E	1	0	Department of the Treasury-Internal Revenue Service	(99)
Бо		U4U	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Retu	ırn

2021

OMB No. 1545-007

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

CHARLOTTE Foreign country name Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign postal code You Standard Sta	Filing Status Check only one box.	If yo	Single Married filing jointly cubecked the MFS box, enter the non is a child but not your dependent	ame of y	ed filing separately your spouse. If you								
If joint return, spouse's first name and middle initial. Last name	Your first name	and mi	ddle initial	Last nar	me					Your so	cial securi	ty number	
Home address (number and street). If you have a P.O. box, see instructions. 6323 PROS PERITY CHURCH RD City, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE Foreign country name Foreign province/state/county Foreign postal code Foreign province/state/county Foreign postal code Foreign province/state/county Foreign postal code You Standard Deduction Sameone can claim: You as a dependent Your spouse as a dependent Someone can claim: You as a dependent Your spouse as a dependent Dependents (see instructions): (1) First name Last name Last name Last name (1) First name Last name 1 Wages, salaries, tips, etc. Attach Form(s) W-2 Attach Attach	RUSHIKESH REDDY BORANCHU 1					174-25-4996							
City, town, or post office. If you have a foreign address, also complete spaces below. CITY, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE Foreign province/state/county Foreign postal code Foreign postal code Foreign province/state/county Foreign postal code Foreign post	If joint return, sp	ouse's	first name and middle initial	Last nar	me	Г	E			Spouse	's social se	curity number	
City, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE Foreign country name Foreign province/state/county Foreign postal code your tax or refund. '				instruction	ons.				Apt. no.			. •	
Foreign country name Foreign province/state/county Foreign postal code You Tax or refund. You 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 Is blind Dependents (see instructions): (1) First name Last name Last name (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (5) Relationship (6) All ach Check here (7) First name Last name (8) Foreign postal code (9) Very Name (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (6) First name Last name (7) Credit for other dependents (8) Foreign postal code (4) Viright of the code of the c	City, town, or p	ost offic		mplete sp	paces below.					spouse if filing jointly, want \$3 to go to this fund. Checking a			
Standard Deduction Someone can claim:							-			your tax or refund.			
Deduction 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 Dependents (see instructions): (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions and check here ▶ Image: I	At any time du	ring 20	21, did you receive, sell, exchange,	or othe	rwise dispose of ar	ny fina	ncial interest	in an	y virtual currer	псу?	Yes	⊠ No	
Dependents (see instructions): (1) First name				•									
If more than four dependents, see instructions and check here ▶ □ Attach Sch. B if required. Attach Sch. B if required. Altach Sch. B if re	Age/Blindness	You:	Were born before January 2, 1	957	Are blind Sp	ouse	: Was bo	rn be	fore January 2	2, 1957	☐ Is b	lind	
If more than four dependents, see instructions and check here Attach Sch. B if required.	Dependents	(see i	instructions):			ty	(3) Relationsh	nip	(4) ✓ if qu	ualifies fo	r (see instru	uctions):	
dependents, see instructions and check here ▶ □ Attach Sch. Bif required.		(1) Fi	rst name Last name	number			to you		Child tax cr		Credit for ot	ther dependents	
see instructions and check here Tax													
and check here ▶ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □													
Attach Sch. B if required. At		,											
Attach Sch. B if required. 2a Tax-exempt interest	here ▶ □												
Sch. B if required. 3a Qualified dividends 3a b Ordinary dividends		1	Wages, salaries, tips, etc. Attach F	orm(s) V	N-2					. 1		64,602.	
required. 3a Qualified dividends		2a	Tax-exempt interest	2a		b T	axable interes	t		. 2b	,		
## IRA distributions		3a	3a Qualified dividends					nds		. 3b	,		
Standard Deduction for— Single or Married filing separately, \$12,550 Married filing jointly or Qualifying widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Social security benefits 6a	requirea.	4a								4b	<u> </u>		
Standard Deduction for— Single or Married filing separately, \$12,550 Married filing jointly or Qualifying widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Social security benefits 6a		5a							. 5b				
Peduction for—Single or Married filing separately, \$12,550 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	Standard	6a								. 6b			
separately, \$12,550 Married filing jointly or Qualifying widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 64,60 9 64,60 10 2,50 11 2,550 11 62,10 12 12 12,550 12 12 12,550 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 Add lines 12c and 13 14 Add lines 12c and 13	Deduction for— Single or		Capital gain or (loss). Attach Schedule D if required. If not required, check here									С	
Married filing jointly or Qualifying Widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Add lines 12c and 13 Adjustments to income from Schedule 1, line 26	separately,	9								9		64,602.	
Qualifying widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Add lines 12c and 13 Subtract line 10 from line 9. This is your adjusted gross income 11 62,10 12a 12,550. 12b 250. 12b 250. 12c 12,80 12c 12,80 13 Qualified business income deduction from Form 8995 or Form 8995-A Add lines 12c and 13 14 Add lines 12c and 13	Married filing	10 Adjustments to income from Schedule 1, line 26							. 10)	2,500.		
widow(er), \$25,100 Head of household, \$18,800 If you checked any box under Standard Add lines 12c and 13	0 116 1							▶ 11		62,102.			
b Charitable contributions if you take the standard deduction (see instructions) c Add lines 12a and 12b	widow(er),	12a											
\$18,800	• Head of	b	Charitable contributions if you take the standard deduction (see instructions) 12b 250.							0.			
• If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A		С	Add lines 12a and 12b							. 12	С	12,800.	
Standard 14 Add lines 12c and 13	If you checked	13	Qualified business income deduction from Form 8995 or Form 8995-A										
		14	Add lines 12c and 13							. 14		12,800.	
see instructions.		15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0								5	49,302.	

