E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Check only one box.	If yo pers	u checked the MFS box, enter the roon is a child but not your depender	name of			_		•	er the	child's	name if th	ne qualifying		
person is a child but not your depend Your first name and middle initial JAGADISH If joint return, spouse's first name and middle initial YOGITHA Home address (number and street). If you have a P.O. box, 9817, VALLEY RANCH PKWY W City, town, or post office. If you have a foreign address, also IRVING Foreign country name At any time during 2021, did you receive, sell, exchar Standard Deduction Someone can claim: You as a pediction Spouse itemizes on a separate receive from the four dependents (see instructions): If more than four dependents, see instructions and check here ▶ Attach Sch. B if required. Attach Sch. B if Social security benefits		Last na	ame					Y	Your social security number					
Your first name and middle initial JAGADISH If joint return, spouse's first name and middle initial YOGITHA Home address (number and street). If you have a P.O. box, see i 9817, VALLEY RANCH PKWY W City, town, or post office. If you have a foreign address, also con IRVING Foreign country name At any time during 2021, did you receive, sell, exchange, Standard Someone can claim: You as a dep				NNAVEERACHAF	2				- 6	553-9	95-184	3		
				Last name					s	Spouse's social security number				
YOGITHA			JAG	ADISH	ISH					APPLIED FOR				
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				Apt. no.	P	Presidential Election Cam				
9817, V	ALLE	Y RANCH PKWY W							1 3 0 0 0			or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete spaces below. State 2				ZIP o				spouse if filing jointly, want \$3 to go to this fund. Checking a			
IRVING						TX		75063		box below will not change				
Foreign country	y name		Foreign province/state/county				Foreign postal code			our tax	or refund	. Spouse		
At any time du	ıring 20			<u>_</u> _			in any	y virtual cu	urrenc	y?	Yes	⊠ No		
		eone can claim:	•			•								
Age/Blindnes:	You:	Were born before January 2, 1	957 [Are blind S	pouse	: Was bor	rn be	fore Janua	ary 2,	1957	_ Is b	lind		
Dependent	ndents (see instructions): (2) Social security (3) Relationship (4) ✓ if c						if qua	qualifies for (see instructions):						
If more	(1) Fi	irst name Last name	number			to you		Child tax cred			Credit for ot	ther dependents		
than four														
	e													
	·													
here ▶ 🗌														
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1		20,326.		
	2a	Tax-exempt interest	2a		b T	axable interes	t			2b				
	За	Qualified dividends	3a		b Ordinary divid		nds			3b				
required.	4a	IRA distributions	4a		b T	axable amoun	ıt .			4b				
	5a	Pensions and annuities	5a		b T	axable amoun	ıt .			5b				
Single or Married filing separately,	6a	Social security benefits	6a		b T	axable amoun	ıt .			6b				
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7				
	8	Other income from Schedule 1, line 10								8				
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. ▶	9		20,326.		
Married filing jointly or Qualifying widow(er),	10	Adjustments to income from Schedule 1, line 26								10				
	11	Subtract line 10 from line 9. This is your adjusted gross income								11		20,326.		
	12a	Standard deduction or itemized	deduct	tions (from Schedu	le A)	12	а	25,	100.					
Head of household,	b	Charitable contributions if you take the standard deduction (see instructions)												
	С	Add lines 12a and 12b								12c	;	25,100.		
\$18,800 If you checked any box under Standard	13	Qualified business income deduct	tion fron	n Form 8995 or For	m 899	95-A				13				
	14	Add lines 12c and 13								14		25,100.		
Deduction,	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0								15		0.		
see instructions.														

	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16			0.	
	17	Amount from Schedule 2, line	e3						17				
	18	Add lines 16 and 17							18			0.	
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812											
	20	Amount from Schedule 3, line	e8						20				
	21	Add lines 19 and 20							21				
	22	Subtract line 21 from line 18.	. If zero or less,	enter -0					22			0.	
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .				23			0.	
	24	Add lines 22 and 23. This is your total tax										0.	
	25												
	а	Form(s) W-2				25a	3,5	523.					
	b	Form(s) 1099				25b							
	С	Other forms (see instructions	s)			25c				l			
	d	Add lines 25a through 25c							25d		3,5	523.	
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)											
attach Sch. EIC.		Check here if you were by January 2, 2004, and you taxpayers who are at least as	rements for										
	b	Nontaxable combat pay elec	tion	. 27b									
	С	Prior year (2019) earned inco											
	28	Refundable child tax credit or additional child tax credit from Schedule 8812											
	29	American opportunity credit from Form 8863, line 8											
	30	Recovery rebate credit. See instructions											
	31	Amount from Schedule 3, line 15											
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits							32 33			<u>100.</u>	
	33	Add lines 25d, 26, and 32. These are your total payments										923.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							34 35a			923.	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □								—	4,9	923.	
Direct deposit? See instructions.	►b	Routing number 1 1 1 0 0 0 0 2 5 ▶ c Type: ★ Checking Savings											
occ mondonone.	P a	Account number 4 8 8 1 0 5 2 4 4 9 3 0											
	36	Amount of line 34 you want applied to your 2022 estimated tax > 36								——			
Amount	37	Amount you owe. Subtract				1 1	uctions		37				
You Owe	38	Estimated tax penalty (see in				38							
Third Party Designee	ins	Do you want to allow another person to discuss this return with the IRS? See nstructions									o		
		signee's ne ▶		Phone no. ▶		ersonal identification umber (PIN) ▶							
Sign	Un	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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.											
Here	You	ur signature	Date Your occupation					IRS ser	nt you an	ı Identi ^ı	tv		
	۱	ar orginator o	Total occupanion						IN, enter		,		
Joint return?			IT					nst.) 🕨					
See instructions. Keep a copy for	Spe	ouse's signature. If a joint return, b	Date	Spouse's occupat	tion				he IRS sent your spouse an				
your records.	,				HOME MAKER					Identity Protection PIN, enter it here (see inst.) ▶ □ □ □ □			
	————	one no. (469)426-977		Email address JAGADISH.C@GMAIL.C				(- /-				
		one no. (469)426-9775 parer's name	0110112201110				Date PTIN			Check if:			
Paid		p	r repairer 5 signature				Self-employed			loved			
Preparer		 n's name ▶ GLOBAL TA∑	ZEC T.T.C						Phone no. (678) 965-9522				
Use Only									s EIN ► 30-1017196				
Go to want ire =				TI CAUMITI		DEMON	04/00 DE C	1 1 11111 8	LIIN			10 (2021)	
au to www.irs.g	OV/FOIN	n1040 for instructions and the lates	ot illioittiatiOH.		BAA	KEV 01/2	24/22 PRO			For	AI 104	(2021)	

Form 1040 (2021)

Page **2**