	Credit for oth	her dependents
than four	RIS	SHIKA JANAKIRAMAN		960-90-2006 Daughte:						[X
dependents, see instructions										[
and check										[
here ▶										[
Attach	_1_	Wages, salaries, tips, etc. Attach F	orm(s) \	W-2					. 1	3	37,683.
	2a	Tax-exempt interest	2a		b T	Taxable interes	t		. 2b)	
Sch. B if required.	3a	Qualified dividends	3a		b Ordinary dividend		nds		. 3b	,	
	4a	IRA distributions	4a	b Taxable amount .			t.		. 4b	,	
	5a	Pensions and annuities	5a		b T	Taxable amoun	t.		. 5b	,	
Standard Deduction for— • Single or Married filing	6a	ocial security benefits 6a b Taxable amount							. 6b	,	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □							□		
	8	Other income from Schedule 1, line 10							. 8		0.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							▶ 9	3	37,683.
• Married filing jointly or Qualifying widow(er), \$25,100	10	Adjustments to income from Schedule 1, line 26							. 10)	
	11_	Subtract line 10 from line 9. This is your adjusted gross income							▶ 11	. 3	37,683.
	12a	Standard deduction or itemized deductions (from Schedule A) 12a 25,100.							0.		
• Head of household, \$18,800	b	Charitable contributions if you take the standard deduction (see instructions)									
	С	Add lines 12a and 12b							. 12	c 2	25,100.
• 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							. 14	1 2	25 , 100.
Deduction, see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0							. 15	j 1	12,583.
/											

Form 1040 (2021	1)									Page Z	
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌 _			16	1,258.	
	17	Amount from Schedule 2, lin	ne 3						17		
	18	Add lines 16 and 17							18	1,258.	
	19	Nonrefundable child tax cre	dit or credit for o	ther depender	nts from Schedule	8812			19	410.	
	20	Amount from Schedule 3, line 8							20	848.	
	21	Add lines 19 and 20						21	1,258.		
	22	Subtract line 21 from line 18. If zero or less, enter -0						22	0.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21				23	0.	
	24	Add lines 22 and 23. This is your total tax						24	0.		
	25	Federal income tax withheld from:									
	а	Form(s) W-2				25a	7	,243	<u>. </u>		
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	7,243.	
If you have a	26	2021 estimated tax paymen	ts and amount a	pplied from 20	20 return				26		
qualifying child,	27a	Earned income credit (EIC)				27a					
attach Sch. EIC.		Check here if you were I									
		January 2, 2004, and you taxpayers who are at least a	u satisty all the	e otner requi he FIC See in	rements for						
	b	Nontaxable combat pay elec	-	1 1	otraotiono						
	c	Prior year (2019) earned inco				-					
	28	Refundable child tax credit or			Schedule 8812	28					
	29	American opportunity credit				29					
	30	Recovery rebate credit. See				30	1	,400			
	31	Amount from Schedule 3, lir				31		,	•		
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits							32	1,400.	
	33	Add lines 25d, 26, and 32. T		•						8,643.	
Refund	34	If line 33 is more than line 24							34	8,643.	
neiuliu	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here					35a	8,643.			
Direct deposit?	▶b	Routing number 0 7 1	0 0 0 0	1 3	▶ c Type: 🛛	Checkir	ng 🔲	Savings	;		
See instructions.	►d										
	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, s	ee instru	ıctions	. ▶	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38					
Third Party	Do	you want to allow another	person to disc	cuss this retui	n with the IRS?	See					
Designee	ins	Instructions							below.	× No	
		signee's me ▶	Phone no. ▶				onal ider oer (PIN)	tification			
0:			that I have avamine		l accompanying och	adulaa an				et of my knowledge and	
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which									
Here	You	Your signature		Date	lf:			the IRS sent you an Identity			
	\			i i			- 1		IN, enter it here		
Joint return? See instructions. Keep a copy for your records.				TA DEVELOPER			(see inst.) ▶				
	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation					nt your spouse an ection PIN, enter it here			
				HOME MAKER					e inst.) ▶	SCHOIT IN, enter it here	
	Phone no. (828) 423-4098		Email address JANIRAMAN@GMAIL.COM					•			
	Preparer's name Preparer's signar							PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM		GUPTA TALLAM	02/11	/2022	P020	32703	Self-employed		
Preparer		m's name ► GLOBAL TA	1.1.1 0.1.0/11 001 111 1/11/11/11 02/11/2022 10					Phone no. (678) 965–9522			
Use Only		Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041							Firm's EIN ► 30-1017196		
	7 111	THIS GLUIDS F 2000 TODDIC CLEEK HIT CHILLITING GA 30041							I I I I I I I I I I I I I I I I I I I		