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.

Filing Status	<b>v</b> 5	Single Married filing jointly [	Marrie	d filing s	eparately	(MFS	) Head	d of hou	sehold (HOH	l)	Qua	lifying wid	dow(er) (QW)
Check only one box.	,	u checked the MFS box, enter the one is a child but not your depender	,	our spou	use. If you	chec	ked the HO	H or Q\	V box, ente	r the cl	nild's	name if t	he qualifying
Your first name	and mi	ddle initial	Last nar	ne						Yo	ur so	cial secur	ity number
AJJIT				<b>YANAN</b>						6	1 ;	3 7 5	1 0 4 5
If joint return, sp	ouse's	first name and middle initial	Last nar	ne						Sp	ouse'	s social se	ecurity number
Home address (		r and street). If you have a P.O. box, se THEAST	instruction	ons.					Apt. no. <b>1216</b>	Ch	neck h	nere if you	
City, town, or po		ce. If you have a foreign address, also c	omplete sp	oaces belo	OW.	Sta	ate <b>DC</b>	ZIP	code <b>20002</b>	to	go to	٠,	intly, want \$3 . Checking a
Foreign country	name		F	oreign pro	ovince/state	e/cour	nty	For	eign postal co	_		or refund	0
At any time dur	ing 20	21, did you receive, sell, exchange	e, or othe	rwise dis	spose of a	ny fin	ancial intere	est in ar	ny virtual cu	rrency	?	Yes	
Standard Deduction	_	eone can claim:	•		•		a depende n	ent					
Age/Blindness	You:	Were born before January 2,	1957	Are bli	nd <b>S</b>	ous	e: Was	born b	efore Janua	ry 2, 19	957	☐ Is b	olind
Dependents	(see	instructions):			ocial securi	ty	(3) Relation		(4) 🗸	if qualif	ies fo	r (see instr	uctions):
If more	<b>(1)</b> Fi	rst name Last name			number		to yo	u	Child ta	x credit		Credit for o	ther dependents
than four													
dependents, see instructions									L				Ц
and check													<u> </u>
here ▶ ∐													Ш
Attach	1	Wages, salaries, tips, etc. Attach	1` ′	V-2 .							1		74904
Sch. B if	2a	Tax-exempt interest	2a			b	Taxable inte	erest			2b		
required.	<u>3a</u>	Qualified dividends	3a		83		Ordinary div				3b		129
	4a	IRA distributions	4a				Taxable am			•	4b		
	5a	Pensions and annuities	5a				Taxable am				5b		
Standard Deduction for—	6a	Social security benefits	6a				Taxable am				6b		4045
• Single or	7	Capital gain or (loss). Attach Sche		•			•	e .	•	<b>L</b>	7		1347
Married filing separately,	8	Other income from Schedule 1, lin									8		
\$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		•	ur <b>total in</b>	come					9		76380
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income from Scho	edule 1, li	ne 26							10		
Qualifying	11	Subtract line 10 from line 9. This	s your <b>ac</b>	ljusted (	gross inco	ome					11		76380
widow(er), \$25,100	12a	Standard deduction or itemized	l deducti	ons (fror	n Schedu	e A)		12a		12550	4		
Head of     household	b	Charitable contributions if you take	the stan	dard dec	duction (se	e inst	ructions)	12b					
household, \$18,800	С	Add lines 12a and 12b									120		12550
If you checked any box under	13	Qualified business income deduc	tion from	Form 89	95 or For	m 89	95-A				13		
Standard	14	Add lines 12c and 13									14		12550
Deduction, see instructions.	15	<b>Taxable income.</b> Subtract line 14	1 from line	e 11. If z	ero or less	s, ent	er -0				15		63830

