Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check on Married filing pointly 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 midow(er) (QW) Signed box Person is a child but not your dependent ▶ Your seclal security number VISHNU VARDHAN SHARM POLADRI SWARA Spouse's social security number AUULYA PATWART Apt.no. Advances function and middle initial Last name Append's social security number AUULYA PATWART Apt.no. Advances function and middle initial Last name Append's social security number AUULYA PATWART Apt.no. Presidential Election Campaign Advances function and middle initial Last name Append's social security number Postimus function and middle initial Last name Append's social security number Advances function and middle initial Last name Append's social security number Postimus function and middle initial Last name Appl.no. Presign country name Foreign provinca/state/country Foreign provinca/state/country Posti	1040		rtment of the Treasury-Internal Revenue Serv 5. Individual Income Ta		(99) urn	202	1	OMB No. 1545	-0074	IRS Use (Only-	–Do not v	vrite or staple	in this space.	
Derson is a child out in out in out	Check only				-										
VISHNU VARDHAN SHARM POLADHISWARA 032-11-72.68 If join treum, spouse's first name and middle initial Last name Spouse's social security number AMULXA PATWARI APPLIED FOR Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (27) LAZELLE RD Street Dift (2000) Street Spouse filling jointly, word 'S to go to this fund. Checking a box telow will not change your tax or refund. VESTERVILLE Foreign province/state/county Foreign postal code you (1000) Spouse Foreign country name Foreign province/state/county Foreign postal code you (1000) Spouse Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Bindness You: Was bom before January 2, 1957 Is blind Dependents (see instructions): (2) Social accurity (3) Relationship (4) V if qualifies to fee instructions; Standard If more and check Immer Immer Immer Immer Immer If more and check Immer Immer Immer Immer Immer If more and check Immer Immer Immer Immer <td>one box.</td> <td>pers</td> <td>on is a child but not your dependen</td> <td>it 🕨</td> <td></td>	one box.	pers	on is a child but not your dependen	it 🕨											
If joint return, spouse's first name and middle initial ANULYA Last name PATWARI Spouse's social security number APLIED Spouse's socia	Your first name	and mi	ddle initial	Last na	ime							Your social security number			
AMULYA PATWARI APPLIED FOR Home address (number and street). If you have a P.O. box, see instructions. At. no. Presidential Election Campaign Oteck there if you, or your gouse if filing jointly, want 53 City, town, or post office. If you have a foreign address, also complete spaces below. State 2IP code OH 43081 OH Association Campaign to go to this fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country 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 Sonose can claim: You as a dependent Your spouse as a dependent You Spouse If more than four dependents, see instructions; (2) Social security (3) Relationship to you (4) 4' if qualifies for (see instructions); to you 1 73,808. Attach set instructions 1 73,808. 3a b 0 1 73,808. Attach set instructions 5a b Taxable amount 5b 5b 5b 1 7,73,808. Stilige or maid check a Ad line	VISHNU	/ARDI	IAN SHARM	POLA	ADHISW.	ARA						032-11-7268			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want S3 tog to this fund. Checking a box below will not change your tax or refund. WESTERVILLE OH 43081 Decket here if you, want S3 tog to this fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse your tax or refund. Standard Someone can claim: You as a dependent You spouse as a dependent You Spouse Deduction Spouse itemizes on a separate return or you were a dual-status alien Are blind Spouse: Was born before January 2, 1957 Is blind Dependents (see instructions): (1) First name Last name number (a) Relationship (4) V ⁻ if qualifies for (see instructions; than four dependents, see instructions; 1 7.3, 808. Standard a Qualifies dividends 3a b Cheid tax credit Cedit for other dependents see instructions, than four dependents, see instructions, and check 1 7.3, 808. 2b 3b 3b 50. Bif required. 1 Wages, salaries, tips, etc. Attach Form(6) W-2 b b	lf joint return, s	pouse's	first name and middle initial	Last na	Last name							Spouse's social security number			
427 LAZELLE RD Check here if you, or you Gity, tow, or post office. If you have a foreign address, also complete spaces below. OH 43081 WESTERVILLE OH 43081 box below with not charge you are or you are or you with a to a triange you are or	AMULYA			PATV	VARI							APPLIED FOR			
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code spouse if filing jointly, want \$3 WESTERVILLE Foreign country name Foreign province/state/county Foreign postal code you it ax or refund. You Spouse Foreign postal code You Spouse 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 Someone can claim: You as a dependent Your spouse as a dependent Your spouse it filing jointly, want \$3 Age/Blindness You: Were born before January 2, 1957 Is blind Dependents Gee instructions): (1) First name Last name (2) Social security (3) Pelationship (4) 4' if qualifies for Gee instructions): If more 1 Tax-exempt interest 2a b Data accel 2b Attach 3a Qualified dividends 3a b Ordinary dividends 3b see instructions 4a b Tax-exempt interest 2a b Standard Gain four 6a Social security for the dependents	Home address	(numbe	r and street). If you have a P.O. box, see	e instructi	ons.				1	Apt. no.		Preside	ntial Electi	on Campaign	
Coldy, durin, or post office, in your hard a lobeligh aduless, also Coldiplete spaces below. OH 4 3081 to go to this fund. Checking a WESTERVILLE Foreign country name Foreign province/state/country Foreign postal code your tax or refund. You Spouse Spouse Foreign postal code your tax or refund. You Spouse Spouse itemizes on a separate return or you were a dual-status alien You Spouse 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 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	427 LAZI	ELLE	RD												
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		15	Taxable income. Subtract line 14	from lir	ne 11. lf ze	ero or less	ente	r-0		• •		15	; .	48,108.	

