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.

Filing Status Check only one box.	If yo	Single X Married filing jointly uchecked the MFS box, enter the noon is a child but not your dependent	- ame of	ied filing separately your spouse. If you		_		, ,	_		. , . ,	
Your first name	and mi	ddle initial	Last n	ame					Your so	cial securi	ty number	
SINGACHARI UNDAVALLI 19					196-15-5478							
If joint return, s	pouse's	first name and middle initial	Last n	ame					Spouse's social security number			
KAVITHA			SIM	ON					APPL	IED FO	R	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.				Apt. no.	Preside	ntial Election	on Campaign	
9825 VAI	LEY	RANCH PKWY W						1225		here if you,		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP	code			ntly, want \$3	
IRVING					T	X	75	063		to go to this fund. Checking a box below will not change		
Foreign country		Foreign province/stat	te/coun	ty	Fore			x or refund.	•			
At any time du	ring 20	021, did you receive, sell, exchange,	or oth	erwise dispose of a	any fina	ancial interest i	in an	y virtual curre	ncy?	Yes	⊠ No	
Standard Deduction	_	eone can claim:				a dependent						
Age/Blindness	You:	Were born before January 2, 1	957	Are blind S	pouse	: Was bo	rn be	efore January 2	2, 1957	☐ Is bl	lind	
Dependents				(2) Social secun	rity	(3) Relationsh	nip			r (see instru	*	
If more	(1) F	irst name Last name	number			to you		Child tax cr	redit	Credit for ot	her dependents	
than four dependents,								<u> </u>			<u> </u>	
see instructions	s ——							<u> </u>			<u> </u>	
and check here ▶								<u> </u>			<u> </u>	
nere 🕨 🗌									<u> </u>			
Attach	_1_	Wages, salaries, tips, etc. Attach F	1` ′	W-2					. 1		25,407.	
Sch. B if	2a	· —	2a		b T	axable interes	t		. 2b			
required.	3a		3a			Ordinary divide			. 3b			
	4a		4a			axable amoun		. 4b				
	5a		5a			axable amoun			. 5b			
Standard Deduction for—	6a	,	6a			axable amoun	ıt.		. 6b			
Single or	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □										
Married filing separately,	8	Other income from Schedule 1, line							. 8			
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a		•	come				9		25,407.	
Married filing jointly or	10	Adjustments to income from Sche	dule 1,	line 26					. 10			
Qualifying	11_	Subtract line 10 from line 9. This is	your a	adjusted gross inc	ome		'n		► <u>11</u>		<u>25,407.</u>	
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedu	ıle A)	12	а	25,10	0.			
Head of household,	b	Charitable contributions if you take	the sta	andard deduction (se	ee instr	ructions) 12	b					
\$18,800	С	Add lines 12a and 12b							. 120		25,100.	
If you checked any box under	13	Qualified business income deducti	on fror	m Form 8995 or Fo	rm 899	95-A			. 13			
Standard	14	Add lines 12c and 13							. 14		25,100.	
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or les	s, ente	er -0			. 15	5	307.	

	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16			31.
	17	Amount from Schedule 2, lin	e3					. 17			
	18	Add lines 16 and 17						. 18			31.
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Schedule	e 8812 .		. 19			
	20	Amount from Schedule 3, lin	e8					. 20			31.
	21	Add lines 19 and 20						. 21			31.
	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					▶ 24			0.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	3,47	71.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						. 25d		3,4	71.
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 by January 2, 2004, and you taxpayers who are at least as	ı satisfy all the ge 18, to claim t	e other requi	rements for						
	b	Nontaxable combat pay elec	tion								
	С	Prior year (2019) earned inco									
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28					
	29	American opportunity credit	from Form 8863	8, line 8		29					
	30	Recovery rebate credit. See	instructions .			30	1,40	00.			
	31	Amount from Schedule 3, lin				31					
	32	Add lines 27a and 28 through								1,4	
	33	Add lines 25d, 26, and 32. The								4,8	
Refund	34	If line 33 is more than line 24				-	-	. 34		4,8	
	35a	Amount of line 34 you want	35a		4,8	<u>71.</u>					
Direct deposit? See instructions.	►b	Routing number 1 1 1 0 0 0 0 2 5 ▶ c Type: ★ Checking Savings									
See mstructions.	►d	Account number 4 8 8 1 0 4 9 4 3 3 8 4									
	36	Amount of line 34 you want a				36			4		
Amount	37	Amount you owe. Subtract				1 1	ctions .	▶ 37			
You Owe	38	Estimated tax penalty (see in				38					
Third Party Designee	ins	you want to allow another tructions	•				Yes. Compl)	
		signee's ne ▶		Phone no. ▶			Personal i number (F	dentification		П	$\neg \neg$
Sign		der penalties of perjury, I declare the	nat I have examine		d accompanying sch	nedules and	,		st of my k	nowled	dge and
Here	bel	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which property is based on the property is ba								y knowl	ledge.
Here	You	ur signature		Date	Your occupation			If the IRS se Protection F	,	,	У
Joint return?					TEST ARCH	ITECT		(see inst.) ▶			
See instructions.	Spo	ouse's signature. If a joint return, b	Date Spouse's occupation				If the IRS se				
Keep a copy for your records.	,				_		Identity Pro (see inst.) ▶		√, enter	it here	
,		(460) 405 016	HOME MAKER				, ,				
		one no. (469)487-0163 eparer's name		Email address	SINGACHAR		COM PTI	N	Chasta	f.	
Paid	Pre	parer s name	Preparer's signat	ure		Date		IN	Check i		ovod
Preparer										lf-emplo	
Use Only								* *			
		m's address ► 2530 Pebbl		n Cummin				Firm's EIN		1017	
Go to www.irs.go	ov/Forn	n1040 for instructions and the lates	st information.		BAA	REV 01/24/	22 PRO		Forn	ո 1040	0 (2021)

