Form <b>8879</b>
(Rev. August 2020)

Departn	nent	of	the	Treasu	ŋ
Internal	Rev	enı	le S	ervice	

## **IRS** *e-file* Signature Authorization

OMB No. 1545-0074

\_ \_ \_

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name	Social security number
PANKAJ V CHAVAN	052-02-0962
Spouse's name	Spouse's social security number
RASHMI P CHAVAN	956-99-9131
Part I Tax Return Information – Tax Year Ending December 31,	(Enter year 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.	
<b>1</b> Adjusted gross income	<b>1</b> 91,892.
<b>2</b> Total tax	<b>. 2</b> 7,154.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · · · · · · <b>3</b> 8,417.
4 Amount you want refunded to you	
<b>5</b> Amount you owe	

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

Taxpayer 31 IN. check one box only	
I authorize GLOBAL TAXES LLC     ERO firm name     signature on the income tax return (original or amended) I am n	to enter or generate my PIN Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (or if you are entering your own PIN <b>and</b> your return is filed using below.	
Your signature ►	Date ►
Spouse's PIN: check one box only	
I authorize <u>GLOBAL TAXES LLC</u> ERO firm name     signature on the income tax return (original or amended) I am no	to enter or generate my PIN 9 9 1 3 1 as my Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (or if you are entering your own PIN <b>and</b> your return is filed using below.	
Spouse's signature ►	Date ►
Practitioner PIN Method Returns	
Part III Certification and Authentication – Practitioner PIN	I Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit se	f-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the e authorized to file for tax year indicated above for the taxpayer(s) indicated above requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized above for the taxpayer (s) indicated above for the taxpayer (s) indicated above requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized above for the taxpayer (s) indicated above for taxpayer (s) indicated above for the taxpayer (s) indicated above for taxpayer (s) indicated	ve. I confirm that I am submitting this return in accordance with th
ERO's signature >	Date ►
ERO Must Retain This Form Don't Submit This Form to the IRS U	
For Paperwork Reduction Act Notice, see your tax return instructions. BA	

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	20	OMB No. 1545	5-0074	IRS U	se Only	–Do not	write or staple	e in this space.		
Filing Status Check only one box.	lf yo	Single $\mathbf{X}$ Married filing jointly u checked the MFS box, enter the n on is a child but not your dependent	ame of	-			)  Head of ked the HOH c								
													our social security number		
PANKAJ V	7		CHAV	7AN							052-	02-096	2		
lf joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	e's social se	curity number		
RASHMI I	2		CHAV	7AN							956-	99-913	1		
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				1	Apt. no.		Presid	ential Elect	ion Campaign		
17 SUMMI	ERVI	EW CT							A			here if you			
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	paces be	low.	Sta	ate	ZIP c	ode				ntly, want \$3 Checking a		
MADISON						W	I	537	704		Ŭ	low will no	•		
Foreign country	/ name		1	Foreign p	rovince/state	e/coun	ty	Forei	gn postal	code	your ta	x or refund			
												You	Spouse		
At any time du	ring 20	020, did you receive, sell, send, excl	hange, c	or other	vise acquir	e any	financial intere	est in a	any virti	ual cu	irrency?	Yes	🗙 No		
Standard Deduction	_	eone can claim:  You as a de Spouse itemizes on a separate retur	•		•		a dependent								
Age/Blindness	You:	🛛 🗌 Were born before January 2, 1	956	Are b	lind Sp	ouse	: 🗌 Was bo	rn bef	ore Jan	uary 2	2, 1956	🗌 ls b	lind		
Dependents	s (see	instructions):		(2)	Social securi	ty	(3) Relations	qir	(4) (	if q	ualifies fo	or (see instru	uctions):		
If more		irst name Last name			number		to you			l tax c		1	ther dependents		
than four	ADV	VIK P CHAVAN	961-90-8216			16	Son						X		
dependents,															
see instruction and check	s —														
here 🕨 🗌															
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1		98,612.		
Attach	2a	Tax-exempt interest	2a	2a			axable interes	t.			. 2	b			
Sch. B if required.	3a	Qualified dividends	3a				Drdinary divide	nds .			. 3	b			
	4a	IRA distributions	4a			bТ	axable amour	ıt			. 4	b			
	5a	Pensions and annuities	5a	<b>b</b> Taxable amoun			ıt			. 5	b				
Standard	6a	Social security benefits	6a			bТ	axable amour	ıt			. 6	b			
Deduction for –	7	Capital gain or (loss). Attach Sche	dule D if	f require	d. If not red	quired	l, check here				7	,			
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin	e9.								. 8	3	-6,520.		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	our <b>total in</b>	come					► 9	)	92,092.		
Married filing	10	Adjustments to income:													
jointly or Qualifying	а	From Schedule 1, line 22													
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions       10b       200.         Add lines 10a and 10b. These are your total adjustments to income									0.				
Head of	с										▶ 10	c	200.		
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjuste	d gross ind	ome					▶ 1	1	91,892.		
<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	ions (fro	m Schedu	e A)					. 1:	2	24,800.		
any box under Standard	13	Qualified business income deduct	ion. Atta	ach Forn	n 8995 or F	orm 8	3995-A				. 1	3			
Deduction, see instructions.	14	Add lines 12 and 13									. 1	4	24,800.		
	15	Taxable income. Subtract line 14	from lin	e 11. lf:	zero or less	, ente	er-0				. 1	5	67,092.		

