E1040 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 [ u checked the MFS box, enter the roon is a child but not your depender	name of	ied filing separately your spouse. If you		<del></del>		· ·	· —	-			
Your first name and middle initial				ame					Y	Your social security number			
MAHESHBABU				CHELLU					7	786-11-7068			
If joint return, s	pouse's	s first name and middle initial	Last na	ame					S	Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	e instruct	ions.				Apt. no.	Pı	resider	ntial Election	on Campaign	
250 MAIN STREET 215 C								Check here if you, or your					
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete :	olete spaces below. State			ZIP					ntly, want \$3	
HARTFOR	D				C'	Γ	06	5106		_	tnis tuna. ow will not	Checking a change	
Foreign country	y name			Foreign province/stat	e/coun	ty	For	eign postal co			or refund.		
											You	Spouse	
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interes	t in an	y virtual cu	rrency	/?	Yes	⊠ No	
Standard	Som	neone can claim:  You as a dependent  Your spouse as a dependent											
<b>Deduction</b>		Spouse itemizes on a separate retu	rn or yo	u were a dual-statu	s alier	1							
Age/Blindnes:	s You:	Were born before January 2,	1957 [	Are blind S	pouse	: Was b	orn be	efore Janua	ry 2, 1	957	☐ Is bl	lind	
Dependent	s (see	instructions):	(2) Social security			(3) Relationship		(4) 🗸 if quali			(see instru	ıctions):	
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child tax credit			Credit for ot	her dependents	
than four													
dependents, see instruction	s												
and check													
here ►													
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	!	93,787.	
Attach	2a	Tax-exempt interest	2a		b T	axable intere	est			2b			
Sch. B if required.	3a	Qualified dividends	За		b C	Ordinary divid	lends			3b			
	4a	IRA distributions	4a			axable amou				4b			
	5a	Pensions and annuities	5a		b T	axable amou	unt .			5b			
Standard Deduction for— Single or Married filing separately, \$12,550	6a	Social security benefits	6a		b T	axable amou	unt .			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		-9 <b>,</b> 480.	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9		84,307.	
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		84,307.	
widow(er),	12a	Standard deduction or itemized	•	-		1	2a	12,5	550.				
\$25,100 Head of household,	b	Charitable contributions if you take the standard deduction (see instructions)  12b 300.											
	С	Add lines 12a and 12b								12c	;	12,850.	
\$18,800 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		71,457.	
					-,		-	'					

	16	Tax (see instructions). Check if any from Form(s):	: <b>1</b> 🗌 8814	<b>2</b> 4972	3 🗌			16	11,473.	
	17	Amount from Schedule 2, line 3						17		
	18	Add lines 16 and 17						18	11,473.	
	19	Nonrefundable child tax credit or credit for other		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, ent	ter -0					22	11,473.	
	23	Other taxes, including self-employment tax, from						23	0.	
	24	Add lines 22 and 23. This is your <b>total tax</b> .						24	11,473.	
	25	Federal income tax withheld from:							·	
	а	Form(s) W-2			25a	12,19	92.			
	b	Form(s) 1099			25b					
	С	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c					. :	25d	12,192.	
	26	2021 estimated tax payments and amount appl						26	, , , , , , , , , , , , , , , , , , ,	
If you have a Lagrangian qualifying child,	27a	No I I								
attach Sch. EIC.		Check here if you were born after January								
		January 2, 2004, and you satisfy all the o	other requir	ements 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	27c							
	28	Refundable child tax credit or additional child tax			28					
	29	American opportunity credit from Form 8863, lin			29					
	30	Recovery rebate credit. See instructions			30					
	31	Amount from Schedule 3, line 15			31					
	32	Add lines 27a and 28 through 31. These are you						32	10 100	
	33	Add lines 25d, 26, and 32. These are your total						33	12,192.	
Refund	34	If line 33 is more than line 24, subtract line 24 fr			•		∴ L	34	719.	
D: 1 1 310	35a	Amount of line 34 you want <b>refunded to you.</b> If				_	_	35a	719.	
Direct deposit? See instructions.	▶b	Routing number 0 7 1 0 0 0 0 1 3								
	► d	Account number 6 7 9 8 9 8 8 5								
A	36	Amount of line 34 you want applied to your 202			36					
Amount You Owe	37	Amount you owe. Subtract line 33 from line 24			1 1	ons .		37		
	38	Estimated tax penalty (see instructions)			38					
Third Party Designee		you want to allow another person to discustructions				es. Compl	lata hal	ΟW	⊠ No	
Designee		esignee's Phone Personal identifit							<u> </u>	
		name ► no. ► number (PIN)								
Sign		der penalties of perjury, I declare that I have examined the								
Here	beli	ef, they are true, correct, and complete. Declaration of p	reparer (other		sed on all info	1			, ,	
11010	You	r signature Da	Date Your occupation						t you an Identity	
laint vatuum?				IT DEVELOR				tection PIN, enter it here inst.) ▶		
Joint return? See instructions.	Spo	ouse's signature. If a joint return, <b>both</b> must sign.	Date IT DEVELOPER  Spouse's occupation				•		t your spouse an	
Keep a copy for	Op.	add o dignatare. If a joint rotalli, <b>both</b> made dign.	lde					entity Protection PIN, enter it here		
your records.							(see ins	t.) ▶		
		(555) = 5.	mail address	MAHESHBABUS	QL@GMAI					
Paid	Pre	parer's name Preparer's signature	)		Date	PTI	N		Check if:	
Preparer Use Only	UMP	MAHESHWARI BOYIMI UMA MAHESHW	MARI BOY	IMI	01/29/2	022 P02	24728	67	Self-employed	
								no. (	678)965-9522	
	Firr	n's address ▶ 2530 Pebble Creek Ln	Cumming	GA 30041			Firm's l	EIN ▶	30-1017196	
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 01/24/22	PRO			Form <b>1040</b> (2021)	

Form 1040 (2021)

Page 2