Form 1040 (2021)	)									Page <b>2</b>
	16	Tax (see	instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		. 16	9780
	17	Amount	from Schedule 2, lir	ne 3					. 17	
	18	Add line	s 16 and 17						. 18	9780
	19	Nonrefu	ndable child tax cre	dit or credit for o	ther depender	nts from Schedule	8812 .		. 19	
	20	Amount	from Schedule 3, lir	ne 8					. 20	2
	21	Add line	s 19 and 20						. 21	2
	22	Subtract	line 21 from line 18	B. If zero or less.	enter -0				. 22	9778
	23		xes, including self-e	•						
	24		s 22 and 23. This is						▶ 24	9778
	25		income tax withheld	•						
	а		W-2				25a	11	358	
	b	` ,	1099				25b			
	C		rms (see instruction				25c			
	d		s 25a through 25c	•					. 25d	11358
	26		timated tax paymen							11000
If you have a Legualifying child,	27a		ncome credit (EIC)				27a		. 20	
attach Sch. EIC.	Zia		nere if you were I				Zia			
			2, 2004, and you							
		taxpayer	rs who are at least a	ige 18, to claim t	he EIC. See in	structions ►				
	b	Nontaxa	ble combat pay elec	ction	. 27b					
	С	Prior yea	ar (2019) earned ince	ome	. 27c					
	28	Refundal	ble child tax credit o	r additional child	tax credit from	Schedule 8812	28			
	29	America	n opportunity credit	from Form 8863	3, line 8		29			
	30	Recover	y rebate credit. See	instructions .			30			
	31	Amount	from Schedule 3, lir	ne 15			31			
	32	Add line	s 27a and 28 throug	gh 31. These are	your <b>total oth</b>	er payments and	d refundable	e credits	▶ 32	
	33	Add line	s 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				▶ 33	11358
Refund	34	If line 33	is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you <b>over</b>	paid .	. 34	1580
riciana	35a	Amount	of line 34 you want	refunded to you	ı. If Form 8888	is attached, ched	ck here .	▶[	35a	1580
Direct deposit?	►b		number 1 2 5			▶ c Type:	Checking	✓ Saving	gs	
See instructions.	►d	Account	number 2 2 3	1 0 2 4	3 0 1 4	5				
	36	Amount	of line 34 you want	applied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount	you owe. Subtract	line 33 from line	24. For details	s on how to pay, s	see instructi	ions .	▶ 37	
You Owe	38	Estimate	ed tax penalty (see in	nstructions) .		🕨	38			
Third Party	Do	you war	nt to allow another	person to disc	cuss this retu	n with the IRS?	See			
Designee	ins	tructions					. ▶ <u> </u>	es. Comple	te below.	No
		signee's			Phone			Personal id		
		ne 🕨			no. ▶			number (PI		
Sign										st of my knowledge and er has any knowledge.
Here		ur signature			Date	Your occupation		-		nt you an Identity
	,	ar signature	•		Date	Tour occupation				IN, enter it here
Joint return?						RESEARCH AN	ALYST	(	see inst.) ►	
See instructions.	Spo	ouse's sign	ature. If a joint return,	both must sign.	Date	Spouse's occupati	ion			nt your spouse an
Keep a copy for your records.	,							I .	dentity Prot see inst.) ▶	ection PIN, enter it here
,								1	366 11131.)	
		one no.	mo.	Droporovia aia	Email address		Data	DTIN	1	Chook if:
		parer's nar	iie	Preparer's signat	ure		Date	PTIN		Check if:
Paid	FIE			'						
										Self-employed
Paid Preparer Use Only	Firr	n's name ▶	•						Phone no.	

# SCHEDULE 3 (Form 1040)

**Additional Credits and Payments** 

OMB No. 1545-0074

2021

Attachment Sequence No. 03

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

AJJIT NARAYANAN

Your social security number
613751045

Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	2
2	Credit for child and dependent care expenses from Form 2447 Form 2441	1, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
ı	Amount on Form 8978, line 14. See instructions	61		
Z	Other nonrefundable credits. List type and amount ▶	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040	-SR or 1040-NR		
	line 20		8	2
		(CC	วทtını	ued on page 2)

Schedule 3 (Form 1040) 2021 Page **2** 

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		. 9	
10	Amount paid with request for extension to file (see instructions) .	. 10		
11	Excess social security and tier 1 RRTA tax withheld	. 11		
12	Credit for federal tax on fuels. Attach Form 4136		. 12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13b		
С	Health coverage tax credit from Form 8885	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
е	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13g		
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13h		
Z	Other payments or refundable credits. List type and amount ▶	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	. 14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31	•	R, . <b>15</b>	

