

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the one box. qualifying person is a child but not your dependent ▶

| | | | |
|---|-------------------------------|---------------------------------|---|
| Your first name and middle initial GOWTHAM | | Last name KOPPURAVARI | Your social security number 283-23-8904 |
| If joint return, spouse's first name and middle initial VASAVI | | Last name SATHULURI | Spouse's social security number APPLIED |
| Home address (number and street). If you have a P.O. box, see instructions. 1790 MERCER PKWY | | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. |
| City, town, or post office. If you have a foreign address, also complete spaces below. FARMERS BRANCH | | Apt. no. 11304 | |
| State TX | | ZIP code 75234 | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |
| At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien
Someone can claim: You as a dependent Your spouse as a dependent

Age/Blindness You: Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind

| (1) First name | | Last name | (2) Social security number | (3) Relationship to you | (4) Child tax credit | if qualifies for (see inst.): Credit for other dependents |
|--|--|-----------|----------------------------|-------------------------|----------------------|---|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | | | | | | |

| | | | |
|--|--|----------------|----------------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 107,134 |
| Attach Sch. B if required. | 2a Tax-exempt interest | 2a | 69 |
| | 3a Qualified dividends | 3a | 1 |
| | 4a IRA distributions | 4a | |
| Standard Deduction for- | 5a Pensions and annuities | 5a | |
| | 6a Social security benefits | 6a | |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | -3,000 |
| 8 Other income from Schedule 1, line 10 | | | |
| 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | 104,204 | |
| 10 Adjustments to income from Schedule 1, line 26 | | | |
| 11 Subtract line 10 from line 9. This is your adjusted gross income | | 104,204 | |
| 12a Standard deduction or itemized deductions (from Schedule A) | 12a 25,100 | | |
| b Charitable contributions if you take the standard deduction (see instructions) | 12b | | |
| c Add lines 12a and 12b | | 25,100 | |
| 13 Qualified business income deduction from Form 8995 or Form 8995-A | | | |
| 14 Add lines 12c and 13 | | 25,100 | |
| 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 79,104 | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2021)

| | | |
|--|------------|--------|
| 16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | 16 | 9,097 |
| 17 Amount from Schedule 2, line 3 | 17 | |
| 18 Add lines 16 and 17 | 18 | 9,097 |
| 19 Nonrefundable child tax credit or credit for other dependents 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 | 9,097 |
| 23 Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | |
| 24 Add lines 22 and 23. This is your total tax | 24 | 9,097 |
| 25 Federal income tax withheld from: | | |
| a Form(s) W-2 | 25a | 16,364 |
| b Form(s) 1099 | 25b | |
| c Other forms (see instructions) | 25c | |
| d Add lines 25a through 25c | 25d | 16,364 |
| 26 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a Earned income credit (EIC). Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions . . . <input type="checkbox"/> | 27a | |
| b Nontaxable combat pay election | 27b | |
| c Prior year (2019) earned income | 27c | |
| 28 Refundable child tax credit or additional child tax credit from Schedule 8812 | 28 | |
| 29 American opportunity credit from Form 8863, line 8 | 29 | |
| 30 Recovery rebate credit. See instructions. | 30 | 1,400 |
| 31 Amount from Schedule 3, line 15 | 31 | |
| 32 Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | 1,400 |
| 33 Add lines 25d, 26, and 32. These are your total payments | 33 | 17,764 |
| Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 8,667 |
| 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 8,667 |
| Direct deposit? b Routing number <u>1 2 4 0 0 1 5 4 5</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings See instructions. d Account number <u>2 5 0 3 3 1 2 3 5</u> | | |
| 36 Amount of line 34 you want applied to your 2022 estimated tax | 36 | |
| Amount 37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | |
| You Owe 38 Estimated tax penalty (see instructions) | 38 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions . . . **Yes.** Complete below. **No**

Designee's name **HRB TAX GROUP INC** Phone no. **972-279-0800** Personal identification number (PIN) **40718**

Sign Here 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 belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | | |
|---|---|------|---------------------|---|
| Joint return? See instructions. Keep a copy for your records. | Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. **801-349-8616** Email address **GOWTHAM264@GMAIL.COM**

Paid Preparer Use Only

| | | | | |
|---|--|---------------------------|--------------------------|---|
| Preparer's name MAYRA MENDOZA | Preparer's signature | Date 03-12-2022 | PTIN P01799505 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name HRB TAX GROUP INC | Firm's address 3333 GUS THOMASSON RD MESQUITE TX 75150 | | | Phone no. 972-279-0800 |
| | | | | Firm's EIN 431871840 |

Go to www.irs.gov/Form1040 for instructions and the latest information. Form **1040** (2021)