| <b>104</b>   |              | artment of the Treasury-Internal Revenue Servi<br>S. Individual Income Tax  |                            | <sup>(99)</sup> 20                       | 21       | OMB No. 1               | 545-007   | 4 IRS Use Only                  | ∕—Do not v  | write or staple  | in this space. |  |
|--|--------------|---|----------------------------|--|----------|-------------------------|-----------|---------------------------------|-------------|--|----------------|--|
| Filing Statu<br>Check only<br>one box.                                 | lf yc        | Single X Married filing jointly under the MFS box, enter the n son is a child but not your dependent  | ame of y                   | ed filing separate<br>your spouse. If yo | • • •    | ,                       |           | sehold (HOH)<br>V box, enter th |             | , 0  |                |  |
| Your first nam   | e and m      | iddle initial   | Last na                    | me                                       |          |                         |           |                                 | Your so     | ocial securi   | ty number      |  |
| BHAVYA   |              |   |                            | RNENI                                    |          |                         |           |                                 | 316-        | 316-41-9291  |                |  |
| If joint return, spouse's first name and middle initial                |              |   |                            | Last name S                              |          |                         |           |                                 |             | Spouse's social security number                          |                |  |
| SURENDH  | AR           |   | GUTI                       | A  |          |                         |           |                                 | 885-        | 99-256   | 4              |  |
|  |              | er and street). If you have a P.O. box, see<br>NEN AVENUE   | instructio                 | ons.                                     |          |                         |           | Apt. no.                        | 1           | ential Electi<br>here if you                             | ion Campaign   |  |
|  |              | ce. If you have a foreign address, also co  | mplete s                   | paces below.                             | Sta      | ate                     | 7IP       | code                            | spouse      | e if filing joir   | ntly, want \$3 |  |
| JERSEY CITY  |              |   |                            |  |          | NJ                      |           |                                 |             | to go to this fund. Checking a box below will not change |                |  |
| Foreign country name   |              |   |                            | Foreign province/st                      |          | -                       |           |                                 |             | your tax or refund.                                      |                |  |
|  |              |   |                            |  |          |                         |           |                                 |             | You Spouse   |                |  |
| At any time d  | uring 20     | 021, did you receive, sell, exchange,   | or othe                    | erwise dispose of                        | any fina | ancial intere           | est in an | y virtual curre                 | ncy?        | Ves  | X No           |  |
| Standard<br>Deduction  | _            | eone can claim:  Vou as a de Spouse itemizes on a separate retur  | •                          |  |          | a depende<br>n          | ent       |                                 |             |  |                |  |
| Age/Blindnes   | s You        | : 🗌 Were born before January 2, 1   | 957                        | Are blind                                | Spouse   | : 🗌 Was                 | born be   | fore January                    | 2, 1957     | 🗌 ls b   | lind           |  |
| Dependent  | s (see       | instructions):  |                            | (2) Social sec                           | urity    | (3) Relation            | onship    | <b>(4) 🖌</b> if q               | ualifies fo | or (see instru   | uctions):      |  |
| If more  | <b>(1)</b> F | irst name Last name   | number                     |  |          | to you                  |           | Child tax credit                |             | dit Credit for other dependents                          |                |  |
| than four  |              |   |                            |  |          |                         |           |                                 |             |  |                |  |
| dependents,<br>see instructior   | ıs ——        |   |                            |  |          |                         |           |                                 |             |  |                |  |
| and check  |              |   |                            |  |          |                         |           |                                 |             |  |                |  |
| here 🕨 🗌   |              |   |                            |  |          |                         |           |                                 |             |  |                |  |
| Attach   | 1            | Wages, salaries, tips, etc. Attach F  | Form(s) \                  | W-2                                      |          |                         |           |                                 | . 1         |  | 48,734.        |  |
| Attach<br>Sch. B if<br>required.                                       | 2a           | · ·   | 2a                         |  | bΤ       | <b>b</b> Taxable intere |           | st                              |             | <b>)</b>   |                |  |
|  | 3a           |   | <b>3a</b> 20.              |  |          | Ordinary div            |           |                                 | . 3t        |  | 20.            |  |
|  | ) 4a         |   | 4a                         |  |          | axable am               |           |                                 | . 4k        |  |                |  |
|  | 5a           |   | 5a                         |  |          | Taxable am              |           |                                 | . 5k        |  |                |  |
| Standard<br>Deduction for—   | 6a           |   | <b>6a b</b> Taxable amount |  |          |                         |           | . 6k                            |             |  |                |  |
