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 [ ou checked the MFS box, enter the roor is a child but not your depender	— name of	ied filing separately your spouse. If you	` ,	_		,	′ –	_	, ,	` , ` ,
Your first name and middle initial La				_ast name						Your social security number		
PAVAN				VUJJINI						812-16-4673		
If joint return, spouse's first name and middle initial Last				ast name					,	Spouse's social security number		
Home address (number and street). If you have a P.O. box, see instruction 29232 SILVER CREEK DR				tructions.					- 1	Presidential Election Campaign Check here if you, or your		
City, town, or post office. If you have a foreign address, also comple PERRYSBURG				plete spaces below. State OH				1B   code   3551	t	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change		
Foreign country name				Foreign province/state/county				Foreign postal code		7		
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of ar	ny finar	ncial inte	rest in ar	ny virtual c	urrend	cy?	Yes	⊠ No
Standard Deduction	_	eone can claim:  You as a de Spouse itemizes on a separate retu	•			depend	ent					
Age/Blindness	You:	Were born before January 2, 1	957	Are blind Sp	ouse:	☐ Wa	s born b	efore Janu	ary 2,	1957	☐ Is bl	lind
Dependents	•	•		(2) Social security (3) Relationsh to you				.			•	*
If more than four	(1) F	irst name Last name					<u> </u>	Child tax credi		ait	Credit for ot	her dependents
dependents,												
see instruction and check	s —											
here ▶ □												
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					<del></del>	1		<u> </u>
Attach	2a	Tax-exempt interest	2a	<b>b</b> Taxable interes			erest			2b		
Sch. B if	3a	Qualified dividends	3a <b>b</b> Ordinary div			vidends			3b			
required.	4a	IRA distributions	4a		<b>b</b> Taxable amount .					4b		
	5a	Pensions and annuities	5a		<b>b</b> Taxable amount .					5b		
Standard Deduction for — • Single or Married filing separately, \$12,550	6a	Social security benefits	6a b Taxable amount							6b		
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7			
	8	Other income from Schedule 1, line 10							8		-7,070.	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9		67,881.	
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		67,881.	
widow(er), \$25,100	12a	Standard deduction or itemized deductions (from Schedule A)   12a   12,550.										
• Head of household, \$18,800	b	Charitable contributions if you take the standard deduction (see instructions) 12b 300.										
	С	Add lines 12a and 12b								120	:	12,850.
• If you checked any box under Standard Deduction, see instructions.	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		
	14	Add lines 12c and 13								14		12,850.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0								15		55,031.

	16	Tax (see instructions). Check if any from Form	(s): <b>1</b> 8814	4 <b>2</b> 🗌 4972	3 🗌 _			16	7,854.	
	17	Amount from Schedule 2, line 3						17		
	18	Add lines 16 and 17						18	7,854.	
	19	Nonrefundable child tax credit or credit for of	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, e	enter -0					22	7,854.	
	23	Other taxes, including self-employment tax, t						23	0.	
	24	Add lines 22 and 23. This is your <b>total tax</b>					<b>•</b>	24	7,854.	
	25	Federal income tax withheld from:		<u> </u>						
	а	Form(s) W-2			25a	10,0	16.			
	b	Form(s) 1099			25b					
	С	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c						25d	10,016.	
	26	2021 estimated tax payments and amount ap						26	· · · · · · · · · · · · · · · · · · ·	
If you have a Lagrangian qualifying child,	27a	NO								
attach Sch. EIC.		Check here if you were born after Janua								
		January 2, 2004, and you satisfy all the	other requir	rements for						
		taxpayers who are at least age 18, to claim the	1 1	structions ► ∐						
	b	Nontaxable combat pay election			-					
	С	Prior year (2019) earned income								
	28	Refundable child tax credit or additional child t			28					
	29	American opportunity credit from Form 8863	•		29					
	30	Recovery rebate credit. See instructions .			30					
	31	Amount from Schedule 3, line 15			31			32		
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits							10 016	
	33	Add lines 25d, 26, and 32. These are your total payments							10,016.	
Refund	34	If line 33 is more than line 24, subtract line 24			-	-	·	34	2,162.	
D: 1.1 '10	35a	Amount of line 34 you want refunded to you					_	35a	2,162.	
Direct deposit? See instructions.	▶b	Routing number X X X X X X X X X X X X X X CHARLES CHecking Savings Account number X X X X X X X X X X X X X X X X X X X								
	► d									
A	36	Amount of line 34 you want applied to your 2			36		_	07		
Amount You Owe	37	Amount you owe. Subtract line 33 from line			1 1	ictions .		37		
	38	Estimated tax penalty (see instructions) .			38					
Third Party Designee		you want to allow another person to discructions				Yes. Comp	olete h	مامس	X No	
Designee		esignee's Phone Personal identific								
		· ·			number (					
Sign		er penalties of perjury, I declare that I have examine								
Here	beli	ef, they are true, correct, and complete. Declaration o	· · · · · ·		ased on all	information of			,	
11010	You	r signature	Date Your occupation						nt you an Identity	
Joint return? See instructions.			IT				1	rotection PIN, enter it here see inst.) ►		
	Spo	use's signature. If a joint return, <b>both</b> must sign.					If the	IRS ser	nt your spouse an	
Keep a copy for		,	Ide				Identi	ntity Protection PIN, enter it here		
your records.					(see ii	nst.) ►				
		ne no. (917)498-9412	Email address	PAVAN.VUJJ	1					
Paid Preparer Use Only		parer's name Preparer's signate			Date		IN		Check if:	
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/09	/2022 PO	2082	703	Self-employed	
								e no. (	678)965-9522	
	Firr	n's address ▶ 2530 Pebble Creek L	n Cumming	g GA 30041			Firm's	s EIN ▶		
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 01/3	1/22 PRO			Form <b>1040</b> (2021)	

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