E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

202	1

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	ou checked the MFS box, enter the r	name of	ried filing separately (f your spouse. If you	,			, ,	_	, ,	, , , ,
		son is a child but not your dependen	ıt ▶								
Your first name	and mi	iddle initial	Last n						Your social security number		
BALTHA				UVA					073-93-3179		
If joint return, s	pouse's	s first name and middle initial	Last n	ame					Spouse	's social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				Apt. no.	Preside	ential Electi	on Campaign
2456 NU	TWOO:	D AVE						A26		here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete	spaces below.	Sta	te	ZIP	code			ntly, want \$3 Checking a
FULLERTON CA 92831							831	box below will not change			
Foreign country	y name			Foreign province/state	Fore	eign postal code	your ta	x or refund	. Spouse		
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of an	y fina	ancial interest i	n an	y virtual curre	ncy?	Yes	⊠ No
Standard	Som	eone can claim: You as a de	epende	nt Your spous	se as	a dependent					
Deduction		Spouse itemizes on a separate retu	n or yo	ou were a dual-status	alier	1					
Age/Blindness	s You:	: Were born before January 2, 1	957	Are blind Sp	ouse	: Was bor	n be	fore January	2, 1957	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social securit	у	(3) Relationsh	ip	(4) ✓ if c	ualifies fo	r (see instru	uctions):
If more		irst name Last name	number to you				Child tax credi		Credit for ot	ther dependents	
than four											
dependents, see instruction											
and check											
here ►											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1		
Attach	2a	Tax-exempt interest	2a		b T	axable interest	t		. 2k)	
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary divide	nds		. 3k)	
	4a	IRA distributions	4a		b Taxable amount .				. 4k)	
	5a	Pensions and annuities	ions and annuities 5a b Taxable amount .						. 5k)	
Standard	6a	Social security benefits	6a b Taxable amount						. 6k		
Deduction for—	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									
 Single or Married filing 	8	Other income from Schedule 1, line 10									82 , 595.
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									82 , 595.
Married filing	10	Adjustments to income from Schedule 1, line 26									5,835.
jointly or Qualifying	11	Subtract line 10 from line 9. This is your adjusted gross income									76,760.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedule	e A)	12	а	12,55	0.		
Head of	b	Charitable contributions if you take the standard deduction (see instructions)									
household, \$18,800	С	Add lines 12a and 12b									12,550.
If you checked	13	Qualified business income deduct	tion fro	m Form 8995 or Forn	า 899	5-A			. 13	3	
any box under Standard	14	Add lines 12c and 13							. 14		12 , 550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less	ente	er -0			. 15	5	64,210.

Form 1040 (2021)									Page 2	
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	9,878.	
	17	Amount from Schedule 2, lin	e3						17		
	18	Add lines 16 and 17		18	9,878.						
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Schedul	e 8812			19		
	20	Amount from Schedule 3, lin	e8						20	2,000.	
	21	Add lines 19 and 20							21	2,000.	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	7,878.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				23	11,670.	
	24	Add lines 22 and 23. This is	your total tax					. ▶	24	19,548.	
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a					
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c	25d								
16	26	2021 estimated tax payment		26							
If you have a qualifying child,	27a	Earned income credit (EIC)				27a					
attach Sch. EIC.		Check here if you were b									
		January 2, 2004, and you taxpayers who are at least a									
	b	Nontaxable combat pay elec	_	1 1	Struction's -						
	С	Prior year (2019) earned inco									
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28					
	29					29					
	30	American opportunity credit from Form 8863, line 8									
	31	Amount from Schedule 3, line 15									
	32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits 32									
	33	Add lines 25d, 26, and 32. These are your total payments									
Defend	34	If line 33 is more than line 24							33 34		
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \(\rightarrow\) 35a									
Direct deposit?	▶b	Routing number X X X X X X X X X X X X X X X X X X X									
See instructions.	▶d										
	36	Amount of line 34 you want a				36	_				
Amount	37	Amount you owe. Subtract				see inst	ructions	. ▶	37	19,548.	
You Owe	38	Estimated tax penalty (see in	nstructions) .		🗡	38					
Third Party Designee		you want to allow another	person to disc	cuss this retu			Yes. Com	plete b	elow.	X No	
	De	—						ıl identifi	cation i	_	
	nar	name ▶ no. ▶ number (PIN) I									
Sign		der penalties of perjury, I declare t									
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pr Your signature Date Your occupation If the IR:									, ,	
	Yo	Your signature		Date					nt you an Identity N, enter it here		
Joint return?				DELIVERY				nst.) 🕨	I I I I I I I		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date Spouse's occupation					IRS ser	nt your spouse an	
Keep a copy for							Identity Protection PIN, enter it here				
your records.						(see i	nst.) ►				
		one no. (626) 297–648		Email address	BALTHAREDDY				-		
Paid		eparer's name	Preparer's signat			Date		TIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	1 02/0	9/2022 P	02082		Self-employed	
Use Only							Phon	e no. (678) 965-9522		
	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041						Firm'	s EIN 🕨			
Go to www.irs.go	ov/Forn	11040 for instructions and the late	st information.		BAA	REV 01	/31/22 PRO			Form 1040 (2021)	

Tax History Report ► Keep for your records

Name(s) Shown on Return BALTHA YERUVA

	Five Year Tax History:							
	2017	2018	2019	2020	2021			
Filing status				Single	Single			
Total income			-	6,107.	82,595.			
Adjustments to income				4,432.	5,835.			
Adjusted gross income			-	1,675.	76,760.			
Tax expense				_				
Interest expense				_				
Contributions				_				
Misc. deductions			-	_				
Other itemized ded'ns				_				
Total itemized/ standard deduction				12,400.	12,550.			
Exemption amount				0.	0.			
QBI deduction				0.				
Taxable income				0.	64,210.			
Tax			-	_	9,878.			
Alternative min tax				_				
Total credits				_	2,000.			
Other taxes				863.	11,670.			
Payments			-	1,800.				
Form 2210 penalty				_				
Amount owed				_	19,548.			
Applied to next year's estimated tax .								
Refund				937.				
Effective tax rate %				0.00	10.26			
**Tax bracket %				_	22.0			

^{**}Tax bracket % is based on Taxable income.