Schedule 3 (Form 1040) 2021

# SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service (99) **Interest and Ordinary Dividends** 

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

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2021 Attachment Sequence No. 08

Name(s) shown on r	eturn		Your	social securi	ity num	ber
AJJIT NARAYA	NAN			6137510	)45	
Part I Interest	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶		Am	ount	
(See instructions and the Instructions for Form 1040, line 2b.)		Ajjit Narayanan				0
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.			1			
	2	Add the amounts on line 1	2			0
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3			0
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4			0
	Note:	If line 4 is over \$1,500, you must complete Part III.		Am	ount	
Part II	5	List name of payer ► Ajjit Narayanan			129.0	0
Ordinary Dividends (See instructions and the						
Instructions for Form 1040, line 3b.)			5			
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary						
dividends shown on that form.	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6		12	9
		If line 6 is over \$1,500, you must complete Part III.				
Part III		nust complete this part if you <b>(a)</b> had over \$1,500 of taxable interest or ordinary divide n account; or <b>(c)</b> received a distribution from, or were a grantor of, or a transferor to, a			Yes	No
Foreign Accounts and Trusts	7a	At any time during 2021, did you have a financial interest in or signature authority of account (such as a bank account, securities account, or brokerage account) locate country? See instructions				
Caution: If required, failure to file FinCEN		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See FinC and its instructions for filing requirements and exceptions to those requirements.	CEN F	orm 114		
Form 114 may result in substantial	b	If you are required to file FinCEN Form 114, enter the name of the foreign cour financial account is located ▶				
penalties. See instructions.	8	During 2021, did you receive a distribution from, or were you the grantor of, or t foreign trust? If "Yes," you may have to file Form 3520. See instructions	ransfe	eror to, a	П	

### **SCHEDULE D** (Form 1040)

### **Capital Gains and Losses**

► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

Attachment Sequence No. 12

Your social security number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

613 1045 AJJIT NARAYANAN Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes." attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 5806.00 4391.00 1415 1b Totals for all transactions reported on Form(s) 8949 with 572.00 640.00 (68)Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . . 7 1347 Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. (d) (e) Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Schedule D (Form 1040) 2021 Page **2** 

### Part III **Summary** 1347 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . 18 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see 19 instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. ✓ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22

Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions

for Forms 1040 and 1040-SR, line 16.

No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## 8949

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment

OMB No. 1545-0074

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Internal Revenue Service

Sequence No. 12A

Name(s) shown on return AJJIT NARAYANAN

Department of the Treasury

Social security number or taxpayer identification number 613751045

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(C) Short-term transactions	not reported	to you on F	orm 1099-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, i If you enter an enter a c See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
NYSE: GME, 2 SHARES	VARIOUS	01/29/2021	572	640	w		(68)
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above share in charles) or line 2 (if Box).	al here and inc e is checked), <b>lir</b>	lude on your ne 2 (if Box B	E72	440			40

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2021) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side AJJIT NARAYANAN

Social security number or taxpayer identification number 613751045

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

	<b>(E)</b> Long-term transactions <b>(F)</b> Long-term transactions	•	, ,	•	is <b>wasn't</b> report	ed to the IF	RS	
1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e) in the separate	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result
					instructions	instructions	Amount of adjustment	with column (g)
ne	otals. Add the amounts in columns egative amounts). Enter each tota chedule D, line 8b (if Box D above	al here and incl	lude on your					

