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.

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number						
TARUN PREET SINGH	848-78-3830						
Spouse's name	Spouse's social security number						
Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are auth)							
Enter whole dollars only on lines 1 through 5.	<u>, , , , , , , , , , , , , , , , , , , </u>						
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income	1 94,756.						
2 Total tax	2 13,913.						
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 18,869.						
4 Amount you want refunded to you	4 5,168.						
5 Amount you owe	5						
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)							

Under penalties of periury. 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

GLOBAL TAXES	LLC	to enter or generate my PIN
olobin mining	==0	to ontor of generate my i m

8	3	8	3	0	as mv
Ent don					

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

X I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's sign	ature 🕨 🛛 Da	ate 🕨					 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	ertification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		6 all ze	 9	8	9

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨	Date 🕨	
Don't		
For Denominary Deduction Act Nation	DEV/ 04/25/24 DDO	Earm 8879 (Bay, 01 2021)

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	20	20	OMB No. 1545	5-0074	IRS Use	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	-	separately ouse. If you	. ,				,		, ,	. , . ,
Your first name	and m	iddle initial	Last na	ame							Your so	ocial securi	ty number
TARUN PI	REET		SING	GH							848-	78-383	0
lf joint return, s	pouse's	s first name and middle initial	Last na	ame							Spouse	's social se	curity number
Home address 830 NE	`	er and street). If you have a P.O. box, see AVE	instruct	ions.				A U	pt. no. J		Check	here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	te	ZIP co	de				ntly, want \$3
HILLSBO	RO					OI	ર	971	24			low will not	Checking a change
Foreign country	/ name			Foreign p	rovince/stat	e/coun	ty	Foreig	n postal o	code		x or refund	0
At any time du	ring 20	020, did you receive, sell, send, excl	nange, o	or otherv	vise acquii	re any	financial intere	est in a	ny virtu	al cu	rrency?		X No
Standard Deduction Age/Blindness		eone can claim: You as a de Spouse itemizes on a separate retur : Were born before January 2, 1	n or you		dual-statu			rn befc	ore Janu	ary 2	2, 1956	🗌 ls b	lind
Dependents	s (see	instructions):		(2)	Social secur	rity	(3) Relationsh	nip	(4) 🖌	if q	ualifies fo	or (see instru	uctions):
If more	(1) F	irst name Last name			number		to you		Child	tax ci	redit	Credit for ot	her dependents
than four													
dependents, see instruction	s												
and check													
here 🕨 🔝													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .	· · ·						. 1	1	00,106.
Attach Sch. B if	2a	Tax-exempt interest	2a			bТ	axable interes	t.			. 2 b)	
required.	3a	Qualified dividends	3a			bC	Ordinary divide	nds .			. 3b)	
	4a	IRA distributions	4a			bΤ	axable amoun	it		•	. 4b)	
	5a	Pensions and annuities	5a			bТ	axable amoun	it			. 5b)	
Standard Deduction for –	6a	,	6a				axable amoun	it		• _	. 6b)	
Single or	7	Capital gain or (loss). Attach Schee		f require	d. If not re	quired	, check here				7		
Married filing separately,	8	Other income from Schedule 1, lin								•	. 8		-5,350.
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. ⁻	This is yo	our total in	come				•	▶ 9	_	94,756.
 Married filing jointly or 	10	Adjustments to income:					1	I					
Qualifying	а										_		
widow(er), \$24,800	b	Charitable contributions if you take						b					
 Head of household, 	С	Add lines 10a and 10b. These are	•	-						•	► <u>10</u>	_	
\$18,650	11	Subtract line 10c from line 9. This								•	► <u>11</u>	1	94,756.
 If you checked any box under 	12	Standard deduction or itemized				,							12,400.
Standard	13	Qualified business income deduction											
Deduction, see instructions.	14	Add lines 12 and 13											12,400.
	15	Taxable income. Subtract line 14	trom lir	ne 11. lf :	zero or les	s, ente	er-0			•	. 15	•	82,356.

