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 uchecked the MFS box, enter the noon is a child but not your dependent	- ame o	ried filing separately (Nor spouse. If you come	· —			_			. , , ,	
Your first name	and m	ddle initial	Last r	Last name						Your social security number		
VENKANNA				KARRA					***-**-4325			
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 instructions. Apt. no.							Pres	ident	ial Election	n Campaign		
750 SYLVAN AVENUE										re if you,		
City, town, or post office. If you have a foreign address, also con				mplete spaces below. State Z			code				tly, want \$3 Checking a	
MOUNTAIN VIEW					CA	94				v will not		
Foreign country name				Foreign province/state/	ounty Fo				tax c	or refund. You	Spouse	
At any time du	ring 20	021, did you receive, sell, exchange,	or oth	herwise dispose of any	y financial interes	st in ar	ny virtual cur	rency?		Yes	⊠ No	
Standard Deduction	_	eone can claim:			e as a depender alien	nt		5				
Age/Blindness	You:	☐ Were born before January 2, 1	957	Are blind Spo	ouse: Was l	oorn be	efore Januar	y 2, 195	57	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social security	(3) Relation	nship	(4) √ i	f qualifie	s for (s	see instru	ctions):	
If more	(1) F	irst name Last name		number	to you		Child tax	credit	Cı	redit for oth	er dependents	
than four												
dependents, see instructions]				
and check	,]				
here ▶ □											<u> </u>	
	1_	Wages, salaries, tips, etc. Attach F	orm(s	s) W-2					1	4	12,010.	
Attach	2a	Tax-exempt interest	2a		b Taxable inter	est			2b			
Sch. B if required.	3a	Qualified dividends	3a		b Ordinary divi	dends		. L	3b			
required.	4a	IRA distributions	4a		b Taxable amo	unt .			4b			
	5a	Pensions and annuities	5а	Y	b Taxable amo	unt .			5b			
Standard Deduction for— Single or Married filing separately, \$12,550	6a	Social security benefits	6a -		b Taxable amo	unt .			6b			
	7	Capital gain or (loss). Attach Sched	dule D	if required. If not requ	uired, check here		•	· 🔲 📙	7			
	8	Other income from Schedule 1, lin	e 10						8	1	3,688.	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	. This is your total inc	ome			•	9	5	55,698.	
• Married filing jointly or Qualifying	10	Adjustments to income from Sche	dule 1	, line 26					10		967.	
	11_	Subtract line 10 from line 9. This is	your	adjusted gross incor	me			•	11	5	4,731.	
widow(er), \$25,100	12a	Standard deduction or itemized	dedu	ctions (from Schedule	A)	12a	12,5	50.				
• Head of household, \$18,800	b	Charitable contributions if you take	the st	andard deduction (see	instructions)	12b						
	С	Add lines 12a and 12b							12c	1	2,550.	
• If you checked any box under Standard Deduction, see instructions.	13	Qualified business income deducti	on fro	m Form 8995 or Form	8995-A				13			
	14	Add lines 12c and 13								1	2,550.	
	15	Taxable income. Subtract line 14	from I	line 11. If zero or less,	enter -0				15	4	2,181.	

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	5,027.						
	17	Amount from Schedule 2, line 3	17							
	18	Add lines 16 and 17	18	5,027.						
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19							
	20	Amount from Schedule 3, line 8	20	1,706.						
	21	Add lines 19 and 20	21	1,706.						
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	3,321.						
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,934.						
	24	Add lines 22 and 23. This is your total tax	24	5,255.						
	25	Federal income tax withheld from:								
	а	Form(s) W-2								
	b	Form(s) 1099								
	С	Other forms (see instructions)	7							
If you have a qualifying child,	d	Add lines 25a through 25c	25d	5,416.						
	26	2021 estimated tax payments and amount applied from 2020 return	26							
	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 ► ☐ Nontaxable combat pay election								
	b	Prior year (2019) earned income 27c								
	28	Refundable child tax credit or additional child tax credit from Schedule 8812 28								
	29	American opportunity credit from Form 8863, line 8	-							
	30		-							
	32	Amount from Schedule 3, line 15								
	33	Add lines 25d, 26, and 32. These are your total payments	33	5,416.						
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	161.						
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	161.						
Direct deposit?	⊳ b	Routing number * * * * X X X X C Type: Checking Savings		101.						
See instructions.	►d	Account number								
	36	Account number Accoun								
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions .	37							
	38	Estimated tax penalty (see instructions)	37							
Third Party Designee	Do	by you want to allow another person to discuss this return with the IRS? See structions	below.	X No						
	De	signee's Phone Personal ident	Personal identification							
		me ▶ number (PIN)								
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic								
Here				nt you an Identity						
				IN, enter it here						
Joint return? See instructions. Keep a copy for your records.		SOFTWARE DEVLOPOER (see	e inst.) 🕨							
	Sp	Ider	If the IRS sent your spouse an Identity Protection PIN, enter it here							
your records.			e inst.) 🕨							
		one no. (408)512-0538 Email address VENKAT, KARRA241@GMAIL.COM		0						
Paid Preparer		eparer's name Preparer's signature Date PTIN		Check if:						
		M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/25/2022 *****		Self-employed						
Use Only				678)965-9522						
	Fir	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm	n's EIN 🕨							
Go to www.irs.g	ov/Forn	n1040 for instructions and the latest information. BAA REV 02/17/22 PRO		Form 1040 (2021)						