1040		rtment of the Treasury—Internal Revenue Ser 5. Individual Income Ta		(99) J rn 2	021	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite 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 on is a child but not your depender	name of y	• •	• •	6) 🗌 Head of cked the HOH o		. ,				
Your first name	and mi	ddle initial	Last nar	me					Your so	cial securi	ty number	
SAI KIRAN SER			SERI						025-67-6821			
If joint return, spouse's first name and middle initial Last				st name					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	ntial Election	on Campaign	
741 KIRKWOOD DR							4			Check here if you, or your		
City, town, or post office. If you have a foreign address, also complete				baces below.	St	tate	ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
SPRINGFIELD					I	L	62712		box below will not change			
Foreign country	Foreign country name			oreign provinc	nty				your tax or refund.			
										You	Spouse	
At any time du	ring 20	21, did you receive, sell, exchange		· · ·	e of any fir	nancial interest i	n any v	/irtual curre	ncy?	Yes	X No	
Standard Deduction	_	eone can claim: D You as a de Spouse itemizes on a separate retu	•		•	s a dependent en						
Age/Blindness	S You:	Were born before January 2,	1957	Are blind	Spous	e: 🗌 Was bor	n befo	re January 2	2, 1957	🗌 ls bl	ind	
Dependents	s (see i	instructions):		(2) Social	,	(3) Relationsh	ip	(4) 🖌 if q	ualifies fo	r (see instru	ictions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax cred		edit Credit for other dependents		
than four												
dependents, see instructions	s ——											
and check												
here 🕨 📃												
	1	Wages, salaries, tips, etc. Attach	Form(s) V	V-2					. 1	10	05,820.	
Attach Sch. B if	2a	Tax-exempt interest	2a			Taxable interes	t.			,		
required.	<u>3a</u>	Qualified dividends	3a			Ordinary divide	nds .		. 3b	,		
	4a	IRA distributions	4a	b Taxable amount			t		. 4b		_	
	5a	Pensions and annuities	5a		b	Taxable amoun	t		. <mark>5</mark> b			
Standard	6a	Social security benefits	6a			Taxable amoun	t		. <mark>6</mark> b			
 Deduction for – Single or 	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7			
Married filing	8	Other income from Schedule 1, lin	ne 10 .						. 8		-7,06Ŭ.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your to	tal incom	е			▶ 9		98,760.	
 Married filing 	10	Adjustments to income from Schedule 1, line 26						. 10				
jointly or Qualifying	11	Subtract line 10 from line 9. This is your adjusted gross income						▶ 11		98,760.		
widow(er), \$25,100	12a	Standard deduction or itemized deductions (from Schedule A) 12a 12,550.										
Head of	b	Charitable contributions if you take the standard deduction (see instructions) 12b 300.							D.			
household, \$18,800	с	Add lines 12a and 12b							. 120	>	12,850.	
 If you checked 	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 13			
any box under <i>Standard</i>	14	Add lines 12c and 13							. 14		12,850.	
Deduction, see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0						. 15		85,910.		

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

Form 1040 (2021)

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Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	14,652.
	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	14,652.
	19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812							
	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	14,652.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		• •	23	0.
	24	Add lines 22 and 23. This is	your total tax			. 🕨	24	14,652.	
	25	Federal income tax withheld	from:			· ·			
	а	Form(s) W-2				25a 18	,758.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	18,758.
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.		Check here if you were h							
		January 2, 2004, and you taxpayers who are at least a							
	b	Nontaxable combat pay elec	-	1 1					
	c	Prior year (2019) earned inco				-			
	28	, , ,		·	Schedule 8812	28			
	29	Refundable child tax credit or additional child tax credit from Schedule 8812 28 American opportunity credit from Form 8863, line 8							
	30	American opportunity credit from Form 8863, line 8							
	30 31								
	32								
	32 33	Add lines 27a and 28 through 31. These are your total other payments and refundable credits Add lines 25d, 26, and 32. These are your total payments						32 33	18,758.
	34	· · · · · · · · · · · · · · · · · · ·					34	4,106.	
Refund	35a	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid Amount of line 34 you want refunded to you. If Form 8888 is attached, check here						35a	4,106.
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here						1,1001	
See instructions.		Account number 9 0 0 9 7 9 7 8 7							
	36	Account number 3 0 0 9 7 9 7 8 7 9 7 8 7 9 7 8 7 9 7 8 7 9 7 8 7 9 7 9							
Amount	37	Amount of line 34 you want applied to your 2022 estimated tax							
You Owe	38	Estimated tax penalty (see in			s on now to pay,	38		51	
Third Party		you want to allow another			n with the IPS'				С
Designee		structions					omplete k	oelow.	× No
200191100	De	signee's				onal identi			
		me ►		no. 🕨		numb	oer (PIN) 🖡	•	
Sign	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								
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge							, 0	
	Yo	Your signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE			inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupa			IRS ser	nt your spouse an	
Keep a copy for	. .	0				Iden	tity Prote	ection PIN, enter it here	
your records.							(see	inst.) 🕨	
		one no. (979) 215-296		Email address	SAI.SERI1	2@GMAIL.COM			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	UMA	UMA MAHESHWARI BOYINI UMA MAHESH			WARI BOYINI 01/21/2022 PC			2867	Self-employed
Use Only							ne no. (678)965-9522	
	Firi	m's address ► 2530 Pebb.	le Creek I	n Cummin	g GA 30041		Firm	's EIN ▶	
Go to www.irs.ge	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/17/22 PRO			Form 1040 (2021)

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