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked) ▶

### **Qualified Dividends and Capital Gain Tax Worksheet—Line 16**





Bef	See the earlier instructions for line 16 to see if you can use this before completing this worksheet, complete Form 1040 or 1040	
	If you don't have to file Schedule D and you received capital ga	
	on Form 1040 or 1040-SR, line 7.	
1.	Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	63830
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	
3.	Are you filing Schedule D?*	
	☐ Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0  3.	
	□ <b>No.</b> Enter the amount from Form 1040 or 1040-SR, line 7.	
4.	Add lines 2 and 3	
5.	Subtract line 4 from line 1. If zero or less, enter -0 5.	63747
6.	Enter:	
	\$40,400 if single or married filing separately,	
	\$80,800 if married filing jointly or qualifying widow(er), \$54,100 if head of household.	40400
7.	Enter the smaller of line 1 or line 6	40400
8.	Enter the smaller of line 5 or line 7	40400
9.	Subtract line 8 from line 7. This amount is taxed at 0%	
10.	Enter the smaller of line 1 or line 4	83
11.	Enter the amount from line 9	
12.	Subtract line 11 from line 10	83
13.	Enter:	
	\$445,850 if single, \$250,800 if married filing separately, \$501,600 if married filing jointly or qualifying widow(er), \$473,750 if head of household.	445850
14.	Enter the smaller of line 1 or line 13	63830
15.	Add lines 5 and 9	63747
16.	Subtract line 15 from line 14. If zero or less, enter -0	83
17.	Enter the smaller of line 12 or line 16	83
18.	Multiply line 17 by 15% (0.15)	18. 12
19.	Add lines 9 and 17	83
20.	Subtract line 19 from line 10	
21.	Multiply line 20 by 20% (0.20)	21.
22.	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, uto figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computatio Worksheet	0700
23.	Add lines 18, 21, and 22	23. 9780
24.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, uto figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computatio Worksheet	n 24. <u>9790</u>
25.	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 23 or 24. Also include this amous space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreig Tax Worksheet	amount on the n Earned Income
* If yo	ou are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before co	

EH

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

### 2021 D-40 SUB Individual Income Tax Return

SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1682

Personal information Your telephone number 5102991491

Mark if filing an Amended return. See instructions.

> Mark if Deceased

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY) 613751045 07061997

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Your first name

M.I. Last name

AJJIT

NARAYANAN

Spouse's/registered domestic

partner's first name

M.I. Last name

Home address(number, street and suite/apartment number (if applicable)

22 M STREET NORTHEAST

APT 1216

City WASHINGTON State Zip Code + 4

DC 20002

**Email Address** 

AJJIT123@YAHOO.COM

Filing Status

1 Mark only one: X Single,

Married filing jointly,

Married filing separately,

Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

Registered domestic partners filing jointly or

filing separately on the same return. Enter combined

amounts for Lines 5-43. See instructions.

Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

-- Qualifying widow(er) with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S.

Mark if you are

Part-year resident in DC from

to

See instructions.

(MMDDYYYY)

(MMDDYYYY)

3 Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes X No If no, or if claiming an exemption, complete Schedule HSR (see instructions).

\*Complete your federal return first – Enter your dependents' information on DC Schedule S\*

Income Information

Round centsto nearest dollar. If amount is zero, leave line if blank; minus, enter amount and fill in oval

a Wages, salaries, unemployment compensation and/or tips, see instructions.

Mark if loss

74904.00

Business income or loss, see instructions.

b .00

Capital gain or loss.

Mark if loss Mark if loss

d

1347.00 .00

Computation of DC Gross and Adjusted Gross Income

Rental real estate, royalties, partnerships, etc.

4 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ.