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

Form 1040 (2020	D)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌			16	7,654.
	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	7,654.
	19	Child tax credit or credit for	other dependen	ts					19	500.
	20	Amount from Schedule 3, lin	e7						20	
	21	Add lines 19 and 20							21	500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	7,154.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 🕨	24	7,154.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	8	,417		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	5)			25c				
	d	Add lines 25a through 25c							25d	8,417.
If you have a	26	2020 estimated tax payment								
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit	from Form 8863	8. line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See		-		30	1	,200	_	
	31	Amount from Schedule 3, lin				31		,	-	
	32	Add lines 27 through 31. The				dable c	redits	. 🕨	32	1,200.
	33	Add lines 25d, 26, and 32. T							33	9,617.
Defend	34	If line 33 is more than line 24							34	2,463.
Refund	35a	Amount of line 34 you want				•	-			2,463.
Direct deposit?	►b	Routing number 0 2 1			► c Type:				-	
See instructions.	►d	Account number 4 8 3								
	36	Amount of line 34 you want a					T'			
Amount	37	Subtract line 33 from line 24						. •	37	
You Owe	0.	Note: Schedule H and Sch		-						
For details on		2020. See Schedule 3, line 1					laxes you	owe io	'	
how to pay, see instructions.	38	Estimated tax penalty (see in				38	1			
Third Party	Do	you want to allow another								
Designee		structions					Yes. Co	omplete	e below.	× No
U U	De	signee's		Phone			Pers	onal ide	ntification	
	nar	me 🕨		no. 🕨			numl	per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here					.,,		i ali intornatio			, 0
	Yo	ur signature		Date	Your occupation	1				nt you an Identity IN, enter it here
Joint return?					SOFTWARE	ENGI	NEER		ee inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occup			lft	he IRS ser	nt your spouse an
Keep a copy for your records.										ection PIN, enter it here
your records.				HOME MAKER				(se	ee inst.) 🕨	
		one no.		Email address						
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLA	M 01/	24/2021		82703	Self-employed
Use Only		m's name 🕨 GLOBAL TAX						Ph	one no. (	678)965-9522
	Firi	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041	1		Fir	rm's EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	RE	/ 01/15/21 PRC	)		Form <b>1040</b> (2020)

Go to *www.irs.gov/Form1040* for instructions and the latest information.

BAA

SCHEDULE	1
(Form 1040)	

# Additional Income and Adjustments to Income

OMB No. 1545-0074

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

	Attachment Sequence No. <b>01</b>							
Your social security number								
052-02	-0962							

1

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR										
PAN	KAJ	V & RASHMI P CHAVAN								
Pa	rt I	Additional Income								
1	Ta	xable refunds, credits, or offsets of state and local income taxes								

		•	
<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	-6,520.
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	-6,520.
Par	t II Adjustments to Income		

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
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/15/21 PRO	Schedule 1 (Form 1040) 2020

