E1040 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.

	s X	Single Married filing jointly	Marı	ried filing separately	(MFS)	☐ Head of	hous	ehold (HOH)	Qua	alifying wid	low(er) (QW)		
Check only one box.	•	u checked the MFS box, enter the roon is a child but not your dependen		f your spouse. If you	checl	ked the HOH o	r QW	box, enter th	e child's	name if th	ne qualifying		
Your first name and middle initial			Last n	ame	Your social security number								
SAMRAT			KON	JARLA					499-49-1783				
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Apt. no.	Preside	ential Electi	on Campaign		
1947 SA	JTER	NE CT						С	Check	here if you,	, or your		
City, town, or post office. If you have a foreign address, also complete				olete spaces below. State			ZIP	code			ntly, want \$3		
SAINT LOUIS				MO			63	146		o this fund. Iow will not	Checking a t change		
Foreign country name				Foreign province/state/county					1	x or refund	•		
At any time du	ring 20	D21, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interest	in any	/ virtual curre	ncy?	Yes	X No		
Standard	Som	eone can claim: You as a de	epende	nt Your spou	se as	a dependent							
Deduction	_	neone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien											
		Were born before January 2, 1			oouse		rn he	fore January 2	2 1957	☐ Is b	lind		
Dependent				(2) Social securi		(3) Relationsh				or (see instru			
If more		irst name Last name		number to yo			"P	Child tax c		1	ther dependents		
than four											$\overline{}$		
dependents,													
see instruction and check	s ——												
here ▶ □													
	1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		85 , 667.		
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t		. 2k				
Sch. B if required.	3a	Qualified dividends	3a		b C	ordinary divide	nds		. 3k				
required.	4a	IRA distributions	4a		b T	axable amoun	ıt.		. 4k				
	5a	Pensions and annuities	uities 5a b Taxable amount						. 5k				
Standard Deduction for— Single or Married filing separately, \$12,550	6a	Social security benefits 6a b Taxable amount							. 6k				
	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		-8,080.		
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							▶ 9		77,587.		
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	ı	77,587.		
widow(er), \$25,100	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								С	12,850.		
• If you checked any box under Standard Deduction, see instructions.	13	Qualified business income deduction from Form 8995 or Form 8995-A								3			
	14	Add lines 12c and 13									12 , 850.		
	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	s, ente	r-0			. 15	5	64,737.		

	16	Tax (see instructions). Check if any from Form(s):	: 1 🗌 8814	2 4972	3 🗌			16	9,988.
	17	Amount from Schedule 2, line 3					. [17	
	18	Add lines 16 and 17						18	9,988.
	19	Nonrefundable child tax credit or credit for other	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, ent	ter -0				. [22	9,988.
	23	Other taxes, including self-employment tax, from	m Schedule	2, line 21			. [23	0.
	24	Add lines 22 and 23. This is your total tax .					•	24	9,988.
	25	Federal income tax withheld from:							
	а	Form(s) W-2			25a	11,2	78.		
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c						25d	11,278.
If you have a	26	2021 estimated tax payments and amount appl	lied from 202	20 return			. [26	
qualifying child,	27a	Earned income credit (EIC)							
attach Sch. EIC.		Check here if you were born after January							
		January 2, 2004, and you satisfy all the o							
		taxpayers who are at least age 18, to claim the	1 1	structions					
	b	Nontaxable combat pay election			-				
	С	Prior year (2019) earned income	27c	0 -11 1 - 0040	00		-		
	28	Refundable child tax credit or additional child tax			28		+		
	29	American opportunity credit from Form 8863, lin			29		+		
	30	Recovery rebate credit. See instructions			30		+		
	31	Amount from Schedule 3, line 15			31	la avadita		00	
	32	Add lines 27a and 28 through 31. These are you					- +	32	11,278.
	33	Add lines 25d, 26, and 32. These are your total		33	1,290.				
Refund	34	If line 33 is more than line 24, subtract line 24 fr			-	-	$\dot{\Box}$	34 35a	1,290.
Direct deposit?	35a	Amount of line 34 you want refunded to you. If Routing number 0 7 3 0 0 0 1 7 7			Checking			SSA	1,290.
See instructions.	►b ►d	Account number 4 4 5 0 0 2 5 2							
	36	Amount of line 34 you want applied to your 202							
Amount	37	Amount you owe. Subtract line 33 from line 24			36	tions	•	37	
You Owe	38	Estimated tax penalty (see instructions)			38			31	
		you want to allow another person to discus-							
Third Party Designee		tructions				Yes. Comp	lete be	elow.	X No
200.900	Des	esignee's Phone Personal identifit							
	nan	ne ►	no. 🕨			number (l	PIN) ▶		
Sign		der penalties of perjury, I declare that I have examined the							
Here		ef, they are true, correct, and complete. Declaration of p			sed on all ir	itormation of			, ,
	You	r signature Da	Date Your occupation				If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?			SOFTWARE ENGI						I I I I I
See instructions.	Spo	use's signature. If a joint return, both must sign.	ate	on If the Ident			RS sen	t your spouse an	
Keep a copy for							ity Protection PIN, enter it here		
your records.		(see i						st.) 🖊	
		(101/031 0010	mail address	SAMRATKONJA				,	
Paid		parer's name Preparer's signature			Date	PT	IN		Check if:
Preparer Use Only	_UMA	MAHESHWARI BOYINI UMA MAHESHW	MARI BOY	INI	01/23/	2022 P0	2472	867	Self-employed
									678) 965-9522
	Firr	n's address ▶ 2530 Pebble Creek Ln	Cumming	GA 30041			Firm's	EIN ▶	
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 01/17/2	22 PRO			Form 1040 (2021)

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