Mark if loss

4 76380.00



Additions to DC Income		
Additions to DC Income  5 Franchise tax deducted on federal forms, see instructions. 6 Other additions from DC Schedule I, Calculation A, Line 9. 7 Add Lines 4, 5 and 6.  Mark if loss	5 6 7	.00 .00 76380.00
Subtractions from DC Income  8 Part year residents, enter income received during period of nonresidence, see instructions.	8	.00
9 Taxable refunds, credits or offsets of state and local income tax.	9	.00
10 Taxable amount of social security and tier 1 railroad retirement.	10	.00
11 Income reported and taxed this year on a DC franchise or fiduciary return.	11	.00
12 DC and federal government survivor benefits, see instructions.	12	.00
13 Unemployment Insurance Benefits, see instructions.	13	.00
14 Other subtractions from DC Schedule I, Calculation B, Line 16.	14	.00
15 Total subtractions from DC income, Lines 8-14.	15	.00
16 DC adjusted gross income, Line 7 minus Line 15.  Mark if loss	16	76380.00
17 Deduction type. Take the same type as you took on your federal return. Fill in which type Standard X or Itemiz		tions for amount to enter on Line 17.
10 00 1 1 1		
18 DC deduction amount.	18	12550.00
18 DC deduction amount.  19 DC taxable income. Subtract Line 18 from Line 16.  20 Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.	18 19 20	12550.00 63830.00 3824.00
19 DC taxable income. Subtract Line 18 from Line 16.  Mark if loss  20 Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.  Fill in if filing separately on same return. Complete Calculation J on Schedule S.  21 Credit for child and dependent care expenses . 0 0 X .32	19_	63830.00
19 DC taxable income. Subtract Line 18 from Line 16.  Mark if loss  20 Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.  Fill in if filing separately on same return. Complete Calculation J on Schedule S.	19 20	63830.00 3824.00
DC taxable income. Subtract Line 18 from Line 16.  Mark if loss  Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.  Fill in if filing separately on same return. Complete Calculation J on Schedule S.  Credit for child and dependent care expenses .00 X .32  From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441	19 20 21	63830.00 3824.00 .00
19 DC taxable income. Subtract Line 18 from Line 16. Mark if loss 20 Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.  Fill in if filing separately on same return. Complete Calculation J on Schedule S. 21 Credit for child and dependent care expenses . 0 0 X .32  From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 22 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U.	19 20 21 22	63830.00 3824.00 .00
19 DC taxable income. Subtract Line 18 from Line 16. Mark if loss 20 Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.  Fill in if filing separately on same return. Complete Calculation J on Schedule S. 21 Credit for child and dependent care expenses .00 X .32  From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 22 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. 23 Total non-refundable credits. Add Line 21 and Line 22.	19 20 21 22 23	63830.00 3824.00 .00 .00
19 DC taxable income. Subtract Line 18 from Line 16. Mark if loss 20 Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.  Fill in if filling separately on same return. Complete Calculation J on Schedule S. 21 Credit for child and dependent care expenses .00 X .32  From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 22 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. 23 Total non-refundable credits. Add Line 21 and Line 22. 24 Subtract Line 23 from Line 20. If less than zero, enter zero	19 20 21 22 23 24	63830.00 3824.00 .00 .00 .00 3824.00
<ul> <li>19 DC taxable income. Subtract Line 18 from Line 16. Mark if loss</li> <li>20 Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filling separately on same return. Complete Calculation J on Schedule S.</li> <li>21 Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441</li> <li>22 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U.</li> <li>23 Total non-refundable credits. Add Line 21 and Line 22.</li> <li>24 Subtract Line 23 from Line 20. If less than zero, enter zero</li> <li>25 DC Health Care Shared Responsibility. See instructions. If fully covered or fully exempt, enter zero.</li> </ul>	19 20 21 22 23 24 25 26	63830.00 3824.00 .00 .00 .00 3824.00
19 DC taxable income. Subtract Line 18 from Line 16. Mark if loss 20 Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.  Fill in if filling separately on same return. Complete Calculation J on Schedule S. 21 Credit for child and dependent care expenses .00 X .32  From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 22 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. 23 Total non-refundable credits. Add Line 21 and Line 22. 24 Subtract Line 23 from Line 20. If less than zero, enter zero 25 DC Health Care Shared Responsibility. See instructions. If fully covered or fully exempt, enter zero. 26 Total tax and DC Health Care Shared Responsibility. Add Line 24 and Line 25. 27 DC Earned Income Tax Credit Fill in if prior year (2019) earned income See instructions.	19 20 21 22 23 24 25 26	63830.00 3824.00 .00 .00 .00 3824.00 0.00 3824.00
19 DC taxable income. Subtract Line 18 from Line 16. Mark if loss 20 Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filling separately on same return. Complete Calculation J on Schedule S. 21 Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 22 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. 23 Total non-refundable credits. Add Line 21 and Line 22. 24 Subtract Line 23 from Line 20. If less than zero, enter zero 25 DC Health Care Shared Responsibility. See instructions. If fully covered or fully exempt, enter zero. 26 Total tax and DC Health Care Shared Responsibility. Add Line 24 and Line 25. 27 DC Earned Income Tax Credit Fill in if prior year (2019) earned income See instructions. 27b Enter the number of qualified EITC children. 0 27b Enter earned income amount	19 20 21 22 23 24 25 26	63830.00 3824.00 .00 .00 .00 3824.00 0.00 3824.00

