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 Married filing jointly but checked the MFS box, enter the notion is a child but not your dependent | - ame of | ried filing separately (N | , - | | • | . – | _ | | |
|--|--------|---|-------------------------|---------------------------|---------------------------|--------------------|-------------|------------|---------------------------------|----------------|-----------------------------|
| Your first name and middle initial | | | | Last name | | | | | Your social security number | | |
| BHARATH YADAV | | | | POLAM | | | | | ***-**-3261 | | |
| If joint return, spouse's first name and middle initial | | | | Last name | | | | | Spouse's social security number | | |
| Home address (number and street). If you have a P.O. box, see instruction | | | | ructions. | | | 1 | | resider | ntial Election | on Campaign |
| 1165 SPRINGWOOD CONNECTOR | | | | | | | | | | ere if you, | |
| City, town, or post office. If you have a foreign address, also con | | | | | | | zip code to | | | | tly, want \$3 Checking a |
| Atlanta | | | | | GA | 30328 b | | | | w will not | |
| Foreign country | | | Foreign province/state/ | county Fo | | oreign postal code | | our tax | or refund. | Spouse | |
| At any time du | ring 2 | 021, did you receive, sell, exchange, | or oth | erwise dispose of any | / financial interest i | in any | / virtual | currenc | y? | Yes | ⊠ No |
| Standard Deduction | _ | neone can claim: You as a de Spouse itemizes on a separate return | • | | e as a dependent alien | | | 6 | | | |
| Age/Blindness | You | : Were born before January 2, 1 | 957 | Are blind Spo | ouse: Was bo | rn be | fore Jan | uary 2, | 1957 | ☐ Is bl | ind |
| Dependents | s (see | instructions): | | (2) Social security | (3) Relationsh | nip | (4) | if qua | lifies for | (see instru | ctions): |
| If more | | irst name Last name | | number | to you | | - | I tax cred | | | her dependents |
| than four | | | | | | | | | | | |
| dependents, see instructions | | | | | | | | | | | |
| and check | 5 — | | | | | | | | | [| |
| here ▶ □ | | | | | | > | | | | [| |
| | 1_ | Wages, salaries, tips, etc. Attach F | orm(s) | W-2 | | | | | 1 | 1 | 17,112. |
| Attach | 2a | Tax-exempt interest | 2a | | b Taxable interes | t | | | 2b | | |
| Sch. B if | За | Qualified dividends | 3a | 37. | b Ordinary divide | nds | | | 3b | | 37. |
| required. | 4a | IRA distributions | 4a | | b Taxable amoun | | | | 4b | | |
| | 5a | Pensions and annuities | 5a | | b Taxable amoun | nt. | | | 5b | | |
| Standard Deduction for— | 6a | Social security benefits | 6a | | b Taxable amoun | nt . | | | 6b | | |
| | 7 | Capital gain or (loss). Attach Sched | dule D | if required. If not requ | ired, check here | | | | 7 | | 5,400. |
| Single or Married filing | 8 | Other income from Schedule 1, line | e 10 | | | | | | 8 | - | -8,580. |
| separately, \$12,550 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | and 8. | This is your total inco | ome | | | . ▶ | 9 | 13 | 13,969. |
| • Married filing jointly or Qualifying widow(er), \$25,100 | 10 | Adjustments to income from Sche | dule 1, | line 26 | | | | | 10 | | |
| | 11_ | Subtract line 10 from line 9. This is | your a | adjusted gross incor | ne _, . | | | . ▶ | 11 | 1. | 13,969. |
| | 12a | Standard deduction or itemized | deduc | tions (from Schedule | A) 12 | а | 12 | ,550 | | | |
| • Head of household, \$18,800 | b | Charitable contributions if you take | the sta | andard deduction (see | instructions) 12 | b | | | | | |
| | С | Add lines 12a and 12b | | | | | | | | : 1 | 12,550. |
| • If you checked any box under Standard Deduction, see instructions. | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | | | |
| | 14 | Add lines 12c and 13 | | | | | | | | - | 12,550. |
| | 15 | Taxable income. Subtract line 14 | from li | ne 11. If zero or less, | enter -0 | | | | 15 | 10 | 01,419. |

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

Form **1040** (2021)

| Form 1040 (202 | 1) | | | Page 2 | |
|--|-----------|--|---|-------------------------|--|
| | 16 | Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 | 16 | 18,359. | |
| | 17 | Amount from Schedule 2, line 3 | 17 | | |
| | 18 | Add lines 16 and 17 | 18 | 18,359. | |
| | 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 | 18,359. | |
| | 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 | 18,359. | |
| | 25 | Federal income tax withheld from: | | | |
| | а | Form(s) W-2 | | | |
| | b | Form(s) 1099 | 7 | | |
| | С | Other forms (see instructions) | 7 | | |
| If you have a qualifying child, attach Sch. EIC. | d | Add lines 25a through 25c | 25d | 18,923. | |
| | 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | | |
| | 27a | Earned income credit (EIC) | | | |
| | | Check here if you were born after January 1, 1998, and before 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 | | | |
| | c | Prior year (2019) earned income | | | |
| | 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 28 | | | |
| | 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 | | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | | 18,923. | |
| | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 564. | |
| Refund | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \rightarrow | 35a | 564. | |
| Direct deposit? | ▶b | Routing number ★ ★ ★ ★ ★ X X X X ★ C Type: Checking Savings | | | |
| See instructions. | | Account number * * * * * * * * * | | | |
| | 36 | Amount of line 34 you want applied to your 2022 estimated tax > 36 | | | |
| Amount You Owe | 37 | Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions . | 37 | | |
| | 38 | Estimated tax penalty (see instructions) | 0. | | |
| Third Party Designee | Do | by you want to allow another person to discuss this return with the IRS? See structions | below. | X No | |
| | | signee's Phone Personal iden | | | |
| | | me ► number (PIN) | | | |
| Sign | | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic | | | |
| Here | | | | nt you an Identity | |
| | , 10 | | | N, enter it here | |
| Joint return? See instructions. Keep a copy for your records. | | EMPLOYEE (see | e inst.) 🕨 | | |
| | Sp | Ide | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) | | |
| | | | | | |
| Paid Preparer Use Only | | one no. (201)680-1505 Email address BHARATHPOLLAM@GMAIL.COM eparer's name Preparer's signature Date PTIN | | Check if: | |
| | | | *2703 | Self-employed | |
| | | | | 678)965-9522 | |
| | | | m's EIN ▶ | | |
| Go to www ire a | | m1040 for instructions and the latest information. BAA REV 03/19/22 PRO | II S LIIN | Form 1040 (2021) | |
| 5.0 1.0 WW.113.9 | 2.,, 3,11 | DAA REV 03/13/22 PRO | | (2021) | |