	nent of the Treasury-Internal Revenue Service		⁽⁹⁹⁾ 20	21	OMB No. 1	545-0074	IRS Use	Only-	–Do not w	rite or staple	in this space.
	gle Married filing jointly checked the MFS box, enter the nais is a child but not your dependent	ame of y	ed filing separate your spouse. If y								
Your first name and midd	le initial	Last na	me						Your so	cial securi	ty number
KIRAN BHARGAV			ARI						215-42-8921		
If joint return, spouse's first name and middle initial			Last name						Spouse's social security number		
	nd street). If you have a P.O. box, see	instructio	ons.				Apt. no. 1001				on Campaign
1101 HIDDEN R	mplete spaces below. State Z								Check here if you, or your spouse if filing jointly, want \$3		
City, town, or post office.						to		to go to this fund. Checking a			
IRVING Foreign country name			,		e/county				box below will not change your tax or refund.		
			Foreign province/s	tate/coun							
At any time during 2021	, did you receive, sell, exchange,	or othe	rwise dispose o	f any fina	ancial intere	st in any	v virtual c	urren	cy?	Ves	X No
otunidulu	ne can claim: You as a depouse itemizes on a separate return		— ·		a depende	nt					
Age/Blindness You:	Were born before January 2, 19	957	Are blind	Spouse	e: 🗌 Was	born be	fore Janua	ary 2	, 1957	Is b	lind
Dependents (see ins	structions):		(2) Social sec	curity	(3) Relatio	nship	(4) 🖌	if qu	alifies fo	r (see instru	ictions):
If more (1) First name Last name			number		to you		Child tax credi		edit	Credit for ot	her dependents
than four											
dependents, see instructions							[
and check							[
here 🕨 🗌							[
1_ _ V	Vages, salaries, tips, etc. Attach F	Form(s) \	N-2						1		85,680.
Attach 2a T	ax-exempt interest	2a		b Taxable interest		rest			2b)	
Sch. B if required. 3a C	Qualified dividends	3a		b	Ordinary divi	dends			3b)	
	RA distributions	4a		bТ	Taxable amo	ount.	t		4b)	
5a P	Pensions and annuities	5a		bT	Taxable amo	ount.			5b)	
	ocial security benefits	6a b Taxable amount					6b)			
Deduction for - 7 C	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7			
	Other income from Schedule 1, line 10							8		-8,430.	
separately, \$12,550 9 A	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							• 9		77,250.	
	Adjustments to income from Schedule 1, line 26								10)	
	Subtract line 10 from line 9. This is your adjusted gross income						► <u>11</u>		77,250.		
widow(er), 12a S	Standard deduction or itemized deductions (from Schedule A) 12a 12,550.).			
Head of b C	Charitable contributions if you take the standard deduction (see instructions) 12b										
household, \$18,800 c A	Add lines 12a and 12b								120		12,550.
• If you checked 13 C	Qualified business income deduction from Form 8995 or Form 8995-A								13	;	
olandara	Add lines 12c and 13										12,550.
Deduction, see instructions. 15 T	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0										64,700.

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

Form **1040** (2021)

Form 1040 (2021	1)								Page 2	
	16	Tax (see instructions). Check						16	9,988.	
	17	Amount from Schedule 2, lin	ie3					17		
	18	Add lines 16 and 17						18	9,988.	
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e8812		19		
	20	Amount from Schedule 3, lin	ie8					20	1,800.	
	21	Add lines 19 and 20						21	1,800.	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,188.	
	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 total tax				. 🕨	24	8,188.	
	25	Federal income tax withheld from:								
	а	Form(s) W-2				25a 11	,253.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions								
	d	Add lines 25a through 25c							11,253.	
If you have a	26	2021 estimated tax payments and amount applied from 2020 return								
qualifying child,	27a	Earned income credit (EIC)			No	27a				
attach Sch. EIC.		Check here if you were h								
		January 2, 2004, and you taxpayers who are at least a								
	b	Nontaxable combat pay elec	ction	. 27b						
	С	Prior year (2019) earned inco	ome	. 27c						
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Recovery rebate credit. See								
	31	Amount from Schedule 3, lin	ie 15			31				
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits							770.	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			. 🕨	33	12,023.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						34	3,835.	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here							3,835.	
Direct deposit?	►b	Routing number X								
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 details	s on how to pay,	see instructions	. 🕨	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party Designee		you want to allow another structions	•		rn with the IRS		omplete	below.	X No	
200.9.100	De	Designee's		Phone		Personal identification				
	nar	name 🕨		no. 🕨	numb	ber (PIN)				
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
Here	Yo	'our signature		Date Your occupation			If the	e IRS sen	it you an Identity	
	κ.								N, enter it here	
Joint return? See instructions. Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.			IT	ion If th Ider		inst.) 🕨		
	Sp			Date	Spouse's occupa			e IRS sent your spouse an ntity Protection PIN, enter it here		
							(see	inst.) 🕨		
		one no. (657) 500-965		Email address	KIRANBHARGAV	VANGARI@GMAIL.CO		,		
Paid Preparer Use Only	Pre	eparer's name	Preparer's signat			Date	PTIN		Check if:	
	UMA	A MAHESHWARI BOYIMI	HWARI BOY	ZIMI	01/28/2022	P0247	2867	Self-employed		
							ne no. (678)965-9522		
	Fin	m's address ► 2530 Pebb	le Creek I	n Cummin	g GA 30041		Firm	's EIN ▶	30-1017196	
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/24/22 PRO			Form 1040 (2021)	