Enter your TIN

NARAYANAN 613751045



29 29 Refundable credits from DC Schedule U, Part 1b, Line 3. Attach Schedule U. .00 .00 30 Total refundable credits. Add Line 27d or 27e through Line 29 30 4767.00 31 DC income tax withheld shown on Forms W-2 and 1099. Attach these forms. 31 32 2021 estimated income tax payments and amount applied from 2020 return. 32 .00 Tax paid with FR-127 Extension of Time to File. .00 33 .00 If this is an amended 2021 return, enter payments made with original 2021 D-40 return. 34 If this is an amended 2021 return, enter refunds requested with original 2021 D-40 return. 35 .00 Total payments and refundable credits. Add Line 30 through Line 34. (Do not include Line 35). 36 4767.00 .00 37 Tax Due. Subtract Line 36 from Line 26 37 Amount Overpaid. Subtract Line 26 from Line 36. 943.00 38 38 .00 Amount to be applied to your 2022 estimated tax. 39 Underpayment Interest. Fill in the oval and attach Form D-2210. 40 .00 .00 Contribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38) 41 Total Amount Due. Add Lines 37, 40 and 41. 42 .00 943.00 43 Net Refund. Subtract total of Lines 39, 40 and 41 from Line 38. 43 Will this refund go to an account outside the U.S.? Nο Yes X See instructions. 44 Fill in N if either spouse is claiming injured spouse allocation. You must attach Form DC-8379. Refund Options: For information on the tax refund card and Program limitations, see instructions or visit our website MyTax.DC.gov X Direct deposit or Reliacard (See instructions) or Paper check Mark **one** refund choice: Direct deposit. To have your refund deposited to your X checking or savings account, fill in and enter bank routing and account numbers. See instructions. Routing Number 125108997 Account Number 223102430145 if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions). Third party designee To authorize another person to discuss this return with OTR, mark here and enter the name and phone number of that person Phone number Designee's Name Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer. Your signature Date Preparer's signature Date Spouse's/registered domestic partner's signature if filing jointly Preparer's Tax Identification Number (PTIN) PTIN telephone number Date or separately on same return

Government of the District of Columbia

# **2021** SCHEDULE S Supplemental Information and Dependents

Unless instructed otherwise - If you fill in any part of this schedule, attach it to your D-40.

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1682

Enter your Taxpayer Identification Number(TIN)

613751045

Enter your last name.

NARAYANAN

Dependents If you have more	e than 8 depender	nts, list them on	an attachment.	
First name		M.I.	Last name	
Taxpayer identification number	Relationship			Date of Birth (MMDDYYYY)
First name		M.I.	Last name	
Taxpayer identification number	Relationship			Date of Birth (MMDDYYYY)
First name		M.I.	Last name	
Taxpayer identification number	Relationship			Date of Birth (MMDDYYYY)
First name		M.I.	l ast name	
Taxpayer identification number	Relationship			Date of Birth (MMDDYYYY)
First name		M.I.	Last name	
Taxpayer identification number	Relationship			Date of Birth (MMDDYYYY)
First name		M.I.	Last name	
Taxpayer identification number	Relationship			Date of Birth (MMDDYYYY)
First name		M.I.	Last name	
Taxpayer identification number	Relationship			Date of Birth (MMDDYYYY)
First name		M.I.	Last name	
Taxpayer identification number	Relationship			Date of Birth (MMDDYYYY)

Head of household filers TIN of qualifying non-dependent person or qualifying widow(er)

Date of Birth of qualifying non-dependent person (MMDDYYYY)

Do not enter your information

First name of qualifying non-dependent person M.I.