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

Form **1040** (2021)

Form 1040 (2021	1)								Pa	ige 2	
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌 4972	3		16	5 , 37	7.	
	17	Amount from Schedule 2, lin	e3					17			
	18	Add lines 16 and 17						18	5 , 37	7.	
	19	Nonrefundable child tax cree	dit or credit for o	other depender	nts from Schedule	8812		19			
	20	Amount from Schedule 3, line 8									
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,37	7.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23		0.	
	24	Add lines 22 and 23. This is					. 🕨	24	5,37		
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a 11	,381.				
	b	Form(s) 1099				25b					
	с	Other forms (see instructions	5)			25c					
	d	Add lines 25a through 25c						25d	11,38	1.	
If you have a	26	2021 estimated tax payment	s 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 b	oorn after Janu	ary 1, 1998,	and before						
		January 2, 2004, and you	u satisfy all the	e other requi	rements for						
	h	taxpayers who are at least a	-	1 1	structions -						
	b	Nontaxable combat pay elec				-					
	с 28	Prior year (2019) earned inco Refundable child tax credit or			Sabadula 9912	28					
	20 29	American opportunity credit				20					
	29 30	Recovery rebate credit. See				30					
	31	Amount from Schedule 3, lin				31		-			
	32	Add lines 27a and 28 throug					lite 🕨	32			
	33	Add lines 25d, 26, and 32. T						33	11,38	1	
	34	If line 33 is more than line 24						34	6,00		
Refund	35a	Amount of line 34 you want					▶ □	35a	6,00		
Direct deposit?	►b	Routing number 1 2 1					Savings	004	0,00	<u> </u>	
See instructions.	►d	Account number 3 2 5					Javings				
	36	Amount of line 34 you want a				36					
Amount	37	Amount you owe. Subtract	,					37			
You Owe	38	Estimated tax penalty (see in				38		57			
Third Party		you want to allow another									
Designee		structions	elow.	X No							
	De	signee's	Phone		•	identification					
	nar	me 🕨		no. 🕨		numb	oer (PIN) 🕨				
Sign		der penalties of perjury, I declare t									
Here		ief, they are true, correct, and com	plete. Declaration of	1		ased on all information	1			lge.	
	Yo	ur signature		Date	Your occupation				t you an Identity N, enter it here		
Joint return?					SOFTWARE B		nst.) 🕨 🛛		\square		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati			IRS sent	t your spouse an		
Keep a copy for	, .	o , , ,					dentity Protection PIN, enter it here				
your records.					HOME MAKER				(see inst.) ►		
		one no. (251) 709-743		Email address	VISHNUPOLADHI	SWARA60GMAIL.CC					
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:		
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/04/2022	P02082	2703	Self-employ	ed	
Use Only								e no. (678)965-95	22	
	Firi	m's address ► 2530 Pebb.	le Creek L	n Cummin	g GA 30041		Firm'	s EIN 🕨	30-10171	96	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/31/22 PRO			Form 1040 ((2021)	