Denartm	ent of the Treasury	► At	40, 1040	0, 1040-SR, 1040-NR, or 1041.										
	Revenue Service (99)			Go to <i>www.ir</i> s	s.gov/ScheduleE	for inst	tructions	and the		Attachment Sequence No. <b>13</b>				
Name(s)	shown on return										Your soc			
PANK	AJ V & RAS	HMI F	CHA	AVAN							052-0	02-096	52	
Part	Income of	or Loss	s Fron	n Rental Rea	al Estate and R	oyaltie	s Note	: If you	are in th	ne business o	of renting p	ersonal p	property	, use
	Schedule	C. See	instruc	tions. If you ar	e an individual, re	eport far	m rental i	ncome	or loss f	rom Form 4	3 <b>35</b> on pag	e 2, line	40.	
					ould require you								Yes 🛛	K No
B If "	Yes," did you o	r will yo	ou file	required For	m(s) 1099? .							. 🗆	Yes [	No
1a					et, city, state, Z									
Α	KUKATPALL	Y HYD	DERAE	BAD TELAN	GANA IN 500	072								
В														
C														
1b	Type of Prop (from list be		2	above, report	tal real estate pro t the number of f		_	<sup>r</sup> Rental Days	Personal Use Days		Se QJV			
Α	3	- /	1	personal use	days. Check the	e <b>QJV</b> k to file a	pox only	Α		365		0		
B			-	qualified joint	t venture. See in	structic	ons.	B		303		0		7
C	+							C						
	of Property:							-						
	gle Family Resid	lence	3	Vacation/Sh	ort-Term Rental	I 5 La	Ind		7 Self-	Rental				
	ti-Family Reside		4	Commercial		6 Ro	oyalties		8 Othe	er (describe	)			
Incom					Properties		Í	Α		E			С	
3	Rents received					3			500.					
4	Royalties recei					4								
Exper														
5	Advertising .					5			120.					
6	Auto and trave	l (see i	nstruc	tions)		6			250.					
7	Cleaning and r	nainter	nance			7								
8	Commissions.					8								
9	Insurance					9								
10	Legal and othe	r profe	ession	al fees		10								
11	Management f	ees .				11								
12	Mortgage inter	est pai	id to b	anks, etc. (se	ee instructions)	12								
13	Other interest.					13		б,	500.					
14	Repairs					14			150.					
15	Supplies					15								
16	Taxes					16								
17	Utilities					17								
18	Depreciation e	xpense	e or de	epletion .		18								
19	Other (list)													
20	Total expenses			0		20		7,	020.					
21				· · ·	or 4 (royalties). I									
	(				l out if you mus			_						
	file Form 6198					21		-6,	520.					
22					imitation, if any		(		`					,
00-	on Form 8582	-		-		22	(	-6,5	520.)	(	<b>F</b> 00	)(		
23a					or all rental prop		• •	• •	23a		500.	-		
b					or all royalty pro			• •	23b					
C d		of all amounts reported on line 12 for all properties        23c         of all amounts reported on line 18 for all properties        23d												
d			•		for all properties				23d		7 0 2 0			
е 24			•		on line 21. <b>Do n</b>		 ude anv		23e		7,020.			
24 25					d rental real esta				nter tot		. 24 re. 25	(	6	520.)
												1	υ,	520.)
26					come or (loss). page 2 do not									
					se, include this a								-6	,520.

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

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

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_	<b>B867</b>	Paid Preparer's Due Diligence Checklist		OMB No. 1545-00			
Form		Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) a Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing St	nd tatus	2020			
	nent of the Treasury Revenue Service	<ul> <li>To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR</li> <li>Go to www.irs.gov/Form8867 for instructions and the latest informat</li> </ul>		Attach Seque	nment ence No.	70	
Тахрауе	er name(s) shown or	n return	Taxpayer identi	fication n	umber		
PANI	KAJ V & RAS	SHMI P CHAVAN	052-02-0	962			
Enter pr	eparer's name and	PTIN					
SYAI	M PRIYA RAN	I SAGAR GUPTA TALLAM	P0208270	3			
Part	Due Dili	gence Requirements					
		propriate box for the credit(s) and/or HOH filing status claimed on the return					
for the	. ,	ned (check all that apply).		AOTC		НОН	
1		blete the return based on information for tax year 2020 provided by the tained by you?		Yes X	No	N/A	
2	worksheets fo	claimed on the return, did you complete the applicable EIC and/or CTC und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions eet found in the Form 8863 instructions, or your own worksheet(s) that provid	s, and/or the				
	information, ar	nd all related forms and schedules for each credit claimed?		×			
3	Did you satisfy the following.	/ the knowledge requirement? To meet the knowledge requirement, you mus	st do both of				
		at the taxpayer, ask questions, and contemporaneously document the taxpayer's r at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	esponses to				
		mation to determine that the taxpayer is eligible to claim the credit(s) and/c o figure the amount(s) of any credit(s)	•	X			
4	information re	mation provided by the taxpayer or a third party for use in preparing th asonably known to you, appear to be incorrect, incomplete, or inconsisten ons 4a and 4b. If <b>"No,"</b> go to question 5.)	t? (If <b>"Yes,"</b>		X		
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent inforr	nation? .				
b	you asked, wh	emporaneously document your inquiries? (Documentation should include the nom you asked, when you asked, the information that was provided, and the d on your preparation of the return.)	e impact the				
5	keep a copy applicable wo 8867 and any	y the record retention requirement? To meet the record retention requirement of your documentation referenced in 4b, a copy of this Form 8867, a c rksheet(s), a record of how, when, and from whom the information used to p applicable worksheet(s) was obtained, and a copy of any document(s) pro- you relied on to determine eligibility for the credit(s) and/or HOH filing status	repare Form vided by the				
	the amount(s)	of the credit(s)		×			
	List those doc	uments provided by the taxpayer, if any, that you relied on:					
6	credit(s) and/c	e taxpayer whether he/she could provide documentation to substantiate elig or HOH filing status and the amount(s) of any credit(s) claimed on the retu ted for audit?					
7		e taxpayer if any of these credits were disallowed or reduced in a previous ye	 ar?	×			
7	•	e taxpayer if any of these credits were disallowed or reduced in a previous ye re disallowed or reduced, go to question 7a; if not, go to question 8.)	aií				
~							
a							
8	correct Sched	is reporting self-employment income, did you ask questions to prepare a coule C (Form 1040)?					

