| Filing Status<br>Check only                             |  | Single X Married filing jointly  | _        |                                  |               |                             | -         |         |  |               | ` '                 |  |           | ow(er) (QW) |  |
|---|--|--|----------|----------------------------------|---------------|-----------------------------|-----------|---------|--|---------------|---------------------|--|-----------|-------------|--|
| one box.  |  | u checked the MFS box, enter the r<br>on is a child but not your dependen  |          | yours                            | oouse         | e. If you cho               | ескеа т   | ne HO   | H OF QW  | / box, en     | ter the             | child s han                                  | ie ir the | qualitying  |  |
| Your first name and middle initial                      |  |  |          | name                             |               |                             |           |         |  |               |                     | Your social security number                  |           |             |  |
| YESUKANTHI  |  |  |          | RAHAR                            | I             |                             |           |         |  |               |                     | 111-11-2400                                  |           |             |  |
| If joint return, spouse's first name and middle initial |  |  |          | Last name<br>MURAHARI            |               |                             |           |         |  |               |                     | Spouse's social security numl<br>999-99-9999 |           |             |  |
|   |  |  |          |                                  |               |                             |           |         |  |               |                     |  |           |             |  |
|   |  |  |          |                                  |               |                             |           |         | Check here if you, or your<br>spouse if filing jointly, want \$3<br>to go to this fund. Checking a |               |                     |  |           |             |  |
|   |  |  |          |                                  |               |                             |           |         |  |               |                     |  |           |             |  |
| NATICK  |  |  |          | MA                               |               |                             |           |         | 0  | 1760          |                     | box below will not change                    |           |             |  |
| Foreign country name                                    |  |  |          | Foreign province/state/county Fo |               |                             |           |         | Foreign postal code  |               | your tax or refund. |  |           |             |  |
|   |  |  |          |                                  |               |                             |           |         | You  | Spous         |                     |  |           |             |  |
| t any time duri   | ng 202   | 21, did you receive, sell, exchange,   | or other | wise di                          | spose         | e of any fin                | ancial ir | nterest | tin any v  | rirtual cui   | rency?              | Γ  | Yes       | No          |  |
| Standard  | -  | eone can claim: You as a d   |          |                                  |               | our spouse                  |           |         |  |               | ,                   | L  |           |             |  |
| Deduction   |  | Spouse itemizes on a separate ret  | •        |                                  | _             | •                           |           |         |  |               |                     |  |           |             |  |
| ge/Blindness  | You:   | Were born before January 2,  | 1957     |                                  | e blind       | d Spo                       | use:      | ∃ Wa    | as born b  | efore Ja      | nuarv 2             | 2. 1957                                      | 🗌 ls bl   | ind         |  |
| ependents   |  |  |          |                                  |               |                             |           |         | if qualifies for (see instructions):   |               |                     |  |           |             |  |
| •   | •  | irst name Last name  |          | number                           |               |                             | to you    |         |  | Child tax cre |                     | · · · · · · · · · · · · · · · · · · ·        |           |             |  |
| more<br>nan four  |  |  |          |                                  |               |                             |           |         |  |               |                     |  | Γ         | 7           |  |
| ependents,  |  |  |          |                                  |               |                             |           |         |  |               |                     |  | ſ         | 7           |  |
| ee instructions<br>ind check                            | e instructions   |  |          |                                  |               |                             |           |         |  |               |                     |  | [         |             |  |
| ere 🕨 🗌   |  |  |          |                                  |               |                             |           |         |  |               |                     |  | [         |             |  |
|   | 1 Wages, salaries, tips, etc. Attach Form(s) W-2   |  |          |                                  |               |                             |           | . 1     |  | 81,933        |                     |  |           |             |  |
| Attach  | 2a   | Tax-exempt interest  | 2a       |                                  |               | <b>b</b> Taxable interest   |           |         | terest .   |               |                     | . 2b   |           |             |  |
| Sch. B if<br>required.                                  | <u>3a</u>  | Qualified dividends  | 3a       |                                  |               | <b>b</b> Ordinary dividends |           |         |  |               |                     | . 3b   |           |             |  |
| oquiou  | 4a   | IRA distributions  | 4a       |                                  | <b>b</b> Taxa | able ar                     | mount .   |         |  | . 4b          |                     |  |           |             |  |
|   | 5a   | Pensions and annuities   | 5a       | 5a b Taxable amor                |               |                             |           |         | mount .  | ount          |                     |  |           |             |  |
| Standard<br>Deduction for-                              | 6a   | Social security benefits 6a     b Taxable amount   |          |                                  |               |                             |           | . 6b    |  |               |                     |  |           |             |  |
