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 bu checked the MFS box, enter the not son is a child but not your dependen	ame of								
Your first name and middle initial Las				ast name					Your social security number		
HARISH				TANGUTURI					***-**-9928		
If joint return, spouse's first name and middle initial Last				ast name				Sp	Spouse's social security number		
Home address		er and street). If you have a P.O. box, see GTON DR	instruct	tions.			Apt. no.	Ct	neck h	ere if you,	
City, town, or post office. If you have a foreign address, also complete				ete spaces below. State			code				itly, want \$3
PROSPER					TX	75				w will not	Checking a change
Foreign country name				Foreign province/state/	ounty For					or refund.	
At any time du	ıring 2	021, did you receive, sell, exchange	or oth	erwise dispose of any	financial interes	st in an	y virtual c	urrency	?	Yes	⊠ No
Standard Deduction	_	neone can claim:	•	•	e as a depender alien	nt					
Age/Blindness	s You	: Were born before January 2, 1	957	Are blind Spo	ouse: Was b	oorn be	efore Janu	ary 2, 1	957	☐ Is bli	ind
Dependents	s (see	instructions):		(2) Social security	(3) Relation	nship	(4)	if qualif	fies for	(see instru	ctions):
If more	(1) F	irst name Last name		number to you				tax credit			her dependents
than four						6					
dependents, see instruction						1					
and check	·									[
here ▶ □											
	1	Wages, salaries, tips, etc. Attach I	orm(s)	W-2					1	10	07,443.
Attach	2a	Tax-exempt interest	2a		b Taxable inter	est			2b		
Sch. B if required.	3a	Qualified dividends	3a		b Ordinary divid	dends			3b		
	4a	IRA distributions	4a		b Taxable amo	unt .			4b		
	5a	Pensions and annuities	5a b Taxable amou						5b		
Standard Deduction for— • Single or Married filing separately, \$12,550	6a	Social security benefits	b Taxable amount						6b		
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7		20,946.
	8	Other income from Schedule 1, line 10							8		12,162.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	11	16,227.
Married filing jointly or Qualifying	10	Adjustments to income from Schedule 1, line 26							10		
	11	Subtract line 10 from line 9. This is your adjusted gross income							11	13	16,227.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedule	A) ·	12a	12,	550.			
• Head of	b	Charitable contributions if you take	the sta	indard deduction (see	instructions)	12b		300.			
household, \$18,800	С	Add lines 12a and 12b							12c]]	12,850.
• 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]	12,850.
	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less,	enter -0				15	10	03,377.

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	18,831.				
	17	Amount from Schedule 2, line 3	17					
	18	Add lines 16 and 17	18	18,831.				
	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	18,831.				
	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	18,831.				
	25	Federal income tax withheld from:						
	а	Form(s) W-2						
	b	Form(s) 1099						
	С	Other forms (see instructions)						
If you have a	d	Add lines 25a through 25c	25d	17,713.				
	26	2021 estimated tax payments and amount applied from 2020 return	26					
qualifying child,	27a	Earned income credit (EIC)						
attach Sch. 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 American opportunity credit from Form 8863, line 8	-					
	29		-					
	30		-					
	Amount from Schedule 3, line 15							
	33	Add lines 25d, 26, and 32. These are your total payments	32	17,713.				
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	17,713.				
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here .	35a					
Direct deposit?	▶b	Routing number * * * * X X X X Dec Type: Checking Savings	Joa					
See instructions.	▶d	Account number * * * * * * * * *						
	36	Amount of line 34 you want applied to your 2022 estimated tax > 36						
Amount	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	37	1,118.				
You Owe	38	Estimated tax penalty (see instructions)	0.	1,113.				
Third Party		you want to allow another person to discuss this return with the IRS? See						
Designee		structions	below.	X No				
3	De	signee's Phone Personal identif	fication					
	nar	me ▶ no. ▶ number (PIN) ▶	>					
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which						
Here				,				
	YO			nt you an Identity N, enter it here				
Joint return?			inst.) ▶					
See instructions.	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation If the	If the IRS sent your spouse an					
Keep a copy for your records.	,		dentity Protection PIN, enter it here see inst.) ▶					
your records.			IIISt.)					
Paid Preparer Use Only		one no. (201)920-5741 Email address HARISHTANGUTURI18@GMAIL.COM eparer's name Preparer's signature Date PTIN		Chaple if				
		1	0000	Check if:				
		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/05/2022 *****		Self-employed				
				678)965-9522				
			i's EIN ▶					
(30 to www ire a	ov/Forn	n1040 for instructions and the latest information		Form 1040 (2021)				