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

Form 88	367 (2020)			Page <b>2</b>					
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)						
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A					
	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?								
с	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?								
Part		claim (	CTĊ, A	CTC,					
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A					
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?								
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar								
	statement to the return?	×.							
Part		-							
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?		Yes	No					
Part			o Part '	VI.)					
14									
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?								
Part	You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:			-					
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);								
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	ny app	licable					
	C. Submit Form 8867 in the manner required; and								
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under					
	1. A copy of this Form 8867.								
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.								
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	-	-						
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>								
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount								
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for ea	ch failu	re to					
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correc	t, and	Yes	No					

15	Do you certify	/ that	all	of	the	ans	wers	s on	this	Forn	n 886	67 are	e, to	o the	best	: of	your	knc	owle	dge	, tru	e,	cori	rec	t, a	and	Yes	No	)
	complete?																										×		
																R	EV 01	/15/21	PRO							I	Form <b>88</b>	<b>67</b> (202	20)





For the year Jan. 1-Dec. 31, 2020, or other tax year

E					. 31, 2020, of other ta	,				
6	Check here if an amended return				, 20					
STAPLE	Your legal last name CHAVAN	Legal first name PANKAJ		м.і. V	Your social security numbe					
NOT S1	lf a joint return, spouse's legal last name CHAVAN	Spouse's legal first nam RASHMI	e	м.і. Р	Spouse's social security no 956999131	umber				
DO	Home address (number and street). If you have 17 SUMMERVIEW CT	a PO Box, see page 11.	Apt. no.		Tax district					
~	City or post office	State	Zip code			Il in either the name of the and the county in which you				
turr	MADISON	WI	53704		lived at the end of 20					
ıg re	Filing status Check 🗸 below				_X_ City	y Village Town				
blin	Single				City, village, or town MADISON					
sem	X Married filing joint return	Legal <b>last</b> name								
e as	Married filing separate return.	Logariation			County of DANE	<u> </u>				
befor	Fill in spouse's SSN above and full name here	Legal <b>first</b> name		M.I.	School district num	nber See page 43 2443				
See page 5 before assembling return	Lead of household, NOT married (see page 12).	d If married, fill in s SSN above and fu			Special conditions					
See	L Head of household, married (see page 12).	th return (see page 9)								
	Use BLACK Ink   Print numbers	like this $\rightarrow 0 \mid 23$ 4	+56789 №	ot like	e this $\rightarrow \emptyset 147 \bullet$	NO COMMAS; NO CENTS				
			_	_						
	1 Federal adjusted gross income (se	ee page 12)				00				
	Form W-2 wages included in lin	e1	· · · · · · · · · • ·		98612.00					
	2 Total additions to income from Sc	2	.00							
	<b>3</b> Add lines 1 and 2					91892.00				
	4 Total subtractions from income fro	om Schedule SB, line	e 47. Enter as a	positiv	ve number 4	.00				
	5 Subtract line 4 from line 3. This is	your Wisconsin inco	ome		5	91892.00				
	6 Standard deduction. See table or If someone else can claim you (or y	n page 34, <b>OR</b> vouse) as a depe	endent, see page	 e 14 ar		<u>6873.00</u>				
	7 Subtract line 6 from line 5. If line 6	is larger than line 5	, fill in 0			85019 <sub>.00</sub>				
~	8 Exemptions (Caution: See page	e 14)								
ه ا	<b>a</b> Fill in exemptions allowed		3 x \$700	8	a2100 .00	<u>)</u>				
t her	<b>b</b> Check if 65 or older You	+ Spouse =	x \$250	8	<b>b</b> .00	<u>)</u>				
CLIP payment here	<b>c</b> Add lines 8a and 8b				80	c2100.00				
P pa	9 Subtract line 8c from line 7. If line	8c is larger than line	7, fill in 0. This i	s taxa	ble income 9	82919.00				
R CLI	<b>10</b> Tax (see table on page 36)				10	4507.00				

2020

2020	Form 1 Name PANKAJ V & RASHMI P CHAVAN	SSN 052020962	Page 2 of 4
		<u>NO</u> COM	MAS; <u>NO</u> CENTS
11	Itemized deduction credit. Enclose Schedule 1, page 4	11	0.00
12	Armed forces member credit (must be stationed outside U.S. See page 16)		.00
13	School property tax credit		
	a Rent paid in 2020 – heat included       .00       Find credit from         Rent paid in 2020 – heat not included       12000.00       Find credit from         Eind credit from       12000.00       Find credit from	a <u>300.00</u>	
	b Property taxes paid on home in 202000 Find credit from table page 19 . 13		
14	Working families tax credit (see page 19) 14	0.00	
15	Married couple credit. Enclose Schedule 2, page 4 15	.00	
16	Nonrefundable credits from line 34 of Schedule CR 16	.00	
17	Net income tax paid to another state. Enclose Schedule OS 17	.00	
	Add lines 11 through 17		300.00
	Subtract line 18 from line 10. If line 18 is larger than line 10, fill in 0. This is ye		4207.00
20	Sales and use tax due on internet, mail order, or other out-of-state purchase If you certify that no sales or use tax is due, check here	•s (see page 22) <b>20</b>	.00
21	Donations (decreases refund or increases amount owed)		
	a Endangered resources00 e Military family relief	00	
	b Cancer research	mer00	
	c Veterans trust fund00 g Red Cross WI Disaster Re	lief	
	d Multiple sclerosis	sin00	
	Total (add lines a	through h) 🕨 21i	.00
22	Penalties on IRAs, retirement plans, MSAs, etc. (see page 24)	.00 × .33 = 22	.00
23	Other penalties (see page 24)		.00
24	Add lines 19, 20, 21i, 22 and 23		4207.00
25	Wisconsin tax withheld. Enclose withholding statements 25	5807.00	
26	2020 estimated tax payments and amount applied from 2019 return 26	.00	
27	Earned income credit. Number of qualifying children		
	Federal       .00 x % =	.00	
20			
20	Farmland preservation credit. <b>a</b> Schedule FC, line 17 <b>28</b>		
	<b>b</b> Schedule FC-A, line 13 <b>28</b>	bd	
29	Repayment credit (see page 26) 29	.00	