Form 1040 (2021)

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SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

SINGACHARI UNDAVALLI & KAVITHA SIMON

Additional Credits and Payments

Attachment Sequence No. **03**

OMB No. 1545-0074

► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number 196-15-5478

Par	Nonrelundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, lir Form 2441	ne 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	31.
5	Residential energy credits. Attach Form 5695	,	5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800 6a			
b	Credit for prior year minimum tax. Attach Form 8801 6b			
С	Adoption credit. Attach Form 8839 6c			
d	Credit for the elderly or disabled. Attach Schedule R 6d			
е	Alternative motor vehicle credit. Attach Form 8910 6e			
f	Qualified plug-in motor vehicle credit. Attach Form 8936 6f			
g	Mortgage interest credit. Attach Form 8396 6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859 6h			
i	Qualified electric vehicle credit. Attach Form 8834 6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911 6j			
k	Credit to holders of tax credit bonds. Attach Form 8912 6k			
1	Amount on Form 8978, line 14. See instructions			
Z	Other nonrefundable credits. List type and amount ▶			
	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR line 20	or 1040-NR,	8	31.
		(co		ed on page 2)

Schedule 3 (Form 1040) 2021 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d		13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
Z	- 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

BAA

Credit for Qualified Retirement Savings Contributions

Department of the Treasury Internal Revenue Service

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074 Attachment Sequence No. 54

Name(s) shown on return

SINGACHARI UNDAVALLI & KAVITHA SIMON

Your social security number

196-15-5478



You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$33,000 (\$49,500 if head of household; \$66,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2004; (b) is claimed as a dependent on someone else's 2021 tax return; or (c) was a student (see instructions).

	•		•	. ,	,				
							(a) Y	ou	(b) Your spouse
1			ontributions, and AB						
	•	•	021. Do not include ro			1			
2	Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2021 (see instructions) 2								
					ions)	2		512.	
3						3		512.	
4			ed after 2018 and		`				
			return (see instruction						
_	•		oth columns. See inst	•		4			
5			zero or less, enter -0-			5		512.	
6		•	naller of line 5 or \$2,0			6		512.	
7			f zero, stop; you can't					7	512.
8			1040, 1040-SR, or 10		8		25,407	-	
9	Enter the appl	icable decimal	amount from the tabl	e below.					
	1611	0:	ı .						
	If line 8 is—		And your filing status is—						
	Over	But not	Married filing jointly	Head of household	Single, Marr		ng		
	Over—	over—	Enter or		separate Qualifying w	,	ar)		
		Φ40.7F0	0.5				51)		
	 010.750	\$19,750		0.5	0.5 0.2				
	\$19,750	\$21,500	0.5	0.5					
	\$21,500	\$29,625	0.5	0.5	0.1			9	x 0 .5
	\$29,625	\$32,250	0.5	0.2	0.1				
	\$32,250	\$33,000	0.5	0.1	0.1				
	\$33,000	\$39,500	0.5	0.1	0.0				
	\$39,500	\$43,000	0.2	0.1	0.0				
	\$43,000	\$49,500	0.1	0.1	0.0				
	\$49,500	\$66,000	0.1	0.0	0.0				
	\$66,000		0.0	0.0	0.0				
10	Multiple line 7		If line 9 is zero, stop;					40	256
10	Multiply line 7	,	ity. Enter the amount			hair-		10	256.
11 12			ity. Enter the amount nent savings contrib					11	31.
14			40), line 4					12	31.
	and on coned		10), 1110			•		12	31.

^{*} See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.