| <ul> <li>Single or<br/>Married filing<br/>separately,</li> </ul>       | 7            | Capital gain or (loss). Attach Schedule D if required. If not required, check here ►  |                            |  |          |                         |           |                                 |             |  | 582.           |  |
|  | 8            | Other income from Schedule 1, line 10   |                            |  |          |                         |           | . 8                             |             | 0.   |                |  |
| \$12,550   | 9            | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>   |                            |  |          |                         |           | ▶ 9                             |             | 49,336.  |                |  |
| <ul> <li>Married filing<br/>jointly or</li> </ul>                      | 10           | Adjustments to income from Schedule 1, line 26  |                            |  |          |                         |           | . 10                            |             | 10 226   |                |  |
| Qualifying<br>widow(er),   | 11           |   |                            |  |          |                         |           |                                 |             | I  | 49,336.        |  |
| \$25,100   | 12a          | Standard deduction or itemized deductions (from Schedule A) <b>12a</b> 25,100.  |                            |  |          |                         |           |                                 |             |  |                |  |
| <ul> <li>Head of<br/>household,<br/>\$18,800</li> </ul>                | b            | Charitable contributions if you take the standard deduction (see instructions) 12b 600.   |                            |  |          |                         |           |                                 |             | •  | 25,700.        |  |
|  | с<br>13      | Add lines 12a and 12b       . |                            |  |          |                         |           |                                 |             |  | <u>2</u> ,100. |  |
| <ul> <li>If you checked<br/>any box under</li> <li>Standard</li> </ul> | 14           | Add lines 12c and 13  |                            |  |          |                         |           |                                 |             |  | 25,700.        |  |
| Standard<br>Deduction,   | 15           | Taxable income.       Subtract line 14 from line 11. If zero or less, enter -0  |                            |  |          |                         |           |                                 |             |  | 23,636.        |  |
| see instructions.  | )            |   |                            |  | , 00     |                         |           |                                 |             |  |                |  |

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

Form **1040** (2021)

|                                      | w/Eorm   | 1040 for instructions and the lates  | st information.       |                     | BAA                                     | REV 03/07/22 PRO |                         |  | Form <b>1040</b> (2021 |  |
|--------------------------------------|----------|--|-----------------------|---------------------|---|------------------|-------------------------|--|------------------------|--|
|                                      | Firr     | n's address ► 2530 Pebbl   | le Creek L            | n Cummin            | g GA 30041                              |                  | Firm                    | 's EIN ▶   | 30-1017196             |  |
| Use Only                             | -        | n's name 🕨 GLOBAL TAX  |                       |                     |   |                  | Phor                    | ne no. (   | 678)965-9522           |  |
| Preparer                             | SYAM     | PRIYA RAM SAGAR GUPTA TALLAM   | SYAM PRIYA            | RAM SAGAR           | GUPTA TALLAM                            | 03/15/2022       | P02083                  |  | Self-employed          |  |
| Paid                                 |          | parer's name   | Preparer's signat     |                     |   | Date             | PTIN                    |  | Check if:              |  |
|                                      |          | one no. (903)239-2179  |                       | Email address       | BHAVYA.31                               | 75@GMAIL.CO      |                         |  |                        |  |
| Keep a copy for<br>your records.     |          |  |                       |                     | IT 2155 course course                   |                  |                         | Identity Protection PIN, enter it here (see inst.) |                        |  |
| See instructions.                    | Spo      | Spouse's signature. If a joint return, <b>both</b> must sign.  |                       | Date                | ion                                     | If the IRS s     |                         | nt your spouse an                                  |                        |  |
| Joint return?                        |          | U U  |                       |                     | SYSTEMS E                               | NGINEER          | Prote                   |  | IN, enter it here      |  |
| Sign<br>Here                         | bel      | der penalties of perjury, I declare the<br>ef, they are true, correct, and compute<br>ur signature     |                       |                     |   |                  | n of which              | n prepar   |                        |  |
| 0:                                   |          | ne   | ant I have arrest     | no. ►               | 1.0000mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm |                  | er (PIN)                |  |                        |  |
| Designee                             | ins      | signee's   | •                     |                     |   |                  | mplete k<br>mal identii |  | X No                   |  |
| Third Party                          |          | you want to allow another  |                       |                     |   |                  |                         |  |                        |  |
| You Owe                              | 38       | Estimated tax penalty (see in  |                       |                     |   | 38               | . •                     | 57   |                        |  |