2020	) Form 1								F	Page 3 of 4
Nan	ne(s) shown	on Fo	rm 1					Your socia	al security numb	er
PZ	ANKAJ	V ð	RASHMI I	P CHAVAN				05202	20962	
								NO	COMMAS; N	IO CENTS
30	Homest	ead o	redit. Enclose S	Schedule H or H-EZ			.0	0		
31	Eligible	veter	ans and survivir	ng spouses propert	/ tax credit 3		.0	0		
32	Refunda	able c	redits from Sched	ule CR, line 40. Enclo	ose Schedule CR	32	.0	0		
33	AMEND	ED R	ETURN ONLY-	Amounts previously	paid (see page 29)		.0	0		
34	Add line	es 25	through 33				5807_0	0		
35	AMEND	ED R	ETURN ONLY-	Amounts previously ref	Inded (see page 30)	35	.0	0		
36	Subtrac	t line	35 from line 34					. 36		5807.00
37				4, subtract line 24 fr VERPAID				. 37		1600.00
38	Amount	of lir	ie 37 you want <b>F</b>	REFUNDED TO YO	U			. 38		1600.00
39	Amount <b>APPLIE</b>	of lin	ie 37 you want <b>) YOUR 2021 E</b>	STIMATED TAX	;	39	0.0	0		
40	If line 30 This is t	6 is s he <b>A</b>	maller than line MOUNT YOU O	24, subtract line 36 <b>WE</b> . Paper clip pay	from line 24. ment to front of	eturn		. 40		.00
41	Underpa Also inc	ayme lude	nt interest. Fill in on line 40 (see p	exception code-See bage 31)	Sch. U 4	11	.0	0		
Thi Pai Des		Des	nt to allow another ignee's ie ►	person to discuss this re	eturn with the depart Phone no. ▶	nent <i>(see page</i> 3	Persor	al	te the following.	X No

## Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.

## Sign here

	Under penalties of law,	I declare that this return and all attachments are true, correct,	and complete to th	he best of my knowledge and belief.
Your signature		Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone
				6084695812

I-010ai

Mail your return to:	Wisconsin Department of Revenue
If tax due	PO Box 268, Madison WI 53790-0001
If refund or no tax due	PO Box 59, Madison WI 53785-0001
If homestead credit claimed	PO Box 34, Madison WI 53786-0001

# Do Not Submit Photocopies



### NO COMMAS; NO CENTS

SSN 052020962

## Schedule 1 – Itemized Deduction Credit (see page 15)

1	Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions.	. 1_	.00
2	Interest paid from federal Schedule A (Form 1040 or 1040-SR). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction		.00
3	Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	3	200.00
4	Casualty losses from federal Schedule A (Form 1040 or 1040-SR)	. 4_	.00
5	Add lines 1 through 4	. 5	200.00
6	Fill in your standard deduction from line 6 on page 1 of Form 1	. 6	6873 <sub>.00</sub>
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	. 7_	0.00
8	Rate of credit is .05 (5%)	. 8_	x .05
9	Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1	. 9_	0.00

### You must submit this page with Form 1 if you claim either of these credits

### Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 20)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

		(A) YOURSELF	(B)	SPOUSE
<u>1</u>	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income <b>1</b>	.00		.00
<u>2</u>	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income <b>2</b>	.00		.00
3	Combine lines 1 and 2. This is earned income	.00		.00
<u>4</u>	Add the amounts from federal Form 1040 or 1040-SR, <b>Schedule 1</b> , lines 11, 15, and 19, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18)(D) pension plans, included in line 22, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income	.00		.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	.00		.00
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000	6	.00	
7	Rate of credit is .03 (3%).	7	x .03	
8	Multiply line 6 by line 7. Fill in here and on line 15 on page 2 of Form 1		.00	Do not fill in more than \$480.



