## Form **8879**

(Rev. August 2020)

Department of the Treasury Internal Revenue Service

## IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	1.0101.100 001.100		
Subm	ission Identification Number (SID)		
Taxpaye	er's name	Soci	al security number
KAR:	EEMULLAH BABA SHAIK	9!	56-89-6365
Spouse	s's name	Spor	use's social security number
Part	, ,	(Enter year	r you are authorizing.)
Enter	whole dollars only on lines 1 through 5.		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1	Adjusted gross income		1 91,640
2	Total tax		2 13,220
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 15,013
4 5	Amount you want refunded to you		<b>4</b> 1,793
Part	-	t and keen	
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or a		
my know return of to send for any Agent of payme authori payme business taxes to person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Pa (original or amended) I am now authorizing. I consent to allow my intermediate service provided my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorito initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellates days prior to the payment (settlement) date. I also authorize the financial institutions involve to receive confidential information necessary to answer inquiries and resolve issues related and identification number (PIN) below is my signature for the income tax return (original or ameronic Funds Withdrawal Consent.	art I above are retrained to the U.S. Tracount indicated institution to a terminate the attion requests and in the process to the payme	the amounts from the income or electronic return originator (EF of the transmission, (b) the reaseasury and its designated Finand in the tax preparation software debit the entry to this account. To authorization. To revoke (cance must be received no later than assing of the electronic payment int. I further acknowledge that
	ayer's PIN: check one box only		
×		) I am now a	Enter five digits, but don't enter all zeros  uthorizing. Check this box or
Yours	signature ▶D	ate▶	
Spous	se's PIN: check one box only		
	I authorize to enter or ge	enerate my P	
	signature on the income tax return (original or amended) I am now authorizing.		Enter five digits, but don't enter all zeros
	I will enter my PIN as my signature on the income tax return (original or amended	) I am now a	uthorizina. Check this box <b>o</b> i
	if you are entering your own PIN <b>and</b> your return is filed using the Practitioner Pl below.		
Spous	se's signature	ate ▶	
	Practitioner PIN Method Returns Only—continue	below	
Part	III Certification and Authentication — Practitioner PIN Method Only		
FRO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 7	2 7 8 6 1 9 8 9
LITO	S ET INVI IN. Enter your six digit Et IIV lonowed by your live-digit sen-selected i IIV.	-	Don't enter all zeros
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual in ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that Later ements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providence.	am submitting	this return in accordance with
ERO's	s signature ▶ D	ate ►	
	ERO Must Retain This Form — See Instruct		
	Don't Submit This Form to the IRS Unless Requeste	ed To Do So	0

## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status	s 🔀 🤅	Single Married filing jointly	Marrie	ed filing separately (M	MFS)  Hea	d of hous	sehold (HOH)	Qu	alifying wic	dow(er) (QW)	
Check only one box.	If yo	u checked the MFS box, enter the ron is a child but not your dependen		our spouse. If you c	hecked the Ho	OH or QV	V box, enter	the child'	s name if t	he qualifying	
Your first name	and m	ddle initial	Last nar	me				Your s	ocial secur	ity number	
KAREEMU:	LLAH	BABA	SHAI	SHAIK					956-89-6365		
If joint return, s	pouse's	first name and middle initial	Last nar	ne				Spouse	s social se	ecurity number	
	•	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no.			ion Campaign	
7201 YO		· · · · · · · · · · · · · · · · · · ·					506		here if you if filing ioi	i, or your ntly, want \$3	
		ce. If you have a foreign address, also co	omplete sp	paces below.	State		code	1	0,	. Checking a	
Minneap					MN		5435		elow will no		
Foreign countr	y name			oreign province/state/o	county	For	eign postal cod	e your ta	x or refund You	Spouse	
At any time du	uring 20	20, did you receive, sell, send, exc	hange, o	r otherwise acquire	any financial i	nterest in	any virtual	currency?	Yes	⊠ No	
Standard Deduction	_	eone can claim:	•			ent					
Age/Blindnes	s You	☐ Were born before January 2, 1	956	Are blind Spo	use: Wa	s born be	efore January	y 2, 1956	☐ Is b	olind	
Dependent	s (see	instructions):		(2) Social security	(3) Relat	ionship	<b>(4)</b> 🗸 if	qualifies f	or (see instri	uctions):	
If more	(1) F	rst name Last name		number	to y	ou	Child tax	credit	Credit for o	ther dependents	
than four											
dependents, see instruction	s									<u></u>	
and check										<u> </u>	
here ▶ □											
Attach	_1_	Wages, salaries, tips, etc. Attach I	1` ′	V-2				. 1		96,390.	
Attach Sch. B if	2a	' -	2a		b Taxable int	erest		. 2			
required.	3a		3a		<b>b</b> Ordinary di			. 3			
	4a	_	4a		<b>b</b> Taxable an			. 4			
	5a		5a		<b>b</b> Taxable an			. 5			
Standard Deduction for—	6a	,	6a		<b>b</b> Taxable an			. 6	_		
Single or	7	Capital gain or (loss). Attach Sche			ired, check he	ere .	•				
Married filing separately,	8	Other income from Schedule 1, lin						. 8		<u>-4,750.</u>	
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. I	his is your total inco	ome			<b>&gt;</b> 9	<u>'</u>	91,640.	
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income:				ا مدا					
Qualifying widow(er),	а	From Schedule 1, line 22				10a					
\$24,800	b	Charitable contributions if you take				10b					
<ul> <li>Head of household,</li> </ul>	С	Add lines 10a and 10b. These are		-				10	_	01 640	
\$18,650	11	Subtract line 10c from line 9. This	7	-				1		91,640.	
<ul> <li>If you checked any box under</li> </ul>	12	Standard deduction or itemized						. 1		12,400.	
Standard Deduction,	13	Qualified business income deduct	ion. Atta	CH FORM 8995 OF FOI	III 6995-A .			. 1		12 400	
see instructions.	14 15	Add lines 12 and 13	from line		 enter -0			. 1		12,400. 79,240.	
	13	ravanie iliculite. Subtract ilile 14		= 11.11 Ze10 01 1e35,				.   1	J	, , , , , , , , , , , , , , , , , , , ,	

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

Form **1040** (2020)

Form 1040 (2020	)						Page <b>2</b>
	16	Tax (see instructions). Check if any from Form(s): 1  8814 2  4972	3 🗌 _			16	13,220.
	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	13,220.
	19	Child tax credit or credit for other dependents				19	
	20	Amount from Schedule 3, line 7				20	
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero or less, enter -0				22	13,220.
	23	Other taxes, including self-employment tax, from Schedule 2, line 10				23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>			. ▶	24	13,220.
	25	Federal income tax withheld from:	1 1				
	а	Form(s) W-2	25a	15	,013.		
	b	Form(s) 1099	25b			-	
	С	Other forms (see instructions)					15 010
	d	Add lines 25a through 25c				25d	15,013.
• If you have a	26	2020 estimated tax payments and amount applied from 2019 return	1 1		•	26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)	27				
If you have nontaxable	28	Additional child tax credit. Attach Schedule 8812	28				
combat pay,	29	American opportunity credit from Form 8863, line 8	29			4	
see instructions.	30	Recovery rebate credit. See instructions	30	_		_	
	31	Amount from Schedule 3, line 13	31			-	
	32	Add lines 27 through 31. These are your <b>total other payments and refunda</b>			<b>)</b> . •	32	15 012
-	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	$\overline{}$	$\overline{}$	. ▶	33	15,013. 1,793.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amou				34	·
Direct deposit?	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, che Routing number $  X   X   X   X   X   X   X   X   X   $			_	35a	1,793.
See instructions.	►b	Routing number         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X         X			Savings		
	► d 36	Amount of line 34 you want applied to your 2021 estimated tax		J			
Amount						37	
You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>				31	
For details on		<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all 0 2020. See Schedule 3, line 12e, and its instructions for details.	of the ta	xes you	owe for		
how to pay, see instructions.	38	Estimated tax penalty (see instructions)	38				
Third Party		you want to allow another person to discuss this return with the IRS?					
Designee		tructions		Yes. Co	omplete	below.	<b>X</b> No
Ü	De	signee's Phone		Pers	onal ident	ification	
		ne ▶ no, ▶			oer (PIN)		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is by					
Here			aseu on an	IIIOIIIau			nt you an Identity
	, 10	ur signature Date Your occupation					IN, enter it here
Joint return?		SOFTWARE I	ENGINE	EER		inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupat	ion				nt your spouse an
Keep a copy for your records.	,				I .	itity Prote inst.) ▶	ection PIN, enter it here
		one no. Email address			(000	11101.7	
		eparer's name Preparer's signature	Date		PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM		3/2021	P0208	2703	Self-employed
Preparer		n's name ► GLOBAL TAXES LLC	101/00	7/2021			678)965-9522
Use Only		m's address ► 2530 Pebble Creek Ln Cumming GA 30041				ı's EIN ▶	
Go to way ire or		1040 for instructions and the latest information.	DEV/	1/03/21 PRC		I S LIIV P	Form <b>1040</b> (2020)
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

# SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

2020
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

KAREEMULLAH BABA

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

SHAIK

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 956-89-6365

Par	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,750.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	4 750
Dar	t II Adjustments to Income	9	-4,750.
		T.,	
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

#### **SCHEDULE E** (Form 1040)

**Supplemental Income and Loss** 

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074 Attachment Sequence No. **13** 

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

Your social security number

		SHAIK				956-89		
Part	Income or Loss	From Rental Real Estate and Ro	yalties Note	: If you a	re in the busine	ss of renting pers	sonal pro	operty, use
	Schedule C. See	instructions. If you are an individual, rep	ort farm rental i	ncome o	r loss from <b>For</b> r	<b>n 4835</b> on page 2	2, line 40	D.
A Dic	d you make any payme	nts in 2020 that would require you to	o file Form(s) 1	099? Se	e instructions		Y	es 🗵 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?	<u>.</u>				□ Y	es 🗌 No
1a		each property (street, city, state, ZII						<del>-</del>
A	<u> </u>	HYDERBAD TELANGANA IN						
В						A 1	$\overline{}$	7
С								
1b	Type of Property	2 For each rental real estate pro	nerty listed		Fair Rental	Personal	Use	0.07
	(from list below)	above, report the number of fa	air rental and		Days	Days		QJV
A	1	personal use days. Check the if you meet the requirements t	QJV box only	Α	365		0	
В	<del>-</del>	qualified joint venture. See ins	tructions.	В				
C				C				
	of Property:							
	gle Family Residence	3 Vacation/Short-Term Rental	5 Land	7	Self-Rental			
	ti-Family Residence	4 Commercial	6 Royalties		Other (descr	ribo)		
Incom	<u> </u>	Properties:	T Troyanios	A	Other (descr	B		С
3			3		350.			
4			4	7	,50.			
Expen			7					
5			5	1	.50.			
6	•	nstructions)	6		300.			
7	,	nance	7		50.			
8	•		8					
9	Insurance		9					_
10	Legal and other profe		10				$\Lambda$	_
11	Management fees .		11		_			_
12		d to banks, etc. (see instructions)	12	_				С
13			13	1 5	500.			
14	Repairs		14	٦, ٥	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
15			15					
16			16					
17			17					
18		e or depletion	18					
19	Other (list)	e or depletion	19					
	` '	lines E through 10		г 1	0.0			
20		lines 5 through 19	20	5,1	.00.			
21		line 3 (rents) and/or 4 (royalties). If						
	, , , , ,	instructions to find out if you must	1 1	-4,7	750			
00	file Form 6198		21	-4,,	, , , ,			
22		estate loss after limitation, if any,	22 /	4 5	= 0 \/(			`
00-	on Form 8582 (see in		22 (		50.)(	)(		)
23a		eported on line 3 for all rental proper			23a	350.		
b		eported on line 4 for all royalty prop			23b			
C		eported on line 12 for all properties			23c			
d		eported on line 18 for all properties			23d	F 100		
e		eported on line 20 for all properties			23e	5,100.		
24	•	e amounts shown on line 21. <b>Do no</b>	-			24		4 550
25		sses from line 21 and rental real estate		_				4,750.)
26		ate and royalty income or (loss).						
		V, and line 40 on page 2 do not						4 750
	Schedule 1 (Form 104	40), line 5. Otherwise, include this a	<b>mo</b> unt in <b>th</b> e t	otai on I	ine 41 <b>on</b> pag	e 2 .   <b>26</b>		-4,750.





