| 1040 | | rtment of the Treasury-Internal Revenue Ser | | (99) Jrn 20 | 0 2 ' | OMB No. | 1545-0074 | IRS Use (| Dnly—Do no | t write or staple | e in this space. | | |
|--|----------|--|------------------|---------------------------------|--------------|-------------------|---------------------|------------|---------------------------|---------------------------------|------------------------------|--|--|
| Filing Status Check only one box. | lf yo | Single D Married filing jointly [u checked the MFS box, enter the r on is a child but not your depender | name of y | ed filing separ /our spouse. | • • | · | | | · <u> </u> | | | | |
| Your first name and middle initial | | | Last na | Last name | | | | | | | Your social security number | | |
| YESWANTH | | | VARA | VARADA | | | | | | | ***-**-6584 | | |
| If joint return, spouse's first name and middle initial | | | | Last name | | | | | | Spouse's social security number | | | |
| | | r and street). If you have a P.O. box, see RIDGE DR | e instructio | ons. | | | | Apt. no. | Chec | k here if you | ion Campaign , or your | | |
| City, town, or post office. If you have a foreign address, also cor | | | | mplete spaces below. State 2 | | | | ode | | | ntly, want \$3 Checking a | | |
| LITTLETON | | | | | CO | 801 | 80130 b | | box below will not change | | | | |
| Foreign country name | | | | Foreign provinc | ounty | Forei | Foreign postal code | | your tax or refund. | | | | |
| At any time du | ring 20 | 21, did you receive, sell, exchange | | | | | | virtual cu | rrency? | Yes | X No | | |
| Standard Deduction | <u> </u> | eone can claim: U You as a de pouse itemizes on a separate retu | rn or you | were a dual- | status a | _ | | | | | | | |
| Age/Blindness | - | | 1957 | Are blind | Spoι | | s born bef | | | | lind | | |
| Dependent | | | | (2) Social numl | , | (3) Relat to y | | | | for (see instru | | | |
| lf more than four | (1) FI | First name Last name | | | | | | | x credit | Credit for o | ther dependents | | |
| dependents, | | | | | | | | | | | | | |
| see instruction | s —— | | | | | | | L | 7 | | | | |
| and check here ► | | | | | | | | C |] | | | | |
| | 1 | Wages, salaries, tips, etc. Attach | Form(s) \ | N-2 | | | | | | 1 | 30,175. | | |
| Attach | 2a | Tax-exempt interest | 2a | | | Taxable int | erest | | - | 2b | 0072701 | | |
| Sch. B if | 3a | Qualified dividends | 3a | | | Ordinary di | | | | Bb | | | |
| required. | 4a | IRA distributions | 4a | | | Taxable an | | | | 1b | | | |
| | 5a | Pensions and annuities | 5a | | - k | Taxable am | nount | | | 5b | | | |
| Standard Deduction for – | 6a | Social security benefits | 6a 🔺 | | k | Taxable am | nount | | (| 6b | | | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | | 7 | | | |
| Single or Married filing | 8 | Other income from Schedule 1, line 10 | | | | | | | | 8 | | | |
| separately, \$12,550 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | . 🕨 🗋 | 9 | 30,175. | | |
| Married filing jointly or Qualifying widow(er), \$25,100 | 10 | Adjustments to income from Sche | | | | | | | | 10 | 2,500. | | |
| | 11 | Subtract line 10 from line 9. This i | s your ac | djusted grose | s incom | е | | | · • 上 | 11 | 27,675. | | |
| | 12a | Standard deduction or itemized | | | | | 12a | 12,5 | 550. | | | | |
| Head of household, \$18,800 | b | Charitable contributions if you take | e the stan | dard deduction | on (see ir | nstructions) | 12b | | 300. | | | | |
| | с | Add lines 12a and 12b | | | | | | | . 1 | 2c | 12,850. | | |
| • If you checked any box under <i>Standard</i> <i>Deduction,</i> see instructions. | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | · · - | 13 | | | |
| | 14 | Add lines 12c and 13 | | | | | | | | | 12,850. | | |
| | 15 | Taxable income. Subtract line 14 | from lin | e 11. If zero c | or less, e | nter -0 | | | · · · | 15 | 14,825. | | |
| | | | | | | | | | | | | | |

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

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Form **1040** (2021)

| Form 1040 (2021) |) | | | Page 2 | | |
|--|------------|--|---------------------------------|--|--|--|
| | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . | 16 | 1,580. | | |
| | 17 | Amount from Schedule 2, line 3 | 17 | | | |
| | 18 | Add lines 16 and 17 | 18 | 1,580. | | |
| | 19 | Nonrefundable child tax credit or credit for other dependents from Schedule 8812 | 19 | | | |
| | 20 | Amount from Schedule 3, line 8 | 20 | | | |
| | 21 | Add lines 19 and 20 | 21 | | | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | 22 | 1,580. | | |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. | | |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 1,580. | | |
| | 25 | Federal income tax withheld from: | | | | |
| | а | Form(s) W-2 | | | | |
| | b | Form(s) 1099 | | | | |
| | с. | Other forms (see instructions) | | 2 1 6 1 | | |
| | d | Add lines 25a through 25c | 25d | 3,161. | | |
| If you have a | 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | | | |
| qualifying child, attach Sch. EIC. [| 27a | Earned income credit (EIC) | | | | |
|) | | January 2, 2004, and you satisfy all the other requirements for | | | | |
| | | taxpayers who are at least age 18, to claim the EIC. See instructions ► | | | | |
| | b | Nontaxable combat pay election 27b | | | | |
| | С | Prior year (2019) earned income | | | | |
| | 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 | 2 1 6 1 | | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 3,161. | | |
| Refund | 34 25 o | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 35a | 1,581. | | |
| Direct deposit? | 35a ▶b | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here | 358 | 1,501. | | |
| See instructions. | ►d | Account number * | | | | |
| | 36 | Amount of line 34 you want applied to your 2022 estimated tax | | | | |
| Amount | 37 | Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | | | |
| You Owe | 38 | Estimated tax penalty (see instructions) | | | | |
| Third Party | Do | you want to allow another person to discuss this return with the IRS? See | | | | |
| Designee | | rructions | oelow. | X No | | |
| | | ignee's Personal ident | | | | |
| | | ne No. | | | | |
| Sign | | ler penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic | | | | |
| Here Joint return? See instructions. | Υοι | r signature Date Your occupation If th | If the IRS sent you an Identity | | | |
| | | Prot | Protection PIN, enter it here | | | |
| | <u> </u> | | inst.) ► | | | |
| Keep a copy for | Spo | | | nt your spouse an ection PIN, enter it here | | |
| your records. | | | inst.) 🕨 | | | |
| | Pho | ne no. (847)767-1397 Email address YESWANTH.VARADA9@GMAIL.COM | | | | |
| Daid | Pre | parer's name Preparer's signature Date PTIN | | Check if: | | |
| Paid | SYAM | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/03/2022 ***** | 2703 | Self-employed | | |
| Preparer Use Only | Firr | a's name GLOBAL TAXES LLC Pho | ne no. (| 678)965-9522 | | |
| | Firr | n's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm | i's EIN ▶ | **-**7196 | | |
| Go to www.irs.gc | v/Form | 1040 for instructions and the latest information. BAA REV 03/26/22 PRO | | Form 1040 (2021) | | |
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