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 naron is a child but not your dependent	ne of	ied filing separately (N your spouse. If you cl	,	_		` , _	_	, ,	` , ` ,
Your first name									Your social security number		
				ARGADI					660-55-2239		
If joint return, spouse's first name and middle initial Last na									Spouse's social security number		
				ARGADI				1	961-95-8665		
Home address (number and street). If you have a P.O. box, see instructi									Presidential Election Campaign		
417 NOR	· [HVI]	EW DRIVE								ere if you,	
City, town, or post office. If you have a foreign address, also complete s				e spaces below. State Z			ZIP				itly, want \$3
MONMOUTH JUNCTION				NJ			0.8		_	this fund. w will not	Checking a change
Foreign country name				Foreign province/state/county Foreign province/state/county						or refund.	
At any time du	ring 20	021, did you receive, sell, exchange, c	r oth	erwise dispose of any	fina	ncial interest	in an	y virtual currenc	ey?	Yes	⊠ No
Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien											
Age/Blindness	You:	☐ Were born before January 2, 195	57 [Are blind Spo	use	: Was bo	rn be	fore January 2,	1957	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip	(4) 🗸 if qua	lifies for	(see instru	ctions):
If more	(1) F	rst name Last name	number to you			Child tax cred	dit	Credit for otl	her dependents		
than four	MAN	IVIK BARGADI		961-95-869	5	Son				[X
dependents, see instructions	SRIH	ANSHI VENKATA BARGADI		773-20-0763	3	Daughter		×			
and check										[
here ►										[
A 1	_1_	Wages, salaries, tips, etc. Attach Fo	rm(s)	W-2					1	10	01,481.
Attach Sch. B if	2 a	Tax-exempt interest 2a	1		b Taxable interest		t		2b		
required.	3a	Qualified dividends 3a	b Ordinary dividends						3b		
	4a	IRA distributions 4a	1	`	b T	axable amoun	t.		4b		
	5a	Pensions and annuities 5a 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		-8,940.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	9	92,541.
Married filing	10	Adjustments to income from Schedule 1, line 26							10		
jointly or Qualifying	11_	Subtract line 10 from line 9. This is y	our a	djusted gross incon	ne		٠,		11	9	92,541.
widow(er), \$25,100	12a	Standard deduction or itemized de	educ	tions (from Schedule	A)	12	а	25,100			
• Head of household, \$18,800	b	Charitable contributions if you take the standard deduction (see instructions) 12b 600.									
	С	Add lines 12a and 12b								; 2	25,700.
• If you checked any box under Standard Deduction, see instructions.	13	Qualified business income deduction	n fron	n Form 8995 or Form	899	5-A			13		
	14	Add lines 12c and 13								1	25,700.
	15	Taxable income. Subtract line 14 fr	om lir	ne 11. If zero or less,	ente	r -0			15		66,841.

	16	Tax (see instructions). Check if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	7,621.		
	17	Amount from Schedule 2, line 3					17			
	18	Add lines 16 and 17	18	7,621.						
	19	Nonrefundable child tax credit or credit for o	19	500.						
	20	Amount from Schedule 3, line 8					20			
	21	Add lines 19 and 20					21	500.		
	22	Subtract line 21 from line 18. If zero or less,	enter -0				22	7,121.		
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21			23	0.		
	24	Add lines 22 and 23. This is your total tax				. ▶	24	7,121.		
	25	Federal income tax withheld from:								
	а	Form(s) W-2			25a 16	,826.				
	b	Form(s) 1099			25b					
	С	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c					25d	16,826.		
If you have a qualifying child,	26	2021 estimated tax payments and amount a					26			
	27a	Earned income credit (EIC)			27a					
attach Sch. EIC.		Check here if you were born after Janu								
		January 2, 2004, and you satisfy all the	e other requi	rements for			P			
		taxpayers who are at least age 18, to claim t	1 1	structions						
	b	Nontaxable combat pay election								
	С	Prior year (2019) earned income		2 1 1 1 22 12		500				
	28	Refundable child tax credit or additional child		`		,600.	-			
	29	American opportunity credit from Form 8863			29	400	-			
	30	Recovery rebate credit. See instructions .				,400.	-			
	31	Amount from Schedule 3, line 15			31			F 000		
	32	Add lines 27a and 28 through 31. These are					32	5,000.		
	33	Add lines 25d, 26, and 32. These are your to				. •	33	21,826.		
Refund	34	If line 33 is more than line 24, subtract line 2					34	14,705.		
Di	35a	Amount of line 34 you want refunded to you					35a	14,705.		
Direct deposit? See instructions.	▶b	Routing number 0 6 1 0 0 0 0 Account number 3 3 4 0 5 1 9			Checking	Savings				
	► d									
A	36	Amount of line 34 you want applied to your			36		07			
Amount You Owe	37	Amount you owe. Subtract line 33 from line			1 1	. ▶	37			
	38	Estimated tax penalty (see instructions)			38					
Third Party Designee		you want to allow another person to disc tructions		n with the IRS?		omplete b	elow	⋉ No		
Designee		signee's	Phone			onal identif				
		ne ▶	no. ►			oer (PIN)				
Sign		der penalties of perjury, I declare that I have examine								
Here		ef, they are true, correct, and complete. Declaration			sed on all information			,		
	You	ır signature	Date	Your occupation		1		it you an Identity N, enter it here		
Joint return?				IT ENGINEE	R		inst.)			
See instructions.	Spo	ouse's signature. If a joint return, both must sign.	Date Spouse's occupation			If the	IRS ser	it your spouse an		
Keep a copy for your records.								ection PIN, enter it here		
your records.				HOUSE WIFE		(see i	nst.) ►			
		one no. (404)642-0605	Email address	MAHENDHER3						
Paid		parer's name Preparer's signat		_	Date	PTIN	_	Check if:		
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/11/2022	P02082		Self-employed		
Use Only								no. (678)965-9522		
	Firr	n's address ▶ 2530 Pebble Creek L	n Cumming	g GA 30041		Firm'	s EIN 🕨			
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 02/05/22 PRO			Form 1040 (2021)		

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