E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	202	20	OMB No. 1545	5-0074	IRS U	se Only	–Do not	write or staple	e in this space.
Filing Status Check only one box.	lf yo	Single $\mathbf{X}$ Married filing jointly u checked the MFS box, enter the n on is a child but not your dependent	ame of	-			)  Head of ked the HOH c						
Your first name	and mi	iddle initial	Last na	me							Your s	ocial secur	ity number
PANKAJ V	7		CHAV	7AN							052-	02-096	2
lf joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	e's social se	curity number
RASHMI I	2		CHAV	7AN							956-	99-913	1
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				1	Apt. no.		Presid	ential Elect	ion Campaign
17 SUMMI	ERVI	EW CT							A			here if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	paces be	low.	Sta	ate	ZIP c	ode				ntly, want \$3 Checking a
MADISON						W	I	537	704		Ŭ	low will no	•
Foreign country	/ name		1	Foreign p	rovince/state	e/coun	ty	Forei	gn postal	code	your ta	x or refund	
												You	Spouse
At any time du	ring 20	020, did you receive, sell, send, excl	hange, c	or other	vise acquir	e any	financial intere	est in a	any virti	ual cu	irrency?	Yes	🗙 No
Standard Deduction	_	eone can claim:  You as a de Spouse itemizes on a separate retur	•		•		a dependent						
Age/Blindness	You:	🛛 🗌 Were born before January 2, 1	956	Are b	lind Sp	ouse	: 🗌 Was bo	rn bef	ore Jan	uary 2	2, 1956	🗌 ls b	lind
Dependents	s (see	instructions):		(2)	Social securi	ty	(3) Relations	qir	(4) (	if q	ualifies fo	or (see instru	uctions):
If more		irst name Last name			number		to you			l tax c		1	ther dependents
than four	ADV	VIK P CHAVAN		961	-90-82	16	Son						X
dependents,													
see instruction and check	s —												
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1		98,612.
Attach	2a	Tax-exempt interest	2a			bТ	axable interes	t.			. 2	b	
Sch. B if required.	3a	Qualified dividends	3a			ЬC	Ordinary divide	nds .			. 3	b	
	4a	IRA distributions	4a			bТ	axable amour	ıt			. 4	b	
	5a	Pensions and annuities	5a			bТ	axable amour	ıt			. 5	b	
Standard	6a	Social security benefits	6a			bТ	axable amour	ıt			. 6	b	
Deduction for –	7	Capital gain or (loss). Attach Sche	dule D if	f require	d. If not red	quired	l, check here				7	,	
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lin	e9.								. 8	3	-6,520.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	our <b>total in</b>	come					► 9	)	92,092.
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	the star	ndard de	duction. Se	e inst	ructions 10	b		20	0.		
Head of	с	Add lines 10a and 10b. These are	your <b>to</b> l	tal adju	stments to	inco	me				▶ 10	c	200.
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	adjuste	d gross ind	ome					▶ 1	1	91,892.
<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized deductions (from Schedule A)								. 1:	2	24,800.	
any box under Standard	13	Qualified business income deduct	ion. Atta	ach Forn	n 8995 or F	orm 8	3995-A				. 1	3	
Deduction, see instructions.	14	Add lines 12 and 13									. 1	4	24,800.
	15	Taxable income. Subtract line 14	from lin	e 11. lf:	zero or less	, ente	er-0				. 1	5	67,092.

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

Form 1040 (2020	))										Page	2
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 497	2	3			16	7,654.	_
	17	Amount from Schedule 2, lir	ne3							17		_
	18	Add lines 16 and 17 .								18	7,654.	
	19	Child tax credit or credit for	other dependen	ts						19	500.	,
	20	Amount from Schedule 3, lir	ne7							20		_
	21	Add lines 19 and 20								21	500.	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	7,154.	,
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10					23	0.	_
	24	Add lines 22 and 23. This is	your <b>total tax</b>						. 🕨	24	7,154.	_
	25	Federal income tax withheld	from:									_
	а	Form(s) W-2				.	25a	8,4	<b>1</b> 17.			
	b	Form(s) 1099				. [	25b					
	с	Other forms (see instruction	s)			. [	25c					
	d	Add lines 25a through 25c								25d	8,417.	
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 return .					26		_
qualifying child,	27	Earned income credit (EIC)				.	27					_
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		. [	28					
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		. [	29					
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			. [	30	1,2	200.			
	31	Amount from Schedule 3, lir	ne 13			. [	31					
	32	Add lines 27 through 31. These are your total other payments and refundable credits									1,200.	
	33	Add lines 25d, 26, and 32. T	33	9,617.	_							
Refund	34	If line 33 is more than line 24								34	2,463.	_
neiuliu	35a	Amount of line 34 you want	refunded to you	<b>J.</b> If Form 8888	3 is attached, o	checl	k here .	)		35a	2,463.	
Direct deposit?	►b	Routing number 0 2 1			<b>c</b> Type:		Checking	🗌 Sa	vings			_
See instructions.	►d	Account number 4 8 3							Ū			
	36	Amount of line 34 you want a					36					
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b>	ount vou owe	now					37		_
You Owe		Note: Schedule H and Sch		-								
For details on		2020. See Schedule 3, line 1				u 0.		<i>j</i> ea en				
how to pay, see instructions.	38	Estimated tax penalty (see ir	nstructions) .				38					
Third Party	Do	you want to allow another				RS?	See					_
Designee		tructions	•					es. Com	plete b	elow.	🗙 No	
		signee's		Phone					al identifi	cation		_
		ne 🕨		no. 🕨					(PIN)			
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		· · ·			Your occupation			Simation			nt you an Identity	
	, TO	ur signature		Date	Your occupation	on					N, enter it here	
Joint return?					SOFTWAR	E El	NGINEEF	ર	(see ir	nst.) 🕨		٦
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occu	upatio	n				nt your spouse an	
Keep a copy for your records.	·									· ·	ection PIN, enter it he	re
your rocordo.					HOME MAI	KER			(see ii	nst.) 🕨		
		one no.	Duran and 1	Email address			Data					
Paid		parer's name	Preparer's signat				Date				Check if:	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALI	JAM	01/24/2	UZT   D	02082		Self-employed	
Use Only		m's name ► GLOBAL TA		'	a	4 7					678)965-9522	_
		m's address ► 2530 Pebb		n Cummin		4⊥			Firm's	S EIN 🕨		_
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA		REV 01/15/	21 PRO			Form <b>1040</b> (20)	20)

