

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial ALIMASTAN	Last name SHAIK	Your social security number 760-25-5528
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. 19131 GARIBALDI WAY		Apt. no. 1409
City, town, or post office. If you have a foreign address, also complete spaces below. SAN ANTONIO		State TX
		ZIP code 78259
Foreign country name	Foreign province/state/county	Foreign postal code

You  Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1957  Are blind **Spouse:**  Was born before January 2, 1957  Is blind

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		1	90,409.
Attach Sch. B if required.	2a Tax-exempt interest . . . . .	2a	b Taxable interest . . . . .	2b
	3a Qualified dividends . . . . .	3a	b Ordinary dividends . . . . .	3b
	4a IRA distributions . . . . .	4a	b Taxable amount . . . . .	4b
	5a Pensions and annuities . . . . .	5a	b Taxable amount . . . . .	5b
	6a Social security benefits . . . . .	6a	b Taxable amount . . . . .	6b
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	
8 Other income from Schedule 1, line 10 . . . . .		8	-7,680.	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		9	82,729.	
10 Adjustments to income from Schedule 1, line 26 . . . . .		10		
11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		11	82,729.	
12a <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	12a	12,550.		
b Charitable contributions if you take the standard deduction (see instructions)	12b	300.		
c Add lines 12a and 12b . . . . .	12c		12,850.	
13 Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	13			
14 Add lines 12c and 13 . . . . .	14		12,850.	
15 <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	15		69,879.	

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

Form **1040** (2021)

DO NOT FILE

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	11,121.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,121.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	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, enter -0-	22	11,121.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	11,121.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	14,796.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	14,796.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) <span style="float:right">No</span>	27a	
	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 <input type="checkbox"/>		
b	Nontaxable combat pay election	27b	
c	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	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 your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	14,796.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,675.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,675.
b	Routing number 011900254 <span style="float:right">c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings</span>		
d	Account number 385021032390		
36	Amount of line 34 you want <b>applied to your 2022 estimated tax</b>	36	
37	<b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		RPA DEVELOPER	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
			<input type="text"/>

Joint return? See instructions. Keep a copy for your records.

Phone no. (732) 810-6853 Email address ALIRPATECH@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
UMA MAHESHWARI BOYINI	UMA MAHESHWARI BOYINI	01/22/2022	P02472867	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

