1040		rtment of the Treasury-Internal Revenue Ser S. Individual Income Ta		(99) J rn	202	1	OMB No. 1545	-0074	IRS Use Only	∕−Do not v	vrite or staple	in this space.		
Filing Status Check only one box.	lf yo	Single D Married filing jointly [u checked the MFS box, enter the i on is a child but not your depender	name of y	-			Head of the HOH o							
Your first name and middle initial Last na				me						Your so	our social security number			
SARVAGNA CHI			CHIT	TTIGIDDA 7						769-	769-45-6694			
If joint return, spouse's first name and middle initial Last na				amé						Spouse's social security number				
Home address	(numbe	r and street). If you have a P.O. box, se	e instructio	ons.				A	pt. no.	Preside	ential Electi	ion Campaign		
3893 PERSIMMON CIRCLE									202	Check	Check here if you, or your spouse if filing jointly, want \$3			
City, town, or post office. If you have a foreign address, also complete s					spaces below. State			ZIP co	de			ntly, want \$3 Checking a		
FAIRFAX				-			A	22031			low will no			
Foreign country name			F	Foreign province/state/cou			y			4	x or refund	0		
							-				You	Spouse		
At any time du	ring 20	21, did you receive, sell, exchange	e, or othe	rwise di	spose of any	/ fina	incial interest i	n any	virtual curre	ncy?	Yes	X No		
Standard Deduction		eone can claim:					a dependent							
Age/Blindness	You:	Were born before January 2,	1957	Are bl	ind Spo	ouse	: 🗌 Was bor	n befo	re January	2, 1957	🗌 ls b	lind		
Dependents				(2) 5	Social security	,	(3) Relationsh		-		or (see instru	uctions):		
If more	`	(1) First name Last name			number to you				Child tax c					
than four	. ,											<u> </u>		
dependents,														
see instructions and check	S ——													
here ►														
	1	Wages, salaries, tips, etc. Attach	Form(s)	N_2						. 1	L	<u> </u>		
Attach	2a	Tax-exempt interest	2a	v 2 .	· · · ·	ь.т.	••••••••••••••••••••••••••••••••••••••			21		55,752.		
Sch. B if		Qualified dividends	3a				Taxable interest							
required.	3a 4a	IRA distributions	3a 4a	b Ordinary dividend b Taxable amount						. 3b 				
			5a	b Taxable amount										
	5a	Pensions and annuities							. 5t					
Standard Deduction for—	6a	Social security benefits <u>6a</u> b Taxable amount							. 6k					
Single or	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									2.500			
Married filing separately,	8	Other income from Schedule 1, line 10							. 8		<u>-3,500.</u>			
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							▶ 9		50,292.			
Married filing jointly or Qualifying widow(er), \$25,100	10	Adjustments to income from Schedule 1, line 26							. 10					
	11	Subtract line 10 from line 9. This is your adjusted gross income							► <u>11</u>		50,292.			
	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.							0.					
	С	Add lines 12a and 12b							. 12	c	12,850.			
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 13	_				
any box under Standard	14	Add lines 12c and 13							. 14	۱ I	12,850.			
Deduction, see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0						. 15	5	37,442.				

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

Form 1040 (2021)

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Form 1040 (202	1)									P	Page Z
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌 4972	3		16		4,29	92.
	17	Amount from Schedule 2, lin	ie3					17			
	18	Add lines 16 and 17						18		4,29	92.
	19	Nonrefundable child tax cree	dit or credit for c	ther depender	nts from Schedul	e 8812		19			
	20	Amount from Schedule 3, lin	ie8					20		2,00	00.
	21	Add lines 19 and 20						21		2,00	.00
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22		2,29	92.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			2 3			0.
	24	Add lines 22 and 23. This is	your total tax				. 🕨	2 4		2,29	92.
	25	Federal income tax withheld	from:		1 E		10				
	а	Form(s) W-2				25 a 7,	598.				
	b	Form(s) 1099				25b					
	с	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d		7,59	98.
If you have a	26	2021 estimated tax payment	ts and amount a	pplied from 20				26			
qualifying child,	27a	Earned income credit (EIC)			NO	27a					
attach Sch. EIC.	J	Check here if you were h	oorn after Janu	ary 1, 1998,	and before						
		January 2, 2004, and you taxpayers who are at least a	u satisfy all the	e other requi	rements for						
	b	Nontaxable combat pay elec	-	1 1							
	c					-					
	28	Prior year (2019) earned income									
	29	American opportunity credit		29		-					
	30			30		-					
	31	Recovery rebate credit. See instructions 30 Amount from Schedule 3, line 15 31						-			
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. These are your total payments								7,59	98
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						33 34		5,30	
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here								5,30	
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here. \blacktriangleright 35a5, 306.Routing number32271627 \blacktriangleright c Type:X CheckingSavings									
See instructions											
	36	Amount of line 34 you want applied to your 2022 estimated tax 36									
Amount	37	Amount you owe. Subtract						37			
You Owe	38	Estimated tax penalty (see in			b off flow to pay,						
Third Party		vou want to allow another			n with the IRS?						C
Designee		structions				. 🕨 🗌 Yes. Co	nplete k	oelow.	X No	,	
Decignee	De	Designee's		Phone		nal identif					
	nar	name 🕨		no. 🕨 n			er (PIN) 🖡	<u> </u>			
Sign		der penalties of perjury, I declare t									
Here		ief, they are true, correct, and com	plete. Declaration		,	ased on all information					0
	Yo	Your signature		Date	Your occupation				nt you an IN, enter i		/
Joint return?					SOFTWARE :	ENGINEER		inst.) 🕨			
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat				nt your sp		
Keep a copy for							entity Protection PIN, enter it here				
your records.							(see	inst.) 🕨			
		one no. (513) 888-273	3	Email address	SARVAGNA1	8@GMAIL.COM					
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check i		
Preparer	UMA	A MAHESHWARI BOYINI	HWARI BOY	HWARI BOYINI 01/21/20			2867		f-emplo	,	
Use Only							Phor	ne no. (678)9	65-9	522
	Firi	m's address ► 2530 Pebb.	le Creek I	n Cummin	g GA 30041		Firm	's EIN ▶		1017	
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/10/22 PRO			Forn	n 1040) (2021)

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