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

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3]		. 16	13,913.
	17	Amount from Schedule 2, lir	ie3							. 17	
	18	Add lines 16 and 17								. 18	13,913.
	19	Child tax credit or credit for	other dependen	ts						. 19	
	20	Amount from Schedule 3, lir	ie7							. 20	
	21	Add lines 19 and 20								. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						. 22	13,913.
	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 total tax							▶ 24	13,913.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	18	3,869	€.	
	b	Form(s) 1099					25b)			
	с	Other forms (see instructions	s)				250	;			
	d	Add lines 25a through 25c								. 25d	18,869.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 retur	n				. 26	
qualifying child,	27	Earned income credit (EIC)			¹	Nọ .	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30		212	2.	
	31	Amount from Schedule 3, lir	ie 13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	d refund	lable c	redits .		▶ 32	212.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments						▶ 33	19,081.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is t	he amo	unt you	overpaid		. 34	5,168.
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attac	hed, che	eck her	е	. 🕨 [35a	5,168.
Direct deposit?	►b	Routing number 3 2 5	0 7 0 7	6 0	► c Ty	/pe: 🕨	Cheo	cking	Saving	gs	
See instructions.	►d	Account number 3 3 1	2 6 5 7	5 8							
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax .	. 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .					37	
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	ot repre	esent all	of the	taxes you	owe f	or	
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instr	uctions for det	ails.			1			
instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38				
Third Party		you want to allow another									
Designee		tructions					. 🕨	U Yes. C	•		× No
		signee's ne ►		Phone no.					sonal ide ber (PII	entification	
Cian		der penalties of perjury, I declare t	hat I have examine		1 accomp	anvina so	hedules		,	,	st of my knowledge and
Sign		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your oc	cupation			lf	the IRS se	nt you an Identity
		C C C C C C C C C C C C C C C C C C C				·					IN, enter it here
Joint return?						WARE		NEER	`	see inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse	's occupa	ition				nt your spouse an ection PIN, enter it here
your records.										see inst.) ►	
	Ph	one no.		Email address							
		parer's name	Preparer's signat				Date	9	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA	TALLAT		31/2021		082703	Self-employed
Preparer		n's name ► GLOBAL TA					- • - /	,			(678)965-9522
Use Only		n's address ► 2530 Pebb		n Cummin	a GP	30041				irm's EIN	
Go to www.irc.or		1040 for instructions and the late			-	AA		V 01/2E/24 DD			Form 1040 (2020)
		TO T	semiorination.		B.	AA .	RE	V 01/25/21 PR	0		10000 1070 (2020)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2020
Attachment Sequence No. 01

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
TARUN PREET SINGH	848-78-3830
Part I 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	-5,350.
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	-5,350.
Par	line 8	5	-5,550.
10		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		
For Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	Schedule	1 (Form 1040) 2020
			,

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

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

Department of the Treasury Internal Revenue Service (99)

Name(s)	shown	on	return

				,			,		, -			
o to www.i	rs.go	v/Scl	hedule	E foi	r ins	struc	tions	and	the	latest	inform	atio

	5 5, etc.)		2020								
on.			Attachment Sequence No. 13								
Your social security number											
			2020								

TARU	N PREET SINGH							84	48-78-383	30
Part		s From Rental Real Estate and Roy instructions. If you are an individual, repo	-							
		nts in 2020 that would require you to ou file required Form(s) 1099?								Yes ⊠ No Yes □ No
1a		each property (street, city, state, ZIF								
Α		GAR HYDERABAD TELANGANA		,						
В										
С										
1b	Type of Property (from list below)	2 For each rental real estate prop above, report the number of fa	ir rent	al and		Fair Rental I Days			sonal Use Days	QJV
Α	3	personal use days. Check the if you meet the requirements to	o file a	sa	Α		365		0	
В		qualified joint venture. See inst	ructio	ns.	В					
С					С					
Туре	of Property:	-			I					
	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd	7	' Self-	Rental			
2 Mul	ti-Family Residence	4 Commercial	6 Ro	valties	8	8 Othe	r (describe))		
Incom	ie:	Properties:		ĺ	Α		E			С
3	Rents received		3		6	550.				
4	Royalties received .		4							
Expen										
5	Advertising		5		1	L00.				
6	Auto and travel (see in	nstructions)	6		3	300.				
7	Cleaning and mainter	nance	7							
8	Commissions		8							
9	Insurance		9							
10	Legal and other profe	essional fees	10							
11	Management fees .		11							
12	Mortgage interest pai	d to banks, etc. (see instructions)	12							
13	Other interest		13		5,5	500.				
14	Repairs		14		1	L00.				
15	Supplies		15							
16	Taxes		16							
17	Utilities		17							
18	Depreciation expense	e or depletion	18							
19	Other (list) ►		19							
20	Total expenses. Add	lines 5 through 19	20		6,0	000.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see	instructions to find out if you must								
	file Form 6198		21		-5,3	350.				
22	Deductible rental real on Form 8582 (see in	l estate loss after limitation, if any, structions)	22	(-5,3	50.)	()()
23a	Total of all amounts re	eported on line 3 for all rental prope	rties			23a		6	50.	
b	Total of all amounts re	eported on line 4 for all royalty prop	erties			23b				
С		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d				
е		eported on line 20 for all properties				23e		6,0	00.	
24		e amounts shown on line 21. Do no							24	
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losse	s from line	e 22. En	nter tota	al losses her	е.	25 (5,350.)
26	here. If Parts II, III, I	ate and royalty income or (loss). (V, and line 40 on page 2 do not a 40), line 5. Otherwise, include this ar	apply	to you,	also e	nter th	nis amount	on	26	-5,350.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

