

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. 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 qualifying person is a child but not your dependent ▶

Your first name and middle initial RAHUL ABASAHEB GAIKWAD		Last name GAIKWAD	Your social security number 867-76-8457
If joint return, spouse's first name and middle initial NILIMA RAHUL GAIKWAD		Last name GAIKWAD	Spouse's social security number 971-97-4768
Home address (number and street). If you have a P.O. box, see instructions. 3063 WHITE ASH TRL #3063			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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. ORLANDO, FL 32826			
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? ☐ Yes ☒ No

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 ☐ Are blind Spouse: ☐ Was born before January 2, 1957 ☐ Is blind

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2.	1	74,981.
2a	Tax-exempt interest	2a	
2b	Taxable interest	2b	
3a	Qualified dividends	3a	
3b	Ordinary dividends	3b	
4a	IRA distributions	4a	
4b	Taxable amount	4b	
5a	Pensions and annuities	5a	
5b	Taxable amount	5b	
6a	Social security benefits	6a	
6b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	7	
8	Other income from Schedule 1, line 10.	8	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income .	9	74,981.
10	Adjustments to income from Schedule 1, line 26.	10	
11	Subtract line 10 from line 9. This is your adjusted gross income .	11	74,981.
12a	Standard deduction or itemized deductions (from Schedule A)	12a	25,100.
12b	Charitable contributions if you take the standard deduction (see instructions).	12b	
12c	Add lines 12a and 12b	12c	25,100.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12c and 13	14	25,100.
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	49,881.

BAA 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	16	
	2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		5,587.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	5,587.
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	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,587.
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	5,587.
25	Federal income tax withheld from:		
	a Form(s) W-2	25a	6,091.
	b Form(s) 1099	25b	
	c Other forms (see instructions)	25c	
	d Add lines 25a through 25c	25d	6,091.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) <input type="checkbox"/> No	27a	
	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.		
	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	
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	
33	Add lines 25d, 26, and 32. These are your total payments	33	6,091.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	504.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	504.
	b Routing number 063100277		
	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 898088225080		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
38	Estimated tax penalty (see instructions)	38	

RefundDirect deposit?
See instructions.**Amount
You Owe****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 **Vijay K Koukuntla** Phone no. **3233252898** Personal identification number (PIN) **61112****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.

Signature	Date	Occupation	Identity Protection PIN
Vijay K Koukuntla		SOFTWARE ENGINEER	61112
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	Identity Protection PIN
		HOMEMAKER	

Phone no. **(407) 361-1900**

Email address

**Paid
Preparer
Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Vijay K Koukuntla	Vijay K Koukuntla		P01946338	<input type="checkbox"/> Self-employed
Firm's name	Firm's address			Firm's EIN
MetaFin Consulting, LLC	206 Harmon Cove Towers Secaucus, NJ 07094			3233252898 47-4861613