<b>1040</b>		Intment of the Treasury—Internal Revenue Servenue Servenue Servenue Tax		(99) <b>urn</b>	202	21	OMB No. 154	45-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single X Married filing jointly [ u checked the MFS box, enter the n on is a child but not your dependen	ame of	-			Head of the HOH							
Your first name	and mi	ddle initial	Last na	me							Your so	ocial securi	ty number	
SHREENA	NEDUNGADI 12							127-	127-79-6023					
If joint return, s								Spouse	Spouse's social security number					
DIVYA								741-	741-56-7762					
Home address	(numbe	r and street). If you have a P.O. box, see	instructi	ons.					Apt. no.		Preside	ential Election	on Campaign	
6400 MA	IN ST	TREET							12F		Check	here if you,	or your	
City, town, or post office. If you have a foreign address, also complete					e spaces below. State			ZIP	I ZIP CODE I .			spouse if filing jointly, want \$3		
COLUMBUS					GA					to go to this fund. Checking a box below will not change				
Foreign country	1	Foreign province/stat			/county				your tax or refund.					
										You	Spouse			
At any time du	ring 20	21, did you receive, sell, exchange	, or othe	rwise dis	spose of a	ny fina	ancial interes	t in an	y virtual o	currer	су?	Yes	X No	
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	_							
Age/Blindness			957	_ Are bli	ind <b>S</b> p	ouse	: 📋 Was b	orn be	fore Janu	-	-	Is bl		
Dependents				(2) Social security (3) Relationship			ship				ifies for (see instructions):			
If more	(1) Fi	rst name Last name	number			to you			Child tax cred		edit	lit Credit for other dependent		
than four dependents,									<u> </u>					
see instruction	s ——									<u> </u>				
and check										<u> </u>				
here 🕨 🔝														
Attach	1	Wages, salaries, tips, etc. Attach F	L Í	W-2 .	· · ·	• •				• •	. 1		54,821.	
Sch. B if required.	2a		2a			<b>b</b> Taxable interest				• •	. 2k		1.	
	3a		3a			<b>b</b> Ordinary dividend					. 3k		135.	
	4a		4a			<b>b</b> Taxable amount .					. 4k			
	5a		5a			<b>b</b> Taxable amount .				• •	. 5k			
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or	6a	···· / / / / / /	6a b Taxable amount						. 6k					
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		36.		
	8	Other income from Schedule 1, lin							. 8		<u>11,800.</u>			
	9		, and 8. This is your total income						9		43,193.			
	10	Adjustments to income from Schedule 1, line 26							. 10					
Qualifying   widow(er),	11	Subtract line 10 from line 9. This is your adjusted gross income								11	1 14	43,193.		
\$25,100	<u>12a</u>	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 600.										~ ~ ~		
	c	Add lines 12a and 12b							. 12		<u>25,700.</u>			
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 13		2.			
Standard Deduction,	14	Add lines 12c and 13							. 14		<u>25,702.</u>			
see instructions.	15	Taxable income.         Subtract line 14 from line 11. If zero or less, enter -0									. 15	<u>→ ⊥</u> .	17,491.	

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

Form **1040** (2021)

Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 03/26/22 PRO			Form <b>1</b> (	040 (2021)
	Firr	n's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041		Firm	's EIN ▶		17196
Use Only		n's name 🕨 GLOBAL TAX					Phor	ne no. (	678)965	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAN	1 03/31/2022	P0208		Self-en	
Paid		•	Preparer's signat			Date		0700	Check if:	aplayed
		one no. (216)835-528 parer's name		Email address	SHREENATH.NEI	DUNGADI@GMAIL.CO	)M PTIN		Chock if	
Keep a copy for your records.			Emplied 1	SOFTWARE ENGINEER			Identity Protection PIN, enter it here (see inst.)			
Joint return? See instructions.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	SR. BUSIN Spouse's occupa	ESS ANALYST tion	If the	e IRS ser	nt your spous	
	Yo	Your signature		Date					nt you an Ider IN, enter it he	
Sign Here	bel	ief, they are true, correct, and com		of preparer (othe	r than taxpayer) is b		on of which	n prepare	er has any kn	owledge.
Ciara	nar	ne ► der penalties of perjury, I declare t	hat I have examine	no. 🕨		numb	ber (PIN) 🖡			
Designee	ins De:	instructions				. 🕨 🗌 Yes. Co	oelow. fication	X No		
Third Party		Estimated tax penalty (see in you want to allow another								
Amount You Owe	37 38	Amount you owe. Subtract				see instructions	. 🕨	37		
A 100 0 1 1	36	Amount of line 34 you want a				36	•	07		
200 1101 0010113.	►d									
Direct deposit? See instructions.	►b	Routing number       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X								
	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here								83.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						34		83.
	33	Add lines 25d, 26, and 32. T						33	17	,420.
	32	Add lines 27a and 28 throug	h 31. These are	your total oth	er payments an	d refundable cred	lits 🕨	32		
	31	Amount from Schedule 3, lin				31				
	30	Recovery rebate credit. See instructions								
	29	American opportunity credit				29				
	28	Refundable child tax credit or			Schedule 8812	28				
	c	Prior year (2019) earned inco								
	b	Nontaxable combat pay elec	-	I						
		January 2, 2004, and you taxpayers who are at least a	u satisfy all the	e other requi	rements for					
attach Sch. EIC.		Check here if you were k								
If you have a qualifying child,	27a	Earned income credit (EIC)				27a	• •			
	26	2021 estimated tax payment						26		, 1201
	d	Add lines 25a through 25c						25d	17	,420.
	c	Other forms (see instructions				250 25c		-		
	a b	Form(s) 1099				25a 17	,120.	-		
	25	Federal income tax withheld Form(s) W-2				<b>25</b> a 17	,420.			
	24	Add lines 22 and 23. This is					. 🕨	24	1 / .	,337.
	23	Other taxes, including self-e						23	1 17	0.
	22	Subtract line 21 from line 18	-					22	17	,337.
	21	Add lines 19 and 20						21		2.
	20	Amount from Schedule 3, lin						20		2.
	19	Nonrefundable child tax cred						19		
	18	Add lines 16 and 17						18	17	,339.
	17	Amount from Schedule 2, lin	ie3					17		
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	17	,339.
Form 1040 (2021	,	Tox (and instructions) Observe	if any from Farme		4 <b>0</b> 4070	2 🗆		10	1 7	Page