1040		rtment of the Treasury-Internal Revenue Servi 5. Individual Income Tax		(99) Jrn 2	202	1	OMB No. 1545	-0074	IRS Use	e Only–	-Do not w	rite or staple	in this space.	
Filing Status Check only one box.	lf yo	Single D Married filing jointly U Narried filing jointly U Narried the MFS box, enter the n on is a child but not your dependen	ame of y		• •	,	Head of ed the HOH o							
Your first name	e and mi	ddle initial	Last nar	ne								cial securit		
NIKETHA			SEVE	SEVENKAR								***-**-8820		
If joint return, spouse's first name and middle initial				Last name							Spouse's social security number			
		r and street). If you have a P.O. box, see) STREET	instructio	ons.				A 1	ot. no. 7		Check h	nere if you,	on Campaign or your	
City, town, or post office. If you have a foreign address, also comp			mplete s	nplete spaces below. State Z				ZIP cod	code spouse if filing jointly, wai to go to this fund. Checki					
CINCINNATI							[20		box below will not change				
Foreign country name				Foreign province/state/c			y	Foreign postal code		your tax or refund.				
At any time du	uring 20	21, did you receive, sell, exchange,	, or othe	rwise dispo	se of any	fina	ncial interest i	n any v	virtual c	urren	cy?	Yes	X No	
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you	were a dua	ll-status a	alien	a dependent							
		Were born before January 2, 1	957	Are blind	Spo	use:	Was bor	n befo				Is bl		
Dependent					al security		(3) Relationsh	ip			1	r (see instru		
lf more than four	(1) FI	rst name Last name		number			to you Child tax			tax cre	ait	Credit for oti	her dependents	
dependents,						-						[
see instruction	s —											[
and check here ►								,		$\frac{\Box}{\Box}$		[
	1	Wages, salaries, tips, etc. Attach F	- orm(s) V	V-2						<u> </u>	1		2,973.	
Attach	2a		2a			h Ta	axable interest	+			2b			
Sch. B if	3a	· · –	3a				rdinary divide				3b			
required.	4a	IRA distributions	4a				axable amoun				4b			
	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Standard Deduction for –	6a	Social security benefits	6a 🔺		. 1	b Ta	axable amoun	t			6b			
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here] 7			
 Single or Married filing 	8	Other income from Schedule 1, line 10								8				
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	, 6b, 7, and 8. This is your total income							. 🕨	• 9		2,973.	
 Married filing jointly or Qualifying widow(er), \$25,100 	10	Adjustments to income from Sche	dule 1, li	ine 26 🛛 .	×						10			
	11	Subtract line 10 from line 9. This is	s your ac	ljusted gro	ss incom	ne		· ·		. 🕨	· 11		2,973.	
	12a	Standard deduction or itemized				·	12	a	12,	550	•			
 Head of household, \$18,800 	b	Charitable contributions if you take	the stan	dard deduct	tion (see i	nstru	uctions) 12	b						
	С	Add lines 12a and 12b								120	; :	12,550.		
 If you checked any box under 	13	Qualified business income deduction from Form 8995 or Form 8995-A									13	-		
Standard Deduction,	14	Add lines 12c and 13								14		12,550.		
see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0											0.	

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

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Form **1040** (2021)

Form 1040 (2021)			Page 2	
	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 .	16	0.	
	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	0.	
	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	0.	
	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	0.	
	25	Federal income tax withheld from:			
	а	Form(s) W-2			
	b	Form(s) 1099			
	C	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d		
If you have a	26	2021 estimated tax payments and amount applied from 2020 return	26		
qualifying child, attach Sch. EIC. [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			
	с	Prior year (2019) earned income			
	28	Refundable child tax credit or additional child tax credit from Schedule 8812			
	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	33		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34		
Direct depecit?	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a		
Direct deposit? See instructions.	►b ►d	Routing number * * * X X X X C Type: C Checking Savings Account number * * * * * * * * X			
	₽u 36	Account number A A A A A A A A A A A A A A A A A A A			
Amount	37	Amount you we. Subtract line 33 from line 24. For details on how to pay, see instructions	37	0.	
You Owe	38	Estimated tax penalty (see instructions)	01		
Third Party		you want to allow another person to discuss this return with the IRS? See			
Designee		ructions \ldots	below.	× No	
		ignee's Personal identi			
		ne no. number (PIN)			
Sign		er penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic			
Here			e IRS sent you an Identity		
			Protection PIN, enter it here		
Joint return?		BIODENI	(see inst.) ►		
See instructions. Keep a copy for	Spo			nt your spouse an action PIN, enter it here	
your records.			inst.) 🕨		
	Pho	ne no. (513)837-7562 Email address SNIKETHA22@GMAIL.COM			
	Pre	parer's name Preparer's signature Date PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/15/2022 *****	2703	Self-employed	
Preparer			ne no. (678)965-9522	
Use Only	Firr	's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm	i's EIN 🕨	**-**7196	
Go to www.irs.go	v/Form	1040 for instructions and the latest information. BAA REV 03/07/22 PRO		Form 1040 (2021)	