	8582 Passive Activity Loss Limitations								
Form UUUL > See separate instructions. Department of the Treasury > Attach to Form 1040, 1040-SR, or 1041. Internal Revenue Service (99) > Go to www.irs.gov/Form8582 for instructions and the latest information.							2020 Attachment Sequence No. 858		
	evenue Service (99)	Identi	_	iumber					
. ,	N PREET SII			-3830					
Part		ssive Activity Loss			010	70	5050		
Turt		Complete Worksheets 1, 2, and 3 before completing Part I.							
Rental		Activities With Active Participation (For the definition of ac	tive nar	ticination	992				
		r Rental Real Estate Activities in the instructions.)	live pai	ticipation,	300				
-		net income (enter the amount from Worksheet 1, column (a)) .	1a		0.				
		net loss (enter the amount from Worksheet 1, column (b))	1b (5,3					
		allowed losses (enter the amount from Worksheet 1, column (c))	1c ()				
	-	1a, 1b, and 1c			(1d	-5,350.		
		ation Deductions From Rental Real Estate Activities				-	0,0001		
2a	Commercial re	vitalization deductions from Worksheet 2, column (a)	2a ()				
		lowed commercial revitalization deductions from Worksheet 2,	- (
		· · · · · · · · · · · · · · · · · · ·	2b ()				
	Add lines 2a ar				(2c	(
All Oth	er Passive Act						,		
3a	Activities with r	net income (enter the amount from Worksheet 3, column (a)) .	3a						
		net loss (enter the amount from Worksheet 3, column (b))	3b ()				
		allowed losses (enter the amount from Worksheet 3, column (c))	3c ()				
	-	3a, 3b, and 3c			(3d			
		es are allowed, including any prior year unallowed losses entered			r 3c.		E 2E0		
	Report the loss If line 4 is a los	es on the forms and schedules normally used	 art II and e), skip	 I go to Part Parts II and	[: III. d III an	-	to line 15.		
Cautio Part II c	Report the loss If line 4 is a los n: If your filing or Part III. Instea	 es on the forms and schedules normally used	 art II and re), skip re at any	 I go to Part Parts II and / time durir	[: III. d III an	d go	to line 15.		
Cautio	Report the loss If line 4 is a los n: If your filing or Part III. Instea I Special	 es on the forms and schedules normally used	 re), skip e at any Partici	I go to Part Parts II and time durir	[: III. d III an	d go	to line 15.		
Cautio Part II o Part I	Report the loss If line 4 is a los n: If your filing or Part III. Instea Special Note: Ent	 es on the forms and schedules normally used	 re), skip e at any Partici	I go to Part Parts II and time durir	[: III. d III an	d go year,	to line 15. do not comple		
Cautio Part II o Part I	Report the loss If line 4 is a los n: If your filing or Part III. Instea Special Note: Ent Enter the smal	 es on the forms and schedules normally used	 re), skip e at any Partici an exan	I go to Part Parts II and time durir tipation mple.	t III. d III an ng the	d go	to line 15. do not comple		
Cautio Part II o Part I 5 6	Report the loss If line 4 is a los n: If your filing or Part III. Instea Special Note: Ent Enter the smal Enter \$150,000	 es on the forms and schedules normally used	 art II and re), skip e at any Partici an exan 6	go to Part Parts II and time durin i pation nple.		d go year,	to line 15. do not comple		
Cautio Part II c Part I 5 6 7	Report the loss If line 4 is a los If line 4 is a los Part III. Instea Special Note: Ent Enter the smal Enter \$150,000 Enter modified	 es on the forms and schedules normally used	 re), skip e at any Partici an exan	I go to Part Parts II and time durir tipation mple.		d go year,	to line 15. do not comple		
Cautio Part II o Part I 5 6 7	Report the loss If line 4 is a los If line 4 is a los Part III. Instea Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i	 es on the forms and schedules normally used	 art II and re), skip e at any Partici an exan 6	go to Part Parts II and time durin i pation nple.		d go year,	to line 15. do not comple		
Cautio Part II o Part I 5 6 7	Report the loss If line 4 is a los If line 4 is a los Part III. Instea Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw	 es on the forms and schedules normally used	 art II and re), skip e at any Partici an exan 6 7	 I go to Part Parts II and time durin ipation mple. 150,00 100,10	t III. d III an ng the 00. 06.	d go year,	to line 15. do not comple		
Cautio Part II c Part I 5 6 7 8	Report the loss If line 4 is a los If line 4 is a los Part III. Instea Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7	 es on the forms and schedules normally used	• • • • • • • • • • • • • • • • • • •	 I go to Part