<b>1040</b>		rtment of the Treasury-Internal Revenue Sen S. Individual Income Ta		<sup>(99)</sup> 202	21	OMB No. 1545	5-0074	IRS Use	Only-	–Do not w	vrite or staple	in this space.	
Filing Status Check only one box.	neck only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying												
Your first name and middle initial				Last name						Your social security number			
VINODH KUMAR				TANJORE MOHAN KUMAR							770-19-8010		
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number			
VAISHNAVI				KRISHNAMURTHY VENKAT						728-15-6037			
Home address	(numbe	r and street). If you have a P.O. box, see	e instructio	ons.			A	pt. no.		Preside	ntial Electi	on Campaign	
40878 M	ARTY	TER									here if you,	,	
City, town, or p	ce. If you have a foreign address, also c	omplete s	spaces below. State			I ZIP CODE			spouse if filing jointly, want \$3 to go to this fund. Checking a				
FREMONT Foreign country name					CA ate/county				box below will not change				
				oreign province/sta			Foreigr	Foreign postal code )		your tax or refund.			
									You	Spouse			
At any time du	iring 20	21, did you receive, sell, exchange	, or othe	rwise dispose of	any fina	ancial interest	in any v	virtual cu	urren	icy?	Ves	X No	
Standard Deduction		eone can claim:		— ·		a dependent า							
Age/Blindness	S You:	Were born before January 2, -	1957	Are blind	Spouse	: 🗌 Was bo	orn befo	re Janua	ary 2	, 1957	🗌 ls bl	lind	
Dependents	s (see	instructions):			(2) Social security (3) Relationship		hip	(4) 🗸	4) <b>V</b> if qualifies for (see instructions):			ictions):	
If more	<b>(1)</b> Fi	rst name Last name	number			to you		Child tax cred		edit	Credit for ot	her dependents	
than four	VAI	BHAV TANJORE VINODH	KUMAR 947-94-30		071	71 Son						×	
dependents, see instruction	s ——												
and check													
here 🕨 📃													
	1	Wages, salaries, tips, etc. Attach	Form(s) V	N-2						1		55,362.	
Attach Sch. B if	<b>2</b> a	Tax-exempt interest	2a		<b>b</b> Taxable interest		st.			2b	)		
required.	3a	Qualified dividends	3a			Ordinary divide	ends .	nds			)		
	4a	IRA distributions	4a		bΤ	axable amour	nt				)		
	5a	Pensions and annuities	5a		axable amour	able amount			5b	)			
Standard	6a	Social security benefits	6a         b         Taxable amount					6b	)				
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7				
Married filing separately,	8	Other income from Schedule 1, line 10						8		-5,330.			
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>						▶ 9		50,032.			
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income from Schedule 1, line 26							10				
Qualifying	11	Subtract line 10 from line 9. This i	djusted gross in	come		· ·		. 🕨			50,032.		
widow(er), \$25,100	12a	Standard deduction or itemized deductions (from Schedule A)       .       12a       25,100.											
<ul> <li>Head of household, \$18,800</li> </ul>	b	Charitable contributions if you take the standard deduction (see instructions) 12b 500.						).					
	С	Add lines 12a and 12b							120	c :	25,600.		
<ul> <li>If you checked any box under Standard</li> </ul>	13	Qualified business income deduction from Form 8995 or Form 8995-A							13	-			
	14	Add lines 12c and 13						14		25,600.			
Deduction, see instructions.	15	Taxable income.         Subtract line 14 from line 11. If zero or less, enter -0								15	<b>;</b>	24,432.	

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

Form **1040** (2021)

Form 1040 (2021	)									Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	2	2,533.
	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	2	2,533.
	19	Nonrefundable child tax cree	dit or credit for c	other depender	nts from Schedul	e8812		19		500.
	20	Amount from Schedule 3, lin	ne8					20		114.
	21	Add lines 19 and 20						21		614.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	1	L,919.
	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 <b>total tax</b>							1	L,919.
	25	Federal income tax withheld	from:			1 1				
	а	Form(s) W-2				<b>25a</b> 2	,230.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	2	2,230.
If you have a	26	2021 estimated tax payments and amount applied from 2020 return								
qualifying child, attach Sch. EIC. [	27a	Earned income credit (EIC)				27a				
attach Sch. ElC.		Check here if you were b								
		January 2, 2004, and you taxpayers who are at least a								
	b	Nontaxable combat pay elec	-	1 1						
	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				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. These are your total payments						32 33		2,230.
Defend	34						34		311.	
Refund	35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here						35a		311.
Direct deposit?	►b	Routing number 2 1 1	_	Savings						
See instructions.	►d	Routing number       2       1       3       9       1       8       2       5       ► c Type:       X Checking       Savings         Account number       1       9       6       1       3       8       9       2       Image: Constraint of the second sec								
	36	Amount of line 34 you want a			ed tax 🕨	36				
Amount	37	Amount you owe. Subtract				see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another				? See				
Designee		instructions						below.	X No	
		Designee's		Phone Persona						
		ne 🕨		no. 🕨			ber (PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com			1 2 0		,		,	0
Here				Date					nt you an Id	
	. 10	Your signature		Dale	Pate Your occupation				N, enter it l	
Joint return? See instructions. Keep a copy for your records.		Spouse's signature. If a joint return, <b>both</b> must sign.			COMPUTER	ROGRAMMER		inst.) 🕨		
	Sp			Date	Spouse's occupation			f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
	,									
					HOMEMAKER		,	ii ist.)		
		one no. (637)921-494 eparer's name		Email address	TMVINODH@	OUTLOOK.COM	PTIN		Check if:	
Paid			Preparer's signat							employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	1 02/17/2022	P0208			
Use Only		m's name ► GLOBAL TA			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				678)96	
		m's address ► 2530 Pebb		u Cummin	-		Firm	's EIN ►		017196
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/05/22 PRO			Form	1040 (2021)