| | _ | | | | | | | | | | |
|--|----------|--|-------------|--|--------------------|-----------|---|------------|--|---------------|------------------|
| Filing Status Check only one box. | If yo | Single Married filing jointly uchecked the MFS box, enter the nation is a child but not your dependent | ame of y | ed filing separately (N your spouse. If you c | , | | | , | _ | , 0 | , , , , |
| Your first name and middle initial Last na | | | Last na | me | | | | | Your social security number | | |
| MAHESH GAD | | | |)AM | | | | | 500-65-4687 | | |
| If joint return, spouse's first name and middle initial Last no | | | | me | | | | | Spouse's social security number | | |
| | | | | ADDAM | | | | | 972-94-2075 | | |
| | | er and street). If you have a P.O. box, see | instruction | ons. | | | Apt. | no. | | | ion Campaign |
| 9451 LEE HIGHWAY | | | | 506 | | | | 5 | | nere if you | |
| City, town, or post office. If you have a foreign address, also complete s | | | | te spaces below. | | | ZIP code | . \ | | | ntly, want \$3 |
| FAIRFAX | | | | VA | | | 22031 | | | this fund. | Checking a |
| | | | | Foreign province/state/county | | | Foreign postal code your tax or refund. | | | ı | |
| At any time du | ırina 20 | 021, did you receive, sell, exchange, | or othe | rwise dispose of any | financial int | erest in | any virt | ual currer | ncv? | Yes | Spouse |
| | _ | | | | | | 7 | | 7 | | |
| Standard | - | eone can claim: You as a dep | | _ | | dent | | | | | |
| Deduction | | Spouse itemizes on a separate return | or you | were a dual-status | allen | | | | | | |
| Age/Blindness | s You: | Were born before January 2, 19 | 957 | Are blind Spo | ouse: 🗌 W | as borr | before | January 2 | 36 20 3 | ☐ Is b | |
| Dependent | | | | (2) Social security | Atra- | ationship | | Y | | r (see instru | |
| If more | (1) F | First name Last name | | number to you | | | Child tax cred | | | Credit for of | ther dependents |
| than four dependents, | RAY | YAN GADDAM | | 858-48-530 | 5 Son | | | × | | | ᆜ |
| see instruction | s | | | | | | | <u>L</u> | | | <u> </u> |
| and check | | | | | | | | | | | |
| here ► | | | | | | | | | | | |
| • | _1_ | Wages, salaries, tips, etc. Attach F | orm(s) \ | N-2 | | | | | . 1 | | 82,373. |
| Attach Sch. B if | 2a | Tax-exempt interest 2a b Taxable interest | | | | | | | 2b | | |
| required. | 3a | Qualified dividends | | | | | | . 3b | <u>. </u> | | |
| Toquirou. | 4a | IRA distributions 4a b Taxable amount | | | | | | 4b | | | |
| | 5a | Pensions and annuities 5 | ia | 4 | b Taxable a | mount | | | . 5b | | |
| Standard | 6a | Social security benefits 6 | ia 📗 | | b Taxable a | mount | | | . 6b | | |
| Deduction for — 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | nere | | (| 7 | | |
| Single or Married filing | 8 | Other income from Schedule 1, line 10 | | | | | | | . 8 | | C |
| separately, \$12,550 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a | and 8. T | his is your total inco | ome | | | 1 | 9 | | 82,373. |
| 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 ac | djusted gross incon | ne | | | 1 | ▶ 11 | | 82,373. |
| widow(er), | 12a | Standard deduction or itemized | - | | | 12a | | 25,100 | o. 🗌 | | |
| \$25,100 • Head of | b | Charitable contributions if you take the standard deduction (see instructions) | | | | | | | | | |
| household, | С | Add lines 12a and 12b | | | | | | | . 120 | 3 | 25,100. |
| \$18,800 • If you checked | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | | | | | | | . 13 | | |
| any box under Standard | 14 | Add lines 12c and 13 | | | | | | | . 14 | _ | 25,100. |
| Deduction, | 15 | Taxable income. Subtract line 14 | from lin | e 11. If zero or less. | enter -0 | | | | . 15 | | 57 , 273. |
| see instructions. | | | | THE RESERVE THE RESERVE THE PARTY OF THE PAR | | | | | | | <u> </u> |

