104		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		(99) urn	202	21	OMB No. 15	45-0074	IRS Use	e Only	—Do not v	vrite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single D Married filing jointly unchecked the MFS box, enter the new son is a child but not your dependen	name of y	-	separately use. If you	. ,				'		, ,	low(er) (QW) he qualifying	
Your first name	e and mi	iddle initial	Last na	me							Your so	cial securi	ty number	
SRINIVA	S		VADI	'HYA							577-	71-366	4	
If joint return, s	pouse's	first name and middle initial	Last na	me							Spouse	's social se	curity number	
Home address 6 CANDL		er and street). If you have a P.O. box, see D DR	instructio	ons.					Apt. no. 11		Check	here if you		
City, town, or post office. If you have a foreign address, also con				mplete spaces below. State			te	ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a			
SPRINGFIELD Foreign country name							IL				box below will not change			
Foreign country name				Foreign province/state/co			ty	Forei	Foreign postal code			your tax or refund.		
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	rwise dis	spose of a	ny fina	incial interes	t in any	virtual c	urrer	ncy?	Ves	X No	
Standard Deduction		eone can claim:	n or you		dual-statu		_		ore Janu	any 2	0 1057	□ ls b	lind	
-			337											
Dependent							(3) Relation to you	Child tax cred			ualifies for (see instructions): redit Credit for other dependents			
lf more than four	(1) First name Last name										oun			
dependents,														
see instruction and check	s —									$\overline{\square}$			\square	
here														
	1	Wages, salaries, tips, etc. Attach I	Form(s) \	N-2 .							. 1		64,618.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a			b Taxable interest		est .			. 2b)		
	3a	Qualified dividends	3a			b Ordinary dividend					. 3b)		
	4a	IRA distributions	4a			b Taxable amount			t)		
	5a	Pensions and annuities	5a			b Taxable amount .					. 5b)		
Standard	6a	Social security benefits	6a			bΤ	axable amou	unt.			. 6b)		
 Deduction for – Single or 	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7				
Married filing	8	Other income from Schedule 1, lin	ne 10					. 8 -5,130.						
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	'his is yo	ur total in	come					▶ 9	9 59,488.		
 Married filing jointly or 	10	Adjustments to income from Schedule 1, line 26							. 10					
Qualifying	11	Subtract line 10 from line 9. This is your adjusted gross in									▶ 11		59,488.	
widow(er), \$25,100	12a													
 Head of household, \$18,800 	b	Charitable contributions if you take the standard deduction (see instructions) 12b 300.							<u>).</u>					
	с	Add lines 12a and 12b									c	12,850.		
 If you checked any box under 	13	Qualified business income deduction from Form 8995 or Form 8995-A								_	10.0-0			
Standard	14	Add lines 12c and 13 .									12,850.			
Deduction, see instructions.	15	Taxable income. Subtract line 14	trom lin	e 11. lf z	ero or less	s, ente	r-0			•	. 15	i	46,638.	

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

Form **1040** (2021)

Form 1040 (202	1)									Page	
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16		6,006.	
	17	Amount from Schedule 2, lin	ne3					17			
	18	Add lines 16 and 17						18		6,006.	
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812									
	20	Amount from Schedule 3, lin	ne8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		6,006.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23		0.	
	24	Add lines 22 and 23. This is your total tax								6,006.	
	25	Federal income tax withheld	from:			1 1					
	а	Form(s) W-2					,044.	-			
	b	Form(s) 1099				25b		-			
	С	Other forms (see instruction	,			25c		_			
	d	Add lines 25a through 25c						25d		8,044.	
If you have a	26	2021 estimated tax payments and amount applied from 2020 return									
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a		-			
		Check here if you were I									
		January 2, 2004, and you taxpayers who are at least a									
	b	Nontaxable combat pay elec	-	1 1							
	c	Prior year (2019) earned inco				-					
	28	Refundable child tax credit or			Schedule 8812	28					
	29	American opportunity credit	from Form 8863	3. line 8		29		1			
	30	Recovery rebate credit. See instructions									
	31	Amount from Schedule 3, lir				31	,	1			
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits •								1,400.	
	33	Add lines 25d, 26, and 32. These are your total payments								9,444.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								3,438.	
neiuliu	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here								3,438.	
Direct deposit?	►b										
See instructions.	►d	Account number X X X X X X X X X X X X X X X X X X X									
	36	Amount of line 34 you want	applied to your	2022 estimate	ed tax 🕨	36					
Amount	37	Amount you owe. Subtract	line 33 from line	24. For detail	s on how to pay,	see instructions	. 🕨	37			
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	? See					
Designee	ins	structions				. 🕨 🗌 Yes. Co	Yes. Complete below. X No				
		signee's					nal identif				
0.		name no. number Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statement							t of movelen		
Sign		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an le	dentity	
							ection Pl	N, enter it			
Joint return?					SYSTEM AD	MINISTRATOR	(see	inst.) 🕨			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupa	tion		e IRS sent your spouse an				
your records.	,					tity Protection PIN, enter it here inst.) ►					
	Ph	one no. (603)264-500	Λ	Email address		AACMATI COM					
Paid		one no. (603) 264-500 eparer's name	4 Preparer's signat		SVINIANS	4@GMAIL.COM Date	PTIN		Check if:		
				HWARI BOY	ZINT						
Preparer		n's name GLOBAL TAX		L _ LN _	101/27/2022	P02472			65-9522		
Use Only								's EIN ►		L017196	
Go to wave in a					2					1040 (202 ⁻	
GO LO WWW.IIS.g	oviron	n1040 for instructions and the late	sumonnation.		BAA	REV 01/17/22 PRO			Form	1 0-10 (202	