Last name

1682 Rev 09/2021

Last name and TIN NARAYANAN

613751045



Calculation G-1 Computation of Standard Deduction Calculation G-1 must be completed and submitted with the return except for dependent filers \*If you were born before January 2, 1957, you are considered to be age 65 at the end of 2021 12550.00 Basic standard deduction amount. See instructions. Enter 1 if you are age 65 or over\* b С Enter 1 if you are blind. С Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and d your spouse or registered domestic partner is 65 or over\* Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and е your spouse or registered domestic partner is blind. Total number of additions to standard deductions. Add Lines b through e. f Additional standard deduction amount. Multiply 1,350 (1,700 if single or head of household) by number on Line f. See instructions. 12550.00 Total standard deduction. Add Lines a and g, enter here and on D-40, Line 18. Total number of dependents. Calculation J Tax computation for married or registered domestic partners filing separately on the same DC return. Enter separate amounts in each column. Do not combine amounts until Line i. Your spouse/registered domestic partner .00 .00 Federal adjusted gross income Mark if minus If you and your spouse fileda joint federal return, entereach person's portion of federal adjusted gross income. Registered domestic partners should enterthefederal AGI reported on their separate federal returns. b Total additions to federal adjusted gross income b .00 .00 Enter each person's portion of additions entered on D-40, Lines 5 and 6. Add Lines a and b. .00 .00 Mark if minus C Total subtractions from federal adjusted gross income Ч .00 .00 Enter each person's portion of subtractions entered on D-40, Line 15. .00 DC adjusted gross income Subtract Line d from Line c. .00 Mark if minus .00 .00 **Deduction amount.** Enter each person's portion of the amount entered on D-40, Line 18 (You may allocate this amount as you wish.) .00 .00 Taxable income. Subtract Line f from Line e. Mark if minus Tax. If Line g is \$100,000 or less, use tax tables. h .00 .00 If more than \$100,000, use Calculation I in instructions. i .00 Total tax i Add the amounts on Line h, enter here and on D-40, Line 20. List TINs associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40. Line 11. а b С d е g h

Government of the District of Columbia

### 2021 D-40E SUB District of Columbia Individual Income Tax Declaration for Electronic Filing

┑

IRS Declaration Control Number (DCN)

, , , , , , , , , , , , , , , , , , ,			
Your First name and initial AJJIT	Last name NARAYANAN		Taxpayer Identification Number (TIN) 613751045
Spouse's/Registered domestic partner's First name and initial	Last name		Spouse's TIN
Present Home Address (number, street and suite/apartment no 22 M STREET NORTHEAST APT 1	umber if applicable		Federal Filing Status Single
City, Town, and State WASHINGTON	DC	Zip Code + 4 20002	District of Columbia Filing StatusSingle
PART I - TAX RETURN INFORMATION			
1. DC Adjusted Gross Income, FormD-40, Line 16		PLEASE	FENTER WHOLE DOLLAR AMOUNTS 76380.00
2. Total Tax, Form D-40, Line 26			3824.00
3. DC Income Tax Withheld, Form D-40, Line 31			4767.00
4. Total Amount Due, Form D-40, Line 42			.00
5. Net Refund, Form D-40, Line 43			943.00
PART II - REFUND METHOD X Direct Deposit	t Re	eliaCard	Paper Check
For Direct Deposit or Direct Debit enter the following information:			
<ul> <li>6. Routing Number* 125108997 *Routing Number</li> <li>7. Account Number 223102430145</li> </ul>	per must be nine digits and the f	iirst two must be 01 through 12 or 21	through 32.
8. Type of Account X Checking Savings			
PART III - DECLARATION OF TAXPAYER			
Under penalties of perjury, I/we declare that I/we have examined a copy of r tax year, and to the best of my knowledge and belief, it is true, correct and electronic income tax return. I consent to allow my/our intermediate service (DC). I/we authorize DC and its designated financial institution to initiate a transmitted to or from a financial institution outside of the U.S. The authority	complete. I/we further de provider, transmitter, or n ACH electronic funds wi	clare that the amounts in Part electronic return originator (E thdrawal (direct debit). Refui	: I above are the amounts from my/our RO) to send my/our return to the District of Columbia
Your Signature Date	Sp	ouse's Signature	Date
PART IV - DECLARATION OF ELECTRONIC RETURN C	RIGINATOR (ERO)	AND PAID PREPARE	R
I declare that I have reviewed the individual income tax return and that the form before I submit the return. I will give the taxpayer a copy of all forms have examined the above individual income tax return and accompanying so Declaration of preparer is based on all information of which the preparer has	and information to be file hedules and statements, a	ed with DC. If I am also the P	aid Preparer, under penalties of perjury, I declare that
ERO's Signature Date	117	N	
Paid Preparer's Signature  PLEASE KEEP FOR	R YOUR RE		IOT MAIL.

