| E1040  |                  | artment of the Treasury-Internal Revenue Servi<br>S. Individual Income Tax                                 |   | (99)<br><b>urn</b>         | 202                       | 21  | OMB No. 154         | 5-0074   | IRS U                           | se Only             | —Do not v  | vrite or staple                    | in this space.                |  |
|--|------------------|--|---|----------------------------|---------------------------|---|---------------------|----------|---------------------------------|---------------------|--|------------------------------------|-------------------------------|--|
| Filing Statu<br>Check only<br>one box.   | lf yo            | Single Married filing jointly<br>u checked the MFS box, enter the n<br>on is a child but not your dependen | ame of  | -                          | separately<br>use. If you |   |                     |          |                                 | '                   |  | , 0                                | low(er) (QW)<br>he qualifying |  |
| Your first name  | e and m          | iddle initial  | Last na   | me                         |                           |   |                     |          |                                 |                     | Your so  | cial securi                        | ty number                     |  |
| CHARANTEJ  |                  |  |   | MAMIDALA                   |                           |   |                     |          |                                 |                     | 021-54-1234  |                                    |                               |  |
| 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<br>VXCCV   |                  |  |   | instructions. Apt. no.     |                           |   |                     |          |                                 |                     | Presidential Election Campaign<br>Check here if you, or your |                                    |                               |  |
| City, town, or post office. If you have a foreign address, also con  |                  |  |   | mplete spaces below. State |                           |   |                     | ZIP c    | I ZIP CODE I .                  |                     |  | spouse if filing jointly, want \$3 |                               |  |
| BOTHELL  |                  |  |   |                            |                           |   | WA                  |          |                                 |                     | to go to this fund. Checking a box below will not change     |                                    |                               |  |
| Foreign countr   | 1                | Foreign province/state/o   |   |                            | ТУ                        | Foreig  | 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 interest     | t in any | virtual                         | curre               | ncy?   | Ves                                | X No                          |  |
| Standard Deduction   |                  | eone can claim:  Vou as a de  Spouse itemizes on a separate retur  | •   |                            | •                         |   | a dependent         |          |                                 |                     |  |                                    |                               |  |
| Age/Blindnes   | s You:           | Were born before January 2, 1  | 957   | Are bli                    | ind Sp                    | ouse  | : 🗌 Was b           | orn bef  | ore Jan                         | uary 2              | 2, 1957  | 🗌 ls b                             | lind                          |  |
| Dependent  |                  |  |   |                            |                           |   |                     |          | alifies for (see instructions): |                     |  |                                    |                               |  |
| If more  | <b>(1)</b> F     | irst name Last name  | number  |                            |                           |   | to you              |          | Child tax cre                   |                     | redit  | edit Credit for other dependent    |                               |  |
| than four<br>dependents,   |                  |  |   |                            |                           |   |                     |          |                                 |                     |  |                                    |                               |  |
| see instruction  | IS ——            |  |   |                            |                           |   |                     |          |                                 | <u> </u>            |  |                                    |                               |  |
| and check<br>here ►  |                  |  |   |                            |                           |   |                     |          |                                 |                     |  |                                    |                               |  |
|  | -                | Wages colorize time ato Attach   |   |                            |                           |   |                     |          |                                 |                     | 4  | 1                                  | 12 201                        |  |
| Attach   | <u>1</u><br>2a   | Wages, salaries, tips, etc. Attach F   | <b>2a</b>                                       | ₩-2 .                      | · · ·                     | <br>ь т   | · · · ·             |          | • •                             | •                   | . <u>1</u><br>2b   |                                    | 13,381.                       |  |
| Sch. B if  | 2a<br>3a         | '  | 2a<br>3a  |                            | <b>b</b> Taxable interest |   |                     |          | ·                               | . <u>20</u><br>3b   |  |                                    |                               |  |
| required.  | 5 <u>a</u><br>4a |  | 4a  |                            |                           | <ul> <li>b Ordinary dividend</li> <li>b Taxable amount</li> </ul> |                     |          | • •                             | •                   | . 30.<br>. 4b  |                                    |                               |  |
|  | 5a               |  | 4a<br>5a  |                            |                           |   | axable amou         |          | • •                             | •                   | . 5b   |                                    |                               |  |