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

Form **1040** (2021)

DO NOT FILE

Form 1040 (2021	1)									Page ₄
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	6,600.
	17	Amount from Schedule 2, lin	e3					.	17	
	18	Add lines 16 and 17							18	6,600.
	19	Nonrefundable child tax cred	dit or credit for o	ther depender	nts from Schedule	e 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	6,600.
	23	Other taxes, including self-e		from Schedule	e 2, line 21 .				2 3	0.
	24	Add lines 22 and 23. This is	your total tax			- 11			24	6,600.
	25									
	а	Form(s) W-2				25a	9,6	11.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	3)			25c				
	d	Add lines 25a through 25c							25d	9,611.
If you have a	26	2021 estimated tax payment	s and amount a	pplied from 20					26	
qualifying child, attach Sch. EIC. [27a	Earned income credit (EIC)				27a				
attach 3ch. Lio.		Check here if you were to January 2, 2004, and you	a satisfy all the	e other requi	rements for					
	h	taxpayers who are at least a	-	1 1	Structions -					
	b	Nontaxable combat pay electron year (2019) earned incomparts				-				
	28	Refundable child tax credit or			Cohodulo 9919	28				
	29	American opportunity credit				29		-		
	30	Recovery rebate credit. See				30		-		
	31	•				31		-		
	31 Amount from Schedule 3, line 15								32	
	33 Add lines 25d, 26, and 32. These are your total payments						_	33	9,611.	
	34								34	3,011.
Refund	35a	•						. <u>i</u> i	35a	3,011.
Direct deposit?	▶b									5,75=5
See instructions.	▶ d_									
	36									
Amount	37	Amount you owe. Subtract					ons .	>	37	
You Owe	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another					_			С
Designee	· · · · · · · · · · · · · · · · · · ·						olete be	low.	X No	
_	Designee's			Phone Persona					ation [
Sign	Un	me ▶ der penalties of perjury, I declare t						and to the		
Here	belief, they are true, correct, and complete. Declaration Your signature			of preparer (othe	ased on all into	rmation o		•	, ,	
				Date Your occupation						t you an Identity N, enter it here
Joint return?					SOFTWARE 1	SOFTWARE ENGINEER		(see in:		1, circi il riore
See instructions.	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupat		If the II	RS sen	t your spouse an	
Keep a copy for your records.	,		· ·							ction PIN, enter it here
your records.							(see in	st.) ▶		
		one no. (518) 423–192		Email address RUSHIBREDDY@GMAIL.COM				TIA I		
Paid		eparer's name	Preparer's signat					ΓIN		Check if:
Preparer				HWARI BOYINI 01/22/2022 P			U22 PC	24728		Self-employed
Use Only		m's name ► GLOBAL TAX					Phone no. (678) 965-9522			
	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041							Firm's EIN ► 30-1017196		

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA

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Form **1040** (2021)

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