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

Form 1040 (2021)



| Form 1040 (202 | 1) | | | | | | | Page 2 | | |
|--|----------|---|------------------------|--------------------|------------------------|----------------------------|----------------------------------|--------------------|--|--|
| | 16 | Tax (see instructions). Check if any from Form | (s): 1 881 | 4 2 🗌 4972 | 3 🗌 | | 16 | 6,475. | | |
| | 17 | Amount from Schedule 2, line 3 | | | | | 17 | | | |
| | 18 | Add lines 16 and 17 | | | | | 18 | 6,475. | | |
| | 19 | Nonrefundable child tax credit or credit for o | ther depender | nts 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 | 6,475. | | |
| | 23 | Other taxes, including self-employment tax, | from Schedule | e 2, line 21 | | | 23 | 0. | | |
| | 24 | | | | | | | 6,475. | | |
| | 25 | Federal income tax withheld from: | | | | | | | | |
| | a | Form(s) W-2 | | | | | | | | |
| | b | Form(s) 1099 | | | | | | | | |
| | C | Other forms (see instructions) | | | | | | | | |
| | d | Add lines 25a through 25c | 2 | 25d | <u>7,714.</u> | | | | | |
| If you have a | 26 | 2021 estimated tax payments and amount a | | 26 | | | | | | |
| qualifying child, attach Sch. EIC. | 27a | Earned income credit (EIC) | | | | | | | | |
| attach Sch. Elo. | | Check here if you were born after Janu January 2, 2004, and you satisfy all the | | | | | | | | |
| | | taxpayers who are at least age 18, to claim t | | | | | | | | |
| | b | Nontaxable combat pay election | | | | | | | | |
| | С | Prior year (2019) earned income | | | | | | | | |
| | 28 | Refundable child tax credit or additional child tax credit from Schedule 8812 28 3, 600. | | | | | | | | |
| | 29 | | | | | | | | | |
| | 30 | Recovery rebate credit. See instructions . | 800. | | | | | | | |
| | 31 | Amount from Schedule 3, line 15 | | | | | | | | |
| | 32 | Add lines 27a and 28 through 31. These are | s 🕨 | 32 | 6,400. | | | | | |
| | 33 | Add lines 25d, 26, and 32. These are your to | tal payments | | | . 🕨 | 33 1 | 4,114. | | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 | 4 from line 33. | This is the amou | nt you overpaid | | 34 | 7,639. | | |
| riciana | 35a | Amount of line 34 you want refunded to you | ► □ 3 | 35a | 7,639. | | | | | |
| Direct deposit? | ▶b | Routing number 0 5 1 0 0 0 0 | vings | | | | | | | |
| See instructions. | ▶d | Account number 4 3 5 0 4 0 0 | | | | | | | | |
| | 36 | Amount of line 34 you want applied to your | | | 36 | | | | | |
| Amount | 37 | Amount you owe. Subtract line 33 from line | 24. For details | s on how to pay, | see instructions | | 37 | | | |
| You Owe | 38 | Estimated tax penalty (see instructions) . | | | | | | | | |
| Third Party | | you want to allow another person to disc | uss this retu | rn with the IRS? | | | | | | |
| Designee | | structions | Dham | Yes. Compl | | | | | | |
| | | signee's me ▶ | Phone no. ▶ | | | al identifica · (PIN) ▶ | tion | | | |
| Sign | Un | der penalties of perjury, I declare that I have examine | | d accompanying sch | | | best of my k | nowledge and | | |
| - | | ief, they are true, correct, and complete. Declaration of | | | | | | | | |
| Here | Yo | ur signature | Date | Your occupation | | | S sent you an | , | | |
| | N | | | | | Protecti (see ins | on PIN, enter i | t here | | |
| Joint return? See instructions. Keep a copy for your records. | Cn | Spouse's signature. If a joint return, both must sign. | | SOFTWARE D | | | · | | | |
| | Sp | ouse's signature. If a joint return, both must sign. | Date Spouse's occupati | | ION | | S sent your sp Protection PIN | | | |
| | | | | HOMEMAKER | | (see ins | i.) ▶ | | | |
| | Ph | one no. (904) 878-8699 | Email address | MGADDAM62(| GMAIL.COM | | | | | |
| Daid | Pre | eparer's name Preparer's signat | ure | | | PTIN | Check if | f: | | |
| Paid | UMA | MA MAHESHWARI BOYINI UMA MAHESHWARI BOYINI 01/05/2022 P024 | | | | | | f-employed | | |
| Preparer Use Only | Fire | Firm's name ► GLOBAL TAXES LLC P | | | | | | 65-9522 | | |
| | Fin | m'saddress ▶ 2530 Pebble Creek L | n Cummin | g GA 30041 | | Firm's E | IN ▶ 30- | 1017196 | | |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the latest information. | | BAA | REV 12/20/21 PRO | | Form | 1040 (2021) | | |

DO NOT FILE