| Standard   | 6a               |  | 6a  |                            |                           | <b>b</b> Taxable amount   |                     |          | • •                             | •                   | . 6b   |                                    |                               |  |
| Deduction for-   | 7                | ···· · · · · · · · _   | dule D if required. If not required, check here |                            |                           |   |                     | 7        | <u> </u>                        |                     |  |                                    |                               |  |
| <ul> <li>Single or<br/>Married filing<br/>separately,<br/>\$12,550</li> <li>Married filing<br/>jointly or<br/>Qualifying<br/>widow(er),</li> </ul> | 8                | Other income from Schedule 1, line 10  |   |                            |                           |   |                     |          | . 8                             | _                   | 10,170.  |                                    |                               |  |
|  | 9                | *  | and 8. This is your <b>total income</b>         |                            |                           |   |                     |          | ► 9                             |                     | 03,211.  |                                    |                               |  |
|  | 10               | Adjustments to income from Schedule 1, line 26   |   |                            |                           |   |                     |          | . 10                            |                     |  |                                    |                               |  |
|  | 11               | Subtract line 10 from line 9. This is  |   |                            | gross inco                | ome   |                     |          |                                 |                     | ▶ 11   | 1                                  | 03,211.                       |  |
|  | 12a              |  |   |                            |                           |   |                     | 2a       | 12                              | ,55                 | o. 📃   |                                    |                               |  |
| \$25,100<br>• Head of<br>household,<br>\$18,800  | b                | Charitable contributions if you take the standard deduction (see instructions) <b>12b</b> 300.             |   |                            |                           |   |                     |          |                                 |                     |  |                                    |                               |  |
|  | с                | Add lines 12a and 12b  |   |                            |                           |   |                     |          | . 12                            | c                   | 12,850.  |                                    |                               |  |
| <ul> <li>If you checked<br/>any box under<br/>Standard</li> </ul>  | 13               | Qualified business income deduction from Form 8995 or Form 8995-A  |   |                            |                           |   |                     |          |                                 | . 13                |  |                                    |                               |  |
|  | 14               | Add lines 12c and 13   |   |                            |                           |   |                     |          |                                 | . 14                |  | 12,850.                            |                               |  |
| Deduction,<br>see instructions.  | 15               | Taxable income.         Subtract line 14 from line 11. If zero or less, enter -0                           |   |                            |                           |   |                     |          |                                 | . 15                | ;  | 90,361.                            |                               |  |
|  | /                |  |   |                            |                           |   |                     |          |                                 |                     |  |                                    |                               |  |

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

Form **1040** (2021)

| Form 1040 (2021                  | 1)      |  |                        |                     |   |                  |   |             | Page <b>2</b>           |
|----------------------------------|---------|--|------------------------|---------------------|---|------------------|---|-------------|-------------------------|
|                                  | 16      | Tax (see instructions). Check  | if any from Form       | (s): <b>1</b> 🗌 881 | 4 <b>2</b> 4972                         | 3                |   | 16          | 15,711.                 |
|                                  | 17      | Amount from Schedule 2, lin  | ne3                    |                     |   |                  |   | 17          |                         |
|                                  | 18      | Add lines 16 and 17  |                        |                     |   |                  |   | 18          | 15,711.                 |
|                                  | 19      | Nonrefundable child tax cree   | dit or credit for c    | ther depender       | nts from Schedul                        | e8812            |   | 19          |                         |
|                                  | 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          | 15,711.                 |
|                                  | 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 <b>total tax</b>  |                     |   |                  | . 🕨   | 24          | 15,711.                 |
|                                  | 25      | Federal income tax withheld  | from:                  |                     |   | 1 1              |   |             |                         |
|                                  | а       | Form(s) W-2  |                        |                     |   | <b>25a</b> 18    | ,220.   |             |                         |
|                                  | b       | Form(s) 1099   |                        |                     |   | 25b              |   |             |                         |