# 2020 Form M1, Individual Income Tax

KARE	EEMULLAH BABA	SHAIK	956896365	04041992
Your Fire	st Name and Initial	Your Last Name	Your Social Security Numbe	r (SSN) Your Date of Birth
If a Joint	Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Num	ber Spouse's Date of Birth
	L YORK AVENUE S Home Address	MINNEAPOLIS City	MN 55435 State ZIP Code	Check if Address is:  New Foreign
2020	Federal Filing Status (plac	ce an X in one box):		
× (1)	) Single (2) Married Filing Jointly	(3) Married Filing Separately Spouse Name	(4) Head of Househ	old (5) Qualifying Widow(er
Dono	ndonts (soo instructions)	Spouse SSN		
рере	ndents (see instructions):	•		
Depende	ent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship to You
Depend	ent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You
Depend	ent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You
•				
	Elections Campaign Fund		CC	
io grant		cy of your choice. It will help candidates for state of all Party Code Numbers:	mices pay campaign expenses. This will not in	icrease your tax or reduce your retund.
Your Co		ican—11 Independence—13	Green—15 Leg	gal Marijuana Now—17
Tour Co	Democ	ratic/Farmer-Labor—12 Grassroots/Legalize Ca	nnabis—14 Libertarian—16 Ge	neral Campaign Fund—99
From	Your Federal Return (see ins	structions)		
	96390	0	0	79240
A. Wage	es, salaries, tips, etc. B. IRA	, pensions, and annuities C. Ur	nemployment D.	Federal taxable income
1	Federal adjusted gross income (f	from line 11 of federal Form 1040 and 10	40-SR)	1■ 91640
-				
2	Additions to Minnesota income f	rom line 17 of Schedule M1M (see instru	ctions; enclose Schedule M1M)	. 2
3	Add lines 1 and 2			91640
4	Itemized deductions (from Sched	dule M1SA) or your standard deduction (	see instructions)	. 4■12400
5	Exemptions (determine from inst.	ructions)		5 🔳
6		1 of federal Schedule 1		. 6
7		ota income from line 47 of Schedule M1N le M1M)		. 7■
8	Total subtractions. Add lines 4 th	rough 7		. 812400
9	Minnesota taxable income. Subtr	ract line 8 from line 3. If zero or less, leave	blank	. 979240
10	Tax from the table in the Form M	1 instructions		104998
11	Alternative minimum tax (enclose	Schedule M1MT)		11 🔳

