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

2021

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single X Married filing jointly u checked the MFS box, enter the on is a child but not your depende	name of	ed filing separately your spouse. If you									
Your first name and middle initial Last na				me					Your social security number				
GIRIDHAR REDDY SURE				EDDY					844-34-4348				
If joint return, s	pouse's	first name and middle initial	Last na	me					Spouse's social security number				
NANDINI MOGU				GULLA					APPL	IED FOR	R		
Home address	(numbe	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	Preside	ential Election	on Campaign		
5145 FIG	DRELI	LA LN								here if you,	. •		
City, town, or post office. If you have a foreign address, also complete s				spaces below. State			ZIP	code	•	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
SANFORD						L	32771						
				Foreign province/stat	nty Fo				x or refund.	0			
									You Spouse				
At any time du	ıring 20	021, did you receive, sell, exchange	e, or othe	rwise dispose of a	ny fina	ancial interest i	n an	y virtual currer	ncy?	Yes	⊠No		
Standard	Som	omeone can claim: You as a dependent Your spouse as a dependent											
Deduction		Spouse itemizes on a separate return or you were a dual-status alien											
		Were born before January 2,	1957	Are blind S	pouse	: Was bor	n be	efore January 2	, 1957	☐ Is bli	ind		
Dependents (see instructions):						(3) Relationship			or (see instru	•			
If more	(1) Fi	rst name Last name		number to you			Child tax cred		edit	Credit for oth	her dependents		
than four							\perp			<u> </u>			
dependents, see instruction:	s												
and che <u>ck</u>								<u> </u>					
here ▶													
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1	1(07,527.		
Attach	2 a	a Tax-exempt interest		2a		b Taxable interest)	67.		
Sch. B if required.	3a	Qualified dividends	3a		b Ordinary		idends		3k)			
	4a	IRA distributions	4a	b Taxable amountb Taxable amount			t.)			
	5a	Pensions and annuities	5a				ınt		5b)			
tandard	6a	Social security benefits	6a		b T	axable amoun	t.		6k)			
eduction for—	7	Capital gain or (loss). Attach Sch	edule D i	dule D if required. If not required, check here					7		4,421.		
Single or Married filing separately, \$12,550 Married filing jointly or Qualifying	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	11	12,015.		
	10	Adjustments to income from Schedule 1, line 26							10)			
	11	Subtract line 10 from line 9. This is your adjusted gross income							1 1	11	12,015.		
widow(er),	12a	Standard deduction or itemized				12a	a	25,100). 🗌				
\$25,100 Head of	b	Charitable contributions if you tak		•	,			· ·					
household,	С	Add lines 12a and 12b								c 2	25,100.		
\$18,800 If you checked any box under Standard Deduction, see instructions.	13	Qualified business income deduc		n Form 8995 or For	m 899)5-A			13		,		
	14	Add lines 12c and 13									25,100.		
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0							15		36,915.		
		Taxable movine. Subtract file 14 from file 11. ii 2010 Of 1055, Chich -0											

Form 1040 (2021	1)								Page Z
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16	10,615.
	17	Amount from Schedule 2, lin	ne 3					. 17	
	18	Add lines 16 and 17							10,615.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812						. 19	
	20	Amount from Schedule 3, line 8							
	21	Add lines 19 and 20							
	22	Subtract line 21 from line 18							10,615.
	23	Other taxes, including self-e							0.
	24							▶ 24	10,615.
	25	Federal income tax withheld				1 1 -			
	а	Form(s) W-2					8,60	8.	
	b	Form(s) 1099				25b			
	C	Other forms (see instruction				25c			10.600
	d	Add lines 25a through 25c						. 25d	18,608.
If you have a	26	2021 estimated tax paymen				1 1		. 26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC) Check here if you were I				27a			
)		January 2, 2004, and you taxpayers who are at least a	u satisfy all the ge 18, to claim t	e other requi he EIC. See in	rements for				
	b	Nontaxable combat pay elec	ction	. 27b					
	С	Prior year (2019) earned inco							
	28	Refundable child tax credit of				28			
	29	American opportunity credit				29			
	30	Recovery rebate credit. See				30			
	31	Amount from Schedule 3, line 15							1
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits Add lines 25d, 26, and 32. These are your total payments							10.600
	33							33	18,608.
Refund	34	If line 33 is more than line 24						. 34 35a	7,993. 7,993.
Direct deposit?	35a ▶ b	Amount of line 34 you want					_	_	7,993.
See instructions.	►d								
	36	Account number 4 8 8 0 6 1 4 6 8 3 6							
Amount	37	Amount you owe. Subtract						▶ 37	
You Owe	38	Estimated tax penalty (see in				38	•	01	
Third Party		you want to allow another							
Designee		structions				_	Comple	ete below.	× No
Ū		Designee's						dentification	
	nar	ne 🕨		no.		nui	mber (P	N) >	
Sign Here	bel	Under penalties of perjury, I declare that I have examine belief, they are true, correct, and complete. Declaration		of preparer (other		tion of v	vhich prepar	rer has any knowledge.	
	Yo	Your signature		Date Your occupation					ent you an Identity PIN, enter it here
Joint return?					SOFTWARE D	EVELOPER		(see inst.)	
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.			Spouse's occupation	on			ent your spouse an
Keep a copy for your records.	<i>'</i>			HOME MYRED				ldentity Prot (see inst.) ▶	tection PIN, enter it here
	Phone no. (573) 203-9224			HOME MAKER				(556 11151.)	
		one no. (573) 203-922 eparer's name	Email address GIRIDHAR2329236@GMAIL.COM ure Date PT				J	Check if:	
Paid							082703	Self-employed	
Preparer									
Use Only		0.500 - 111 - 1 - 1 - 2 - 0.004						Firm's EIN	(678) 965-9522 ► 30-1017196
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