**Rev.** 10/2021

#### FORM D-40E

The Form D-40E, District of Columbia (DC) Individual Income Tax Declaration for Electronic Filing, is the declaration document and signature authorization for an e-filed return filed by an electronic return originator (ERO). Form D-40E must be completed and signed by all appropriate parties before the return is transmitted electronically to the IRS. Do not mail a copy of an electronically filed D-40 and/or applicable schedule to the DC Office of Tax and Revenue (OTR).

#### **ERO Responsibilities**

The ERO will do the following:

- 1. Confirm the identity of the taxpayer(s).
- 2. Enter the name(s) and taxpayer identification number(s) of the taxpayer(s) at the top of the form.
- 3. Complete Part I and/or Part II using the amounts from the taxpayer's DC 2021 tax returns (federal and DC).
- 4. After the return has been prepared and before the return is transmitted (or released for transmission), the taxpayer (s) must verify the information on the return and sign and date the completed Form D-40E. The ERO must provide the taxpayer with a copy of this form. The ERO and/or paid preparer are also required to sign and date this section of Form D-40E.
- 5. The D-40 E must be retained by the ERO for a period of three years from the end of the calendar year in which it is transmitted (a D-40E for a return transmitted 2/15/2021 must be retained until 12/31/2024). DO NOT SEND THIS DOCUMENT TO THE DC OTR. Please be advised that a copy of the D-40E and all attached documents must be submitted to the DC OTR if specifically requested during the three-year retention period.
- 6. Attach the state copies of Forms W-2, W-2G, and 1099's to the front left margin of D-40E. IRS Form 4852, Substitute Form W-2 or copies generated by a preparer or transmitter's software are NOT acceptable documents.
- 7. If the ERO changes the electronic return after the taxpayer has signed the Form D-40E but before transmitting the data, the ERO must ask the taxpayer to sign a corrected Form D-40E if the DC taxable income changes by more than \$25 or the DC refund changes by more than \$2. Non-substantive changes are permissible if the person making the corrections initials the changes.

### **Taxpayer Responsibilities**

Taxpayers have the following responsibilities:

- 1. Verify the accuracy of the prepared income tax return, including direct deposit or direct debit information. Complete the Routing (ACH) Number, as shown on your personal check or obtained from your financial institution. The Routing Number is a nine digit number. The first two digits must be 01 through 12 or 21 through 32. Fill in your bank account number (up to 18 digits) in the appropriate boxes. Check the appropriate box below for checking or savings.
- 2. For direct debit, I/we authorize the District of Columbia and its designated financial institution to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of state taxes owed on this return and/or a payment of estimated or extension payment, and the financial institution to debit the entry to this account.
- 3. Sign and date D-40E. Taxpayers must sign by handwritten or electronic signature, if supported by computer software.
- 4. Return the completed D-40E to the ERO in person, or by US mail, private delivery service, fax, email or an Internet website.
- 5. Your return will not be transmitted to DC until the ERO or paid preparer receives your signed D-40E.
- 6. Ensure you obtain and keep a copy of your tax return.
- 7. I/we agree, that by using a computer system and software to prepare and transmit my/our return electronically, I/we consent to the disclosure to DC of all information pertaining to my/our use of the system and software and to the transmission of my/our tax return electronically.