| Amount                               | 37       | Amount you owe. Subtract   |                       |                     |   |                  |                         | 37   |                        |  |
|                                      | ►d<br>36 | Account number 4 8 8<br>Amount of line 34 you want a   |                       |                     |   | 36               |                         |  |                        |  |
| Direct deposit?<br>See instructions. | ►b       |  |                       |                     |   |                  |                         |  |                        |  |
| D'                                   | 35a      | Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here                |                       |                     |   |                  |                         | 35a  | 398.                   |  |
| Refund                               | 34       | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> |                       |                     |   |                  |                         | 34   | 398.                   |  |
|                                      | 33       | Add lines 25d, 26, and 32. These are your <b>total payments</b>  |                       |                     |   |                  |                         | 33   | 42,159.                |  |
|                                      | 32       | Add lines 27a and 28 through 31. These are your total other payments and refundable credits            |                       |                     |   |                  |                         | 32   |                        |  |
|                                      | 31       | Amount from Schedule 3, lin  |                       |                     |   | 31               |                         |  |                        |  |
|                                      | 30       | Recovery rebate credit. See  |                       |                     |   | 30               |                         |  |                        |  |
|                                      | 29       | American opportunity credit  |                       | -                   |   | 29               |                         |  |                        |  |
|                                      | 28       | Refundable child tax credit or   |                       |                     |   | 28               |                         |  |                        |  |
|                                      | С        | Prior year (2019) earned inco  | ome                   | . 27c               |   |                  |                         |  |                        |  |
|                                      | b        | Nontaxable combat pay elec   | tion                  | . 27b               |   | _                |                         |  |                        |  |
|                                      |          | Check here if you were b<br>January 2, 2004, and you<br>taxpayers who are at least as                  | i satisfy all the     | e other requi       | rements for                             |                  |                         |  |                        |  |
| qualifying child, attach Sch. EIC.   | 27a      | Earned income credit (EIC)   |                       |                     |   | 27a              |                         |  |                        |  |
| If you have a                        | 26       | 2021 estimated tax payment   |                       |                     |   | 1 1              |                         | 26   |                        |  |
|                                      | d        | Add lines 25a through 25c  |                       |                     |   |                  |                         | 25d  | 42,159.                |  |
|                                      | с        | Other forms (see instructions  |                       |                     |   | 25c              | 0.                      |  |                        |  |
|                                      | b        | Form(s) 1099   |                       |                     |   | 25b              |                         |  |                        |  |
|                                      | а        | Form(s) W-2  |                       |                     |   | <b>25a</b> 42    | ,159.                   |  |                        |  |
|                                      | 25       | Federal income tax withheld  | from:                 |                     |   |                  |                         |  |                        |  |
|                                      | 24       | Add lines 22 and 23. This is   | your <b>total tax</b> |                     |   |                  | . 🕨                     | 24   | 41,761.                |  |
|                                      | 23       | Other taxes, including self-er   | -                     |                     |   |                  |                         | 23   | 48.                    |  |
|                                      | 22       | Subtract line 21 from line 18  |                       |                     |   |                  |                         | 22   | 41,713.                |  |
|                                      | 21       | Add lines 19 and 20  |                       |                     |   |                  |                         | 21   |                        |  |
|                                      | 20       | Amount from Schedule 3, lin  |                       | -                   |   |                  |                         | 20   |                        |  |
|                                      | 19       | Nonrefundable child tax cred   |                       |                     |   |                  |                         | 19   | ,,                     |  |
|                                      | 18       | Add lines 16 and 17  |                       |                     |   |                  |                         | 18   | 41,713.                |  |
|                                      | 10       | Amount from Schedule 2, lin  |                       |                     |   |                  |                         | 17   | 41,/13.                |  |
|                                      | 16       | Tax (see instructions). Check  | if any from Form      | (s): <b>1</b> 🗌 881 | 4 <b>2</b> 🗌 4972                       | 3 🔄              |                         | 16   | 41,713.                |  |