|   | 7  | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►   |          |                                  |               |                             |           |         |  | 7             |                     |  |           |             |  |
| Married filing  | 8  | 8 Other income from Schedule 1, line 10  |          |                                  |               |                             |           |         |  | . 8           |                     | (7,913                                       |           |             |  |
| separately,<br>\$12,550                                 | 9  | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   |          |                                  |               |                             |           |         |  |               | ▶ 9                 |  | 74,020    |             |  |
| Married filing<br>ointly or                             | 10 Adjustments to income from Schedule 1, line 26  |  |          |                                  |               |                             |           |         |  | . 10          |                     |  |           |             |  |
| Qualifying  | 11   | 11 Subtract line 10 from line 9. This is your adjusted gross income  |          |                                  |               |                             |           |         |  |               | ▶ 11                |  | 74,020    |             |  |
| widow(er),<br>\$25,100                                  | 12a  |  |          |                                  |               |                             |           |         |  | 0             |                     |  |           |             |  |
| Head of nousehold,                                      | b Charitable contributions if you take the standard deduction (see instructions) 12b 251 |  |          |                                  |               |                             |           |         |  | 51            |                     |  |           |             |  |
| \$18,800  | <b>c</b> Add lines 12a and 12b   |  |          |                                  |               |                             |           |         |  | . 12c         |                     | 25,351                                       |           |             |  |
| lf you checked<br>any box under                         | 13  Qualified business income deduction from Form 8995 or Form 8995-A                    |  |          |                                  |               |                             |           |         |  |               |                     |  |           |             |  |
| Standard  | 14   |  |          |                                  |               |                             |           |         |  |               |                     | 25,351                                       |           |             |  |
| Deduction, see instructions.                            | 15   | Taxable income.       Subtract line 14 from line 11. If zero or less, enter -0       . |          |                                  |               |                             |           |         |  | . 15          |                     | 48,669                                       |           |             |  |

EEA

| Form 1040 (2021   | )        | YESUKANTHI & MURAHARI  |   |               |               |           |           | 111       | -11    | -2400       | F      | Page <b>2</b> |
|-------------------|----------|--|---|---------------|---------------|-----------|-----------|-----------|--------|-------------|--------|---------------|
|                   | 16       | Tax (see instructions). Check if any from F  | orm(s): <b>1</b> 🗌 881  | 4 2 49        | 972 3 🗌       |           |           |           | 16     |             | 5      | ,443          |
|                   | 17       | Amount from Schedule 2, line 3   |   |               |               |           |           |           | 17     |             |        |               |
|                   | 18       | Add lines 16 and 17  |   |               |               |           |           |           | 18     |             | 5      | ,443          |
|                   | 19       | Nonrefundable child tax credit or credit for other dependents from Schedule 8812                       |   |               |               |           |           |           |        |             |        |               |
|                   | 20       | Amount from Schedule 3, line 8   |   |               |               |           |           |           | 20     |             |        |               |
|                   | 21       | Add lines 19 and 20  |   |               |               |           |           |           | 21     |             |        | 0             |
|                   | 22       | Subtract line 21 from line 18. If zero or less   | s, enter -0   |               |               |           |           |           | 22     |             | 5      | ,443          |
|                   | 23       | Other taxes, including self-employment tax   | , from Schedule 2   | , line 21 .   |               |           |           |           | 23     |             |        |               |
|                   | 24       | Add lines 22 and 23. This is your total tax  | <b>(</b>  |               |               |           |           |           | 24     |             | 5      | ,443          |
|                   | 25       | Federal income tax withheld from:  |   |               |               |           |           |           |        |             |        |               |
|                   | а        | Form(s) W-2  |   |               | 25a           |           | 8,        | 631       |        |             |        |               |
|                   | b        | Form(s) 1099   |   |               | 25b           |           |           |           |        |             |        |               |
|                   | с        | Other forms (see instructions)   |   |               | <b>25</b> c   |           |           |           |        |             |        |               |
|                   | d        | Add lines 25a through 25c  |   |               |               |           |           |           | 25d    |             | 8      | ,631          |
| If you have a     | 26       | 2021 estimated tax payments and amount applied from 2020 returm  |   |               |               |           |           |           | 26     |             |        |               |
| qualifying child, | 27a      | Earned income credit (EIC) NO  |   |               | 27a           |           |           |           |        |             |        |               |
| attach Sch. EIC.  |          | Check here if you were born after January  | 1, 1998, and befo   | re            |               |           |           |           |        |             |        |               |
