

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. 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 person is a child but not your dependent ▶

Your first name and middle initial <b>YESUKANTHI</b>	Last name <b>MURAHARI</b>	Your social security number <b>111-11-2400</b>
If joint return, spouse's first name and middle initial	Last name <b>MURAHARI</b>	Spouse's social security number <b>999-99-9999</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>11 POST OAK LANE</b>		Apt. no. <b>09</b>
City, town, or post office. If you have a foreign address, also complete spaces below. <b>NATICK</b>		State <b>MA</b>
		ZIP code <b>01760</b>
Foreign country name	Foreign province/state/county	Foreign postal code

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1957  Are blind **Spouse:**  Was born before January 2, 1957  Is blind

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):
				Child tax credit
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ▶

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	<b>81,933</b>
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b> Other income from Schedule 1, line 10 . . . . .	<b>8</b>	<b>(7,913)</b>
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	<b>74,020</b>
	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	
<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	<b>74,020</b>	
<b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A). . . . .	<b>12a</b>	<b>25,100</b>	
<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	<b>251</b>	
<b>c</b> Add lines 12a and 12b . . . . .	<b>12c</b>	<b>25,351</b>	
<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>		
<b>14</b> Add lines 12c and 13 . . . . .	<b>14</b>	<b>25,351</b>	
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-. . . . .	<b>15</b>	<b>48,669</b>	

Table with 2 columns: Line number and Amount. Rows include Tax (5,443), Federal income tax withheld (8,631), Refund (3,188), and Amount You Owe (0).

If you have a qualifying child, attach Sch. EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. [ ] Yes. Complete below. [X] No

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 and belief, they are true, correct, and complete.

Joint return? See instructions. Keep a copy for your records.

Signature and occupation fields for taxpayer and spouse. Taxpayer occupation: EMPLOYEE, Spouse occupation: HOMEMAKER.

Paid Preparer Use Only

Preparer's signature, name, phone number, and firm information fields.