### 2020 M1, page 2



12	Add lines 10 and 11		12	4998
13	Full-year residents: Enter the amount from line 12 on line 1			
	Part-year residents and nonresidents: From Schedule M1NR line 13, from line 28 on line 13a, and from line 29 on line 13		13	4998
	13a ■ 0 13b ■	0		
14	Other taxes, such as recapture amounts and the tax on lum	p-sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529	(c) Schedule M1LS	14 ■	
15	Tax before credits. Add lines 13 and 14		15	4998
16	Amount from line 17 of Schedule M1C, Nonrefundable Crea	lits (enclose Schedule M1C)	16 ■	
17 18	Subtract line 16 from line 15 (if result is zero or less, leave b Nongame Wildlife Fund contribution (see instructions) This will reduce your refund or increase the amount you ow		17 18 <b>■</b>	4998
	This will reduce your returns of increase the amount you ow		10 =	
19	Add lines 17 and 18		19	4998
20	<b>Minnesota income tax withheld.</b> Complete and enclose Sche Minnesota withholding from Forms W-2, 1099, and W-2G (do		20	5494
21	Minnesota estimated tax and extension payments made for	2020	21 ■	
22	Amount from line 9 of Schedule M1REF, Refundable Credits	(see instructions; enclose Schedule M1REF)	22 ■	
23	Total payments. Add lines 20 through 22		23	5494
24	<b>REFUND</b> . If line 23 is more than line 19, subtract line 19 from			496
25	For direct deposit, complete line 25		24 ■	
	Checking Savings Routing Number	Account Number		
2.0			26 =	
26 27	<b>AMOUNT YOU OWE</b> . If line 19 is more than line 23, subtrac Penalty amount from Schedule M15 (see instructions). Also		26 ■	
	this amount from line 24 or add it to line 26 (enclose Schede	ule M15)	27 ■	
	DU PAY ESTIMATED TAX and want part of your refund credite Amount from line 24 you want sent to you		20 ■	
20	Amount from line 24 you want sent to you		28 ■	
29	Amount from line 24 you want applied to your 2021 estimate	ted tax	29 ■	
ахр	yer: I declare that this return is correct and complete to the	best of my knowledge and belief.		
our:	ignature	Spouse's Signature (If Filing Jointly)	Date	e (MM/DD/YYYY)
	2709345 ne Phone	SHAIKKAREEM34@GMAIL.COM Email Address		
	M PRIYA RAM SAGAR GUPTA TALLAM reparer's Signature	01082021 Date (MM/DD/YYYY)		2082703 N or VITA/TCE # (required)
	9659522	SYAM@GTAXFILE.COM	FIII	TO VITA, ICE # (IEquileu)
	rer's Daytime Phone	Preparer's Email Address		
	I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue with my paid preparer or the third-party designee i		

Include a copy of your 2020 federal return and schedules.