|                   |          | January 2, 2004, and you satisfy all the oth   | er requirements fo  | or            |               |           |           |           |        |             |        |               |
|                   |          | taxpayers who are at least age 18, to clain  |   |               |               |           |           |           |        |             |        |               |
|                   | b        | Nontaxable combat pay election   | 1 1   |               |               |           |           |           |        |             |        |               |
|                   | с        | Prior year (2019) earned income  |   |               |               |           |           |           |        |             |        |               |
|                   | 28       |  |   |               |               |           |           |           |        |             |        |               |
|                   | 29       |  |   |               |               |           |           |           |        |             |        |               |
|                   | 30       | Recovery rebate credit. See instructions   |   |               |               |           |           | 0         |        |             |        |               |
|                   | 31       | Amount from Schedule 3, line 15  |   |               |               |           |           |           |        |             |        |               |
|                   | 32       |  |   |               |               | dable     | redits    |           | 32     |             |        | 0             |
|                   | 33       | Add lines 27a and 28 through 31. These are your total other payments and refundable credits.           |   |               |               |           |           |           | 33     |             |        | ,631          |
|                   | 34       | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> |   |               |               |           |           |           | 34     |             |        | ,031<br>,188  |
| Refund            | 35a      |  |   |               |               |           |           |           |        |             |        | ,188          |
| Direct deposit?   | ⊳b       | Routing number $ X   X   X   X   X   X   X   X   X   X$  |   |               |               |           |           |           | 35a    |             |        | ,100          |
| See instructions. | ►d       |  |   |               |               |           |           |           |        |             |        |               |
|                   | 36       | Amount of line 34 you want <b>applied to yo</b>  |   |               |               |           |           |           |        |             |        |               |
| Amount            |          |  |   |               | 1             |           |           |           | 37     |             |        | 0             |
| You Owe           | 37<br>38 | Amount you owe. Subtract line 33 from I Estimated tax penalty (see instructions)                       |   |               |               | ruction   | 5         | •         | 51     |             |        |               |
| Third Party       |          | you want to allow another person to discuss  |   |               |               |           |           |           |        |             |        |               |
| Designee          |          |  |   |               |               |           | Comple    | ete hel   | 0.W    | x No        |        |               |
| Designee          |          | instructions   |   |               |               |           |           |           |        |             |        |               |
|                   |          | name ► no. ► number (PIN)  |   |               |               |           |           |           |        |             |        |               |
| Sign              | Un       | der penalties of perjury, I declare that I have exan   | nined this return and   | l accompanyin | g schedules a | and state | ments, ar | nd to the | best   | of my kno   | wledge | and           |
| Here              | bel      | ief, they are true, correct, and complete. Declarati   | on of preparer (other than taxpayer) is based on all information of |               |               |           |           |           | repare | er has any  | knowl  | ledge.        |
|                   | You      | ur signature   | Date  | Your occupa   | tion          |           |           |           |        | nt you an   |        | /             |
| Joint return?     |          |  |   |               |               |           |           | (see in:  |        | N, enter it | nere   |               |
| See instructions. |          |  | EMPLOYEE  |               |               |           |           | -         |        | nt your sp  |        |               |
| Keep a copy for   | Spo      | ouse's signature. If a joint return, <b>both</b> must sign.  | Date Spouse's occupation  |               |               |           |           |           |        | ection PIN  |        |               |
| your records.     |          |  | HOMEMAKER   |               |               |           |           | (see in   | st.) 🕨 | · 🗌         |        |               |
|                   | Ph       | Phone no. 331-315-3133 Email address KIRAN7M@GMAIL.COM   |   |               |               |           |           |           |        |             |        |               |
|                   |          | parer's signature  | Date  |               |               |           |           | PTIN      |        | Check i     | :      |               |
| Paid              |          |  |   | 01-11-2022    |               |           |           |           |        | employ      | yed    |               |
| Preparer          | Pre      | Preparer's name Pho  |   |               |               |           |           |           |        |             | r.,    | ,             |
| Use Only          |          | Firm's name NO FIRM SETUP INFORMATION  |   |               |               |           |           |           |        |             |        |               |
| ,                 |          | Firm's address DO NOT FILE WITH IRS  |   |               |               |           |           |           |        |             |        |               |
|                   |          | UNLICENSED COPY  |   |               |               |           |           |           |        |             |        |               |
| Go to www irs or  | v/Form   | rm1040 for instructions and the latest information.  |   |               |               |           |           |           |        |             | 1040   | (2021)        |

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