|                                  | С       | Other forms (see instructions  | ,                      |                     |   | 25c              |   |             |                         |
|                                  | d       | Add lines 25a through 25c  |                        |                     |   |                  |   | 25d         | 18,220.                 |
| If you have a                    | 26      | 2021 estimated tax payment   |                        |                     |   |                  |   | 26          |                         |
| qualifying child,                | 27a     | Earned income credit (EIC)   |                        |                     |   | 27a              |   |             |                         |
| attach Sch. EIC.                 |         | Check here if you were k   |                        |                     |   |                  |   |             |                         |
|                                  |         | 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   |                        | L                   | Schedule 8812                           | 28               |   |             |                         |
|                                  | 29      | American opportunity credit  |                        |                     |   | 29               |   | 1           |                         |
|                                  | 30      | Recovery rebate credit. See instructions   |                        |                     |   |                  |   |             |                         |
|                                  | 31      | Amount from Schedule 3, lin  |                        |                     |   | 31               |   | 1           |                         |
|                                  | 32      | Add lines 27a and 28 through 31. These are your total other payments and refundable credits  |                        |                     |   |                  |   |             |                         |
|                                  | 33      | Add lines 25d, 26, and 32. T   |                        | •                   |   |                  |   | 32<br>33    | 18,220.                 |
| Defined                          | 34      |  |                        |                     |   |                  |   | 34          | 2,509.                  |
| Refund                           | 35a     | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here |                        |                     |   |                  |   | 35a         | 2,509.                  |
| Direct deposit?                  | ►b      | Routing number X X X   |                        | Savings             |   |                  |   |             |                         |
| 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 a   | 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  |                        |                     |   | 38               |   |             |                         |
| Third Party                      | Do      | you want to allow another  |                        |                     |   | ? See            |   |             |                         |
| Designee                         |         | structions   |                        |                     | mplete k                                | oelow.           | X No  |             |                         |
|                                  |         | Designee's   |                        | Phone Personal      |   |                  |   |             |                         |
|                                  |         | me 🕨   |                        | no. 🕨               |   |                  | er (PIN)  |             |                         |
| Sign                             |         | der penalties of perjury, I declare t<br>ief, they are true, correct, and com  |                        |                     |   |                  |   |             |                         |
| Here                             |         | ur signature   |                        | Date                | Your occupation                         |                  |   |             | nt you an Identity      |
|                                  | . 10    |  |                        | Date                |   |                  |   |             | N, enter it here        |
| Joint return?                    |         |  |                        |                     | SOFTWARE                                | DEVELOPER        |   | inst.) 🕨    |                         |
| See instructions.                | Sp      | Spouse's signature. If a joint return, <b>both</b> must sign.  |                        | Date                | Spouse's occupa                         | tion             |   |             | nt your spouse an       |
| Keep a copy for<br>your records. | ,       |  |                        |                     |   |                  | ntity Protection PIN, enter it here<br>e inst.) ► |             |                         |
|                                  |         |  | 4                      | Fue elle elebrere   |   |                  | (300  | iiiot.) 🕨   |                         |
|                                  |         | one no. (669)292-967<br>eparer's name  | 4<br>Preparer's signat | Email address       | TEJ.MAMID                               | 9@GMAIL.COM      | PTIN  | <del></del> | Check if:               |
| Paid                             |         |  |                        |                     |   |                  |   | <u></u>     | Self-employed           |
| Preparer                         |         | I PRIYA RAM SAGAR GUPTA TALLAM   |                        | KAM SAGAR           | GUPIA TALLAN                            | 1 04/06/2022     | P0208   |             |                         |
| Use Only                         |         | m's name ► GLOBAL TAX  |                        | n Cummin            | ~ |                  |   |             | 678)965-9522            |
|                                  |         | m's address ► 2530 Pebb  |                        |                     | -                                       |                  | Firm  | 's EIN ►    |                         |
| Go to www.irs.go                 | ov/Forn | n1040 for instructions and the late  | st information.        |                     | BAA                                     | REV 03/26/22 PRO |   |             | Form <b>1040</b> (2021) |