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(Rev. July 2021)

AMMENDMENT TAX RETURN TAX YEAR 2021

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return ► Use this revision to amend 2019 or later tax returns.

OMB No. 1545-0074

► Go to www.irs.gov/Form1040X for instructions and the latest information.

Last name

This return is for cal	endar year (enter year)
Your first name and middle	initial
SHANMUGANATHAN	1
If joint return spouse's first	name and middle initial

SHANMUGANATHAN	MANIVANNAN	
If joint return, spouse's first name and middle initial	Last name	
DIVYA	SHANMUGANATHAN	
Current home address (number and street). If you have a P.O. box, see instructions.		
9135 TAHOR CIRCLE		

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

2021

STRONGSVILLE OH 44136

9135 TAHOE CIRCLE

Foreign country name

Foreign province/state/county

or fiscal year (enter month and year ended)

Foreign postal code

Your social security number 827-91-3471

954-97-4866

(440)732 - 8482

Your phone number

Spouse's social security number

Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

X Married filing jointly Married filing separately (MFS) Single

Head of household (HOH)

Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of y	your spouse. If you checked	I the HOH or QW box, ent	ter the child's name if the qua	lifying
person is a child but not your dependent 🕨				

	on lines 1 through 23, columns A through C, the amounts for the return entered above.	A. Original amount reported or as	amount of in	crease	C. Correct	
	art III on page 2 to explain any changes.	previously adjusted (see instructions)	or (decreas explain in P		amount	
	ne and Deductions			-		
1	Adjusted gross income. If a net operating loss (NOL) carryback is					
	included, check here	1	95,047.	5,4	61.	100,508.
2	Itemized deductions or standard deduction	2	25,100.		0.	25,100.
3	Subtract line 2 from line 1	3	69,947.	5,4	61.	75,408.
4a	Reserved for future use	4a	, i			
b	Qualified business income deduction	4b	0.		0.	0.
5	Taxable income. Subtract line 4b from line 3. If the result is zero or less,					
	enter -0	5	69,947.	5,4	61.	75,408.
Tax L	iability					
6	Tax. Enter method(s) used to figure tax (see instructions):					
	Table	6	7,993.	6	60.	8,653.
7	Nonrefundable credits. If a general business credit carryback is					
	included, check here	7	0.		0.	0.
8	Subtract line 7 from line 6. If the result is zero or less, enter -0	8	7,993.	6	60.	8,653.
9	Reserved for future use	9				
10	Other taxes	10	0.		0.	0.
11	Total tax. Add lines 8 and 10	11	7,993.	6	60.	8,653.
Paym	nents					
12	Federal income tax withheld and excess social security and tier 1 RRTA					
	tax withheld. (If changing, see instructions.)	12	5,979.	2	86.	6,265.
13	Estimated tax payments, including amount applied from prior year's return	13	0.		0.	0.
14	Earned income credit (EIC)	14	0.		0.	0.
15	Refundable credits from: 🗙 Schedule 8812 Form(s) 🗌 2439 🗌 4136					
	8863 8885 8962 or context other (specify): Recovery Rebate	15	5,400.	1,4	00.	6,800.
16	Total amount paid with request for extension of time to file, tax paid with	origi	inal return, and a	additional		
	tax paid after return was filed				16	0.
17	Total payments. Add lines 12 through 15, column C, and line 16			0.	17	13,065.
Refu	nd or Amount You Owe					
18	Overpayment, if any, as shown on original return or as previously adjusted	-			18 19	3,386.
19						9,679.
20	Amount you owe. If line 11, column C, is more than line 19, enter the diff				20	
21	If line 11, column C, is less than line 19, enter the difference. This is the ar		•	is return	21	1,026.
22	Amount of line 21 you want refunded to you				22	1,026.
23	Amount of line 21 you want applied to your (enter year): estim	ated	tax 23			
			Com	plete and si	gn this	form on page 2.

Part	Dependents				
This w	lete this part to change any information relating to your dependents. rould include a change in the number of dependents. the information for the return year entered at the top of page 1.	A. Original number of dependents reported or as previously adjusted	B. Net change – amount of increase or (decrease)	C. Correct number	
24	Reserved for future use	24			
25	Your dependent children who lived with you	25			
26	Your dependent children who didn't live with you due to divorce or				
	separation	26			
27	Other dependents	27			
28	Reserved for future use	28			
29	Reserved for future use	29			
30	List ALL dependents (children and others) claimed on this amended return	า.			

Dependents (see instructions):				(d) ✓ if qualifies for (see instructions):		
lf more than four	(a) First name	Last name	(b) Social security number	(c) Relationship to you	Child tax credit	Credit for other dependents
dependents,						
see instructions and check here ►						

Part II Presidential Election Campaign Fund (for the return year entered at the top of page 1)

Checking below won't increase your tax or reduce your refund.

Check here if you didn't previously want \$3 to go to the fund, but now do.

Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.

I SHANMUGANATHAN MANIVANNAN FILED 1040 FOR THE TAX YEAR 2021, I MISSED TO INCLUDE WAGE STATEMENT OF SCMS ADMINISTRATIVE SERVICES INC AND ECONOMIC IMPACT AMOUNT FOR KID NOW THROUGH THIS AMMENDMENT I INCLUDED WAGE STATEMENT AND STIMULUS AMOUNT I REQUEST IRS TO ACCEPT THE CHANGES AND RELEASE THE REFUND OF \$1026.

.	Remember to keep a copy of this Under penalties of perjury, I declare that I have and statements, and to the best of my knowled taxpayer) is based on all information about whi	filed an original return, and that I ha lge and belief, this amended return is	s true, correct,			
Sign Here	Your signature		IT Date You		PROJECT MANAGER	
	Spouse's signature. If a joint return, bot	n must sian.	Date	<u>NC</u>	OT WORKING	
Paid Preparer Use Only	Print/Type preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUP		Date 03/17/2022	Check if self-employed	PTIN P02082703
	Firm's name ► GLOBAL TAXES I Firm's address ► 2530 Pebble Cr	LC eek Ln Cumming GA 3	30041		Firm's EIN ► 3 (Phone no. (67	-1017196 78)965-9522

For forms and publications, visit www.irs.gov/Forms.

REV 03/07/22 PRO

Form **1040-X** (Rev. 7-2021)