REV 12/18/20 PRO

Mail to: Minnesota Individual Income Tax, St. Paul, MN 55145-0010

1031





## 2020 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

ABA	SHAIK				95689	96365
	Last Name				Your Socia	al Security Number
Name and Initial	Spouse's Las	t Name			Spouse's S	Social Security Number
Int Return, Spouse's First Name and Initial  Interceived a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF that sholete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota in unts to the nearest whole dollar. You must include this schedule when you file your return. DO N Si, keep them with your tax records. All instructions are included on this schedule. Linnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have simplete line 5 on the back.  B—Box 13  C—Box 15  D—Box 16  The Form W-2 is for: If Retirement Plan Employer's seven-digit Minnesota State wages, tips, etc.  you, enter 1  box is checked, Tax ID Number (round to nearest whole dollar)  a2  b1  c1  MN  5725960  d1  96390  d2  a3  b3  c3  MN  d3  a4  b4  c4  MN  d4  a5  b5  c5  MN  d5  c1  MN  d4  c4  MN  d4  c5  MN  d5  c5  MN  d5  c5  MN  d6  c5  MN  d7  c1  MN  d8  c4  MN  d8  c5  MN  d8  c6  C6  C7  Cadd amounts in line 1, column E)  Linnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete to the form 1099, W-2G, or 1042-S is for:  Payer's seven-digit Minnesota Tax ID  Income amount (see the tab.)		t Minnesota incor	ne tax withh	eld. Round dollar		
Minnesota tax wi				2G. If you have mo	ore than five F	forms W-2,
	C—Box 15		D—Box 16		E—Box 1	17
ox is checked,		•	_			ota tax withheld o nearest whole dollar)
	c1 MN	5725960	d1	96390	e1	5494
b2	c2 MN		d2		e2	
b3	c3 MN		d3		e3	
b4	c4 MN		d4		e4	
b5	c5 MN		d5_		e5	
Forms W-2 (from	line 5 on page	2)				
ithheld on all Fo	r <b>ms W-2</b> (add a	amounts in line 1, co	lumn E)		1 =	5494
d on Forms 1099,	W-2G, and 10	42-S. If you have mo	re than four fo	orms, complete lin	e 6 on the bad	ck.
	В		С		D	
1042-S is for:				·		sota tax withheld
	Number (if u	nknown, contact the pay	ver) the back fo	r amounts to include)	(round	l to nearest whole dollar)
	ы MN		c1		d1	
	b2 MN		c2		d2	
	ыз ММ		c3		d3	
	b4 MN		c4		d4	
1099, W-2G, and	1042-S (from	line 6 on page 2)				
ithheld on all 10	99, W-2G, and	<b>1042-S</b> (add amount	ts in line 2, colu	umn D)	2 🔳	
					3 🔳	
		nd 3.			4	5494
	Name and Initial Form W-2, 1099, o determine line whole dollar. You bur tax records. Minnesota tax wishack.  3-Box 13  6 Retirement Plan lox is checked, nark an X below.  b1  b2  b3  b4  b5  Forms W-2 (from ithheld on all Forms withheld on all Forms withheld on all forms 1099, and ithheld on all 109, withheld on all 109, w	Name and Initial  Form W-2, 1099, W-2G, 1042-5 of determine line 20 of Form Methole dollar. You must include four tax records. All instructions Minnesota tax withheld on Form back.  B-Box 13  C-Box 15  Retirement Plan  Forms W-10 (From line 5 on page of the loan of the	Name and Initial  Spouse's Last Name  Form W-2, 1099, W-2G, 1042-S, or Minnesota School determine line 20 of Form M1. List only the form whole dollar. You must include this schedule where our tax records. All instructions are included on the Minnesota tax withheld on Forms W-2, other than findack.  B-Box 13  C-Box 15  Employer's seven-digit Minnesota Tax ID Number  and ID Number  and MN  b3  C3  MN  b4  C4  MN  b5  C5  MN  Forms W-2 (from line 5 on page 2)  ithheld on all Forms W-2, and 1042-S. If you have mone of the mone of the page of th	Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS or determine line 20 of Form M1. List only the forms that report whole dollar. You must include this schedule when you file your burt ax records. All instructions are included on this schedule. Minnesota tax withheld on Forms W-2, other than from Forms W-back.  10-Box 13	Name and Initial  Spouse's Last Name  Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF that show, or determine line 20 of Form M1. List only the forms that report Minnesota incomplete on the second of the sec	Name and Initial  Spouse's Last Name  Spouse's Spouse's Last Name  Spouse's Spouse's Last Name  Spouse's Spouse's Last Name  Name and Initial  Spouse's Last Name  Spouse's Last Name  Name and Initial  Spouse's Last Name  Spouse's Last Name  Spouse's Last Name  Name and Initial  Spouse's Last Name  Initial Spouse Name  Spouse's Last Name  Spouse's Last Name  Name and Initial  Spouse's Last Name  Name and Initial  Spouse's Last Name  Initial College on the Spouse Name on the Spouse Name on the Spouse Name  Spouse's Last Name  Spouse's Last Name Name on the Name on the Spouse Name  Spouse's Last Name Name on the Name on the Spouse Name on the Spouse Name  Spouse's Last Name on the Spouse Name on the Spouse Name on the Spouse Name on the Spouse Name  Spouse's Last Name on the Spouse Name on the Spouse Name on the Spouse Name  Spouse's Last Name on the Spouse Name on the Spouse Name on the Spouse Name  Spouse Name on the Spouse Name on the Spouse Name on the Spouse Name on the Spouse Name  Spouse Name on the Spouse Name on t

## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your dependent	name of										
Your first name	and m	iddle initial	Last na	me					Your	rsoc	cial securit	y number	
KAREEMU	LLAH	BABA	SHAI	SHAIK 95							956-89-6365		
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spot	Spouse's social security number			
	•	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	- 1			n Campaign	
7201 YO					T =:		T	506	- 1		ere if you, f filing ioin	or your tly, want \$3	
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code			0,	Checking a	
Minneapo			Ι.		/ MI		-	5435			w will not	change	
Foreign country	/ name			Foreign province/state	/count	ty	For	eign postal cod	e your	tax	or refund.	Spouse	
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquire	any	financial intere	est ir	any virtual	currenc	y?	Yes	X No	
Standard Deduction		eone can claim:				•							
Age/Blindness	You:	Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	efore January	, 2, 195	6	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social securit	v	(3) Relations	nip	(4) <b>✓</b> if	qualifies	s for	(see instruc	ctions):	
If more		irst name Last name		number	,	to you		Child tax		- 1		er dependents	
than four													
dependents, see instruction													
and check	5 —												
here ▶ □													
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	9	6,390.	
Attach	<b>2</b> a	Tax-exempt interest	2a		b T	axable interes	t			2b			
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> C	ordinary divide	nds			3b			
	4a	IRA distributions	4a		b T	axable amour	ıt.			4b			
	5a	Pensions and annuities	5a		b T	axable amour	nt.			5b			
Standard	6a	Social security benefits	6a		b T	axable amour	nt .			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D it	f required. If not rec	uired	, check here		🕨		7			
Married filing	8	Other income from Schedule 1, li	ne 9 .							8	_	4,750.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total inc</b>	ome				<b>•</b>	9	9	1,640.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22				10	а						
widow(er), \$24,800	b	Charitable contributions if you take	e the star	ndard deduction. Se	e instr	ructions 10	b						
Head of	С	Add lines 10a and 10b. These are	your <b>to</b> t	tal adjustments to	incor	me			<b>•</b>	10c			
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				<b>•</b>	11		1,640.	
If you checked any box under	12	Standard deduction or itemized	d deduct	ions (from Schedul	э A)					12	1	2,400.	
Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	995-A				13			
Deduction, see instructions.	14	Add lines 12 and 13								14		2,400.	
	15	Taxable income. Subtract line 1-	4 from lin	e 11. If zero or less	, ente	er-0				15	7	9,240.	

Form 1040 (2020	))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			. 16	13,220.
	17	Amount from Schedule 2, lir			<del>.</del>			-		
	18	Add lines 16 and 17							. 18	13,220.
	19	Child tax credit or credit for	other dependen	ts					. 19	
	20	Amount from Schedule 3, lir	ne 7						. 20	
	21	Add lines 19 and 20							. 21	
	22	Subtract line 21 from line 18							. 22	13,220.
	23	Other taxes, including self-e	,						. 23	0.
	24	Add lines 22 and 23. This is			•				▶ 24	13,220.
	25	Federal income tax withheld	-							13/2201
	a	Form(s) W-2				25a	15	,01	3.	
	b	Form(s) 1099				25b		,	•	
	c	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	•						. 25d	15,013.
	26	2020 estimated tax paymen								13,013.
<ul> <li>If you have a L qualifying child,</li> </ul>	27					1		•	. 20	
attach Sch. EIC.	28	Earned income credit (EIC)							-	
If you have nontaxable									_	
combat pay,	29	American opportunity credit		•		29			_	
see instructions.	30	Recovery rebate credit. See				30			_	
	31	Amount from Schedule 3, line 13								
	32	· ·	•						32	15 012
	33	Add lines 25d, 26, and 32. T						•		15,013.
Refund	34	If line 33 is more than line 24				-	-		. 34	1,793.
	35a	Amount of line 34 you want							35a	1,793.
Direct deposit? See instructions.	►b	Routing number X X X			<b>▶ c</b> Type:		—	Savin	gs	
	►d	Account number X X X				<u> </u>	2			
	36	Amount of line 34 you want								
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now				▶ 37	
You Owe For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.								
instructions.	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another								V Na
Designee		structions							ete below.	<del></del>
		signee's ne ▶		Phone no. ▶				onal id ber (Pl	lentification N) ▶	
Sign		der penalties of perjury, I declare	that I have examine		accompanying sch	edules a				st of my knowledge and
		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			1	f the IRS se	nt you an Identity
	k.									IN, enter it here
Joint return?	<b>—</b>				SOFTWARE I		IEER		see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse an ection PIN, enter it her
your records.	,								see inst.)	
	————	one no.		Email address					,	
-		eparer's name	Preparer's signat	l .		Date		PTIN	I	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	1 .		מווסדם דמו.ו.אש		08/2021		082703	Self-employed
Preparer				אאטאט ויואזי	OOFIA IAUUAM	101/0	0/2021			
Use Only		0500 - 117 - 1 00044							(678)965-9522 - 30-1017196	
				III CUIIIIIIII					Firm's EIN I	<del>-</del>
GO to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV	01/03/21 PR	)		Form <b>1040</b> (2020

