1040		rtment of the Treasury–Internal Revenue Ser 5. Individual Income Ta		(99) I rn	202	1	OMB No. 1545	-0074	IRS Use Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	If yo	Single X Married filing jointly u checked the MFS box, enter the on is a child but not your dependent	name of y	-			Head of ed the HOH o					
Your first name and middle initial										Your social security number		
SIVARAMAN AL				ARAJAI	1					835-72-4674		
				t name						Spouse's social security number		
				JMANAN						972-92-7721		
	r and street). If you have a P.O. box, se					ŀ	Apt. no.			ion Campaign		
6155 ECHKERT ROAD									1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	here if you	1 0	
	complete sr	te spaces below. State				ZIP co	ode	spouse	if filing joir	ntly, want \$3		
SAN ANTC							78240			to go to this fund. Checking a box below will not change		
Foreign country name			F	Foreign province/state/co							ow will not x or refund	0
			'									Spouse
												·
At any time du	ring 20	21, did you receive, sell, exchange	e, or other	wise disp	pose of an	/ fina	ncial interest i	n any	virtual currer	псу?	Yes	X No
Standard Deduction	_	eone can claim: You as a d Spouse itemizes on a separate retu	•				a dependent					
	-	· ·		-						1057		
		Were born before January 2,	1957	Are blir	id Sp	ouse	Was bor	n beto	pre January 2		🗌 ls b	
Dependents If more	(see instructions):(1) First nameLast name			(2) Social security (3) F number			(3) Relationsh to you				alifies for (see instructions): dit Credit for other dependents	
than four	AADHY	YUT SIVARAMAN ALAGARAJAN		972-92-7748			Son					X
dependents, see instructions												
and check												
here 🕨 🗌												
	1	Wages, salaries, tips, etc. Attach	Form(s) V	V-2 .						. 1		82,807.
Attach	2 a	Tax-exempt interest	2a				axable interest			2b)	
Sch. B if	3a	Qualified dividends	3a			b 0	Ordinary dividend		ıds)	
required.	4a	IRA distributions	4a	b Taxable amount						4b		
	5a	Pensions and annuities	b Taxable amount					. 5b				
Standard	6a	Pensions and annuities 5a b Taxable amount Social security benefits 6a b Taxable amount							. 6t			
Deduction for-	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		
 Single or Married filing 	8	Other income from Schedule 1, line 10								. 8		-7,750.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9		75,057.
\$12,550 • Married filing	10	Adjustments to income from Schedule 1, line 26								. 10		
jointly or	11	Subtract line 10 from line 9. This is your adjusted gross income								► 11		75,057.
Qualifying	12a											13,031.
\$25,100	12a b											
 Head of household, 										. 12	•	25 700
\$18,800	C 12	Add lines 12a and 12b										25,700.
If you checked any box under Standard Deduction,	13	Qualified business income deduction from Form 8995 or Form 8995-A .									3	25 700
	14 15	Add lines 12c and 13								. 14		<u>25,700.</u>
see instructions.	15			5 I I. II ZE	10 01 1855,	ente	i-U	• •		. 15)	49,357.

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	5,527.	
	17	Amount from Schedule 2, lin	ne3					17		
	18	Add lines 16 and 17						18	5,527.	
	19	Nonrefundable child tax cree	dit or credit for c	other depender	nts from Schedule	ə8812		19	500.	
	20	Amount from Schedule 3, line 8								
	21	Add lines 19 and 20						21	500.	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,027.	
	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	5,027.	
	25	Federal income tax withheld	l from:		1 - E		- 10			
	а	Form(s) W-2				25a 6	639.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	6,639.	
If you have a	26	2021 estimated tax payments and amount applied from 2020 return								
qualifying child,	27a	Earned income credit (EIC)				27a				
attach Sch. EIC.	J	Check here if you were I								
		January 2, 2004, and you taxpayers who are at least a	u satisfy all the	e other requi	rements for					
	b	Nontaxable combat pay elec	-	1 1						
	c	Prior year (2019) earned inco				-				
	28	• • • •			Schodulo 8812	28				
	20 29	Refundable child tax credit or additional child tax credit from Schedule 8812 28 American opportunity credit from Form 8863, line 8								
	29 30	American opportunity credit from Form 8863, line 8						-		
	30 31									
	32	Amount from Schedule 3, line 15								
	32	Add lines 27a and 28 through 31. These are your total payments and refundable credits							6,639.	
	34							33 34	1,612.	
Refund	35a								1,612.	
Direct deposit?	►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . <t< td=""></t<>								
See instructions.										
	36	Account number A A A A A A A A A A A A A A A A A A A								
Amount	37	Amount you owe. Subtract						37		
You Owe	38	Estimated tax penalty (see in				38		57		
Third Party		you want to allow another							C	
Designee		structions					omplete l	selow.	X No	
2001g1100	De	Designee's		Phone		, onal identi				
	nai	name 🕨		no. 🕨	num	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.								
	Yo	Your signature		Date Your occupation					nt you an Identity IN, enter it here	
Joint return? See instructions.				SALARIEI		ROFESSIONAL		inst.) 🕨		
	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupat	e's occupation			nt your spouse an		
Keep a copy for								dentity Protection PIN, enter it here		
your records.					HOME MAKEI	R	(see	inst.) 🕨		
		one no. (210) 440-913		Email address	SHIVA_RAM1	0160YAHOO.CC			1	
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	UMZ	A MAHESHWARI BOYINI	HWARI BOYINI 01/23/2022			P0247		Self-employed		
Use Only								ne no. ((678)965-9522	
	Fir	m's address ► 2530 Pebb.	le Creek I	n Cummin	g GA 30041		Firm	's EIN 🕨		
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 01/17/22 PRO			Form 1040 (2021)	

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