SCHEDULE	1
(Form 1040)	

## Additional Income and Adjustments to Income

OMB No. 1545-0074

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

	Attachment Sequence No. <b>01</b>
Your soc	ial security number
052-02	-0962

1

Department of the Treasury Internal Revenue Service

Name	) shown on Form 1040, 1040-SR, or 1040-NR	
PANI	AJ V & RASHMI P CHAVAN	
Par	I Additional Income	
	Taxable refunds, credits, or offsets of state and local income taxes.	

		•	
<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	-6,520.
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	-6,520.
Par	t II Adjustments to Income		

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	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/15/21 PRO	Schedu	le 1 (Form 1040) 2020

Dopartm	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.																	
	Revenue Service (99)		Attachment Sequence No. 13															
Name(s)	shown on return										Your se	Your social security number						
PANK	AJ V & RASHI	MI P	CHAV	AN							052-	-02-096	52					
Part	Income or	Loss	From	Rental Rea	al Estate and	Royaltie	s Note	: If you	are in th	e business c	of renting	personal p	roperty, use					
		. See i	nstructio	ons. If you a	e an individual, i	report far	m rental i	ncome	or loss f	rom Form 48	335 on pa	ge 2, line 4	40.					
A Dic	l you make any pa	avmei	nts in 20	)20 that wo	uld require vou	u to file F	orm(s) 1	099? 5	See inst	ructions .		· · · · ·	Yes 🔀 No	,				
	Yes," did you or v												Yes 🗌 No					
1a	Physical addres	ss of e	each pro	operty (stre	et. citv. state.	ZIP cod	e)											
Α	KUKATPALLY			1 2 (			- /											
В																		
С																		
1b	Type of Prope	erty	<b>2</b> F	or each ren	tal real estate p	property	listed		Fair	Rental	Perso	nal Use	0.11/					
	(from list belo		al	ove repor	Days	Da	ays	QJV										
Α	3		p	ersonal use	days. Check the requirement	365		0										
В			q	ualified join	t venture. See i	nstructio	ns.	В				-						
С							-	С										
	of Property:							-										
	le Family Reside	nce	3 V	acation/Sh	ort-Term Renta	al 5 La	Ind		7 Self-	Rental								
-	i-Family Residen		4 C	ommercial		6 R	oyalties		8 Othe	r (describe)	)							
Incom					Propertie		Í	Α		E			С					
3	Rents received					3			500.									
4	Royalties receive					4												
Expen																		
5	Advertising .					5			120.									
6	Auto and travel (					6			250.									
7	Cleaning and ma			-		7												
8	Commissions.					8												
9	Insurance					9												
10	Legal and other					10												
11	Management fee	-				11												
12	Mortgage interes					) 12												
13	Other interest.	-				13		6,	500.									
14	Repairs					14			150.									
15	Supplies					15												
16	Taxes					16												
17	Utilities					17												
18	Depreciation exp					18												
19	Other (list) 🕨					19												
20	Total expenses.	Add I				20		7,	020.									
21	Subtract line 20	from	line 3 (r	ents) and/o	or 4 (royalties).	lf												
	result is a (loss),																	
	file Form 6198					21		-б,	520.									
22	Deductible renta	al real	estate	loss after l	imitation, if an	y,												
	on Form 8582 (s	see in	structio	ns)		22	(	-6,5	520.)	(		)(		)				
23a	Total of all amou		-		-	-			23a		500	•						
b	Total of all amou	unts re	eported	on line 4 fe	or all royalty pr	operties			23b			_						
С	Total of all amou		-						23c									
d	Total of all amou		-						23d									
е	Total of all amou		-						23e		7,020	•						
24	Income. Add po						-				. 24	4						
25	Losses. Add roya	alty los	sses froi	m line 21 an	d rental real est	ate losse	es from lir	ne 22. E	Inter tot	al losses her	e. 25	5 (	6,520.	. )				
26	Total rental rea	l esta	ate and	royalty in	come or (loss	s). Comb	oine lines	s 24 ar	nd 25. E	Enter the rea	sult							
	here. If Parts II,																	
	Schedule 1 (Forr	m 104	0), line	5. Otherwi	se, include this	s amoun	t in the t	otal on	line 41	on page 2	. 26	6	-6,520	).				