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

KAREEMULLAH BABA

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

SHAIK

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **01** 

Your social security number

956-89-6365

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,750.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		4 550
Par	line 8	9	-4,750.
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

### **SCHEDULE E**

(Form 1040)

#### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

2020

Attachment

Attachment Sequence No. **13** 

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

и рара сиати

Your social security number

		SHAIK						-89-636	
Part		From Rental Real Estate and Roginstructions. If you are an individual, rep	-	-			-		
A D'								-	
		nts in 2020 that would require you to							'es ⊠ No
		ou file required Form(s) 1099?						<u> </u> Y	es No
<u>1a</u>		each property (street, city, state, ZIF							
A	MALIKARJUNAGAR	HYDERBAD TELANGANA IN 5	00045						
B C									
1b	Type of Property	0.5			Fair	Rental	Dorso	nal Use	
ID	(from list below)	2 For each rental real estate propagory above, report the number of fa	perty listed ir rental and		I .	Days		ays	QJV
Λ.	, ,	personal use days. Check the	<b>QJV</b> box onlv	<b>'</b>				-	
A B	<u>  1</u>	if you meet the requirements to qualified joint venture. See inst	o file as a rrictions	A		365		0	
С		qualified joint vontaro. Goo mot	i dotiono.	В					
	of Duomowhy			C					
	of Property: gle Family Residence	3 Vacation/Short-Term Rental	5 Land		7 Self-	Dontal			
	ti-Family Residence	4 Commercial	6 Royalties				`		
Incom		Properties:		Α	o Othe	r (describe	3		С
3			3		350.		•		
4			4		350.				
			1 1						
Expen 5			5		150.				
6		nstructions)	6		300.				
7	•	nance	7		150.				
8			8		130.				
9	Insurance		9						_
10	Legal and other profe	essional fees	10						_
11	Management fees .		11						_
12		d to banks, etc. (see instructions)	12						С
13			13	4	500.			<del></del>	
14			14	/	300.				
15			15						
16			16						
17			17						
18		e or depletion	18						
19	011 (11.1)		19						
20	` ′	lines 5 through 19	20	5 ,	100.				
21	·	line 3 (rents) and/or 4 (royalties). If		- /					
		instructions to find out if you must							
	file <b>Form 6198</b>		21	-4,	750.				
22	Deductible rental real	estate loss after limitation, if any,							
		structions)	22 (	-4,	750.)	(		)(	)
23a	•	eported on line 3 for all rental prope	rties		23a		350		
b		eported on line 4 for all royalty prop			23b				
С		eported on line 12 for all properties			23c				
d		eported on line 18 for all properties			23d				
е	Total of all amounts re	eported on line 20 for all properties			23e		5,100		
24	Income. Add positive	e amounts shown on line 21. Do no	<b>t</b> include any	losses			. 24	4	
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losses from li	ine 22. <b>E</b>	Enter tota	al losses he	re . <b>2</b>	5 (	4,750.)
26	Total rental real est	ate and royalty income or (loss).	Combine line	s 24 ar	nd 25. E	nter the re	sult		
		V, and line 40 on page 2 do not							
		10) line 5. Otherwise include this ar						3	-4.750.