**Supplemental Income and Loss** 

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

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

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20

_	<b>B867</b> Paid Preparer's Due Diligence Checklist         Earned Income Credit (EIC)       American Opportunity Tax Credit (AOTC)													
Form	Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.													
	nent of the Treasury Revenue Service	Attachment Sequence No. <b>70</b>												
Тахрауе	Taxpayer name(s) shown on return Taxpayer identi													
PANI	KAJ V & RAS	SHMI P CHAVAN	052-02-0	962										
Enter pr	Enter preparer's name and PTIN													
SYAI	SYAM PRIYA RAM SAGAR GUPTA TALLAM P0208270													
Part	Due Dili	gence Requirements												
		propriate box for the credit(s) and/or HOH filing status claimed on the return												
for the	. ,	ed (check all that apply).		AOTC		НОН								
1		blete the return based on information for tax year 2020 provided by the tained by you?		Yes X	No	N/A								
2	worksheets fo	claimed on the return, did you complete the applicable EIC and/or CTC und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions set found in the Form 8863 instructions, or your own worksheet(s) that provid	s, and/or the											
	information, ar	nd all related forms and schedules for each credit claimed?		×										
3	Did you satisfy the following.	/ the knowledge requirement? To meet the knowledge requirement, you mus	t do both of											
		taxpayer, ask questions, and contemporaneously document the taxpayer's r at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	esponses to											
		mation to determine that the taxpayer is eligible to claim the credit(s) and/c	•	X										
4	information re	nation provided by the taxpayer or a third party for use in preparing th asonably known to you, appear to be incorrect, incomplete, or inconsisten ons 4a and 4b. If <b>"No,"</b> go to question 5.)	t? (If "Yes,"		×									
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent inforr	nation? .											
b	you asked, wh	mporaneously document your inquiries? (Documentation should include the nom you asked, when you asked, the information that was provided, and the d on your preparation of the return.)	e impact the											
5	keep a copy applicable wo 8867 and any	/ the record retention requirement? To meet the record retention requirement of your documentation referenced in 4b, a copy of this Form 8867, a c ksheet(s), a record of how, when, and from whom the information used to p applicable worksheet(s) was obtained, and a copy of any document(s) pro- you relied on to determine eligibility for the credit(s) and/or HOH filing status	copy of any repare Form vided by the											
	the amount(s)	of the credit(s)		×										
	List those doc	uments provided by the taxpayer, if any, that you relied on:												
6	credit(s) and/c	e taxpayer whether he/she could provide documentation to substantiate elig or HOH filing status and the amount(s) of any credit(s) claimed on the return red for audit?												
7		e taxpayer if any of these credits were disallowed or reduced in a previous ye	 ar?	×	 									
7	•	e taxpayer if any of these credits were disallowed or reduced in a previous ye e disallowed or reduced, go to question 7a; if not, go to question 8.)	ai:											
~														
a														
8	correct Sched	is reporting self-employment income, did you ask questions to prepare a coule C (Form 1040)?												

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

Form 8	367 (2020)			Page <b>2</b>
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?			
Part			 Part \	
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quituition and related expenses for the claimed AOTC?	alified	Yes	No
Part			o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta	-	Yes	No
Part	and provided more than half of the cost of keeping up a home for the year for a qualifying person? Eligibility Certification			
rart	<ul> <li>You will have complied with all due diligence requirements for claiming the applicable credit(s) a status on the return of the taxpayer identified above if you:</li> <li>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's response.</li> </ul>			-
	in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);	s) and/o	or HOH	filing
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	ny app	licable
	<ul> <li>C. Submit Form 8867 in the manner required; and</li> <li>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 <i>Document Retention.</i></li> <li>1. A copy of this Form 8867.</li> </ul>	67 instr	uctions	under
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	r's eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>			
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount			
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for eac	ch failu	re to
15	Do you certify that all of the answers on this Form 8867 are to the best of your knowledge true correct	t and	Yes	No

15	Do you certify	that	all	of	the	ans	wers	s on	this	For	m	886	7 a	re, t	o th	e be	st o	f youi	r kn	owl	edg	e, tr	ue,	cor	rec	:t, 2	and	Yes		No
	complete?																											X		
																		REV 01	/15/2	1 PRC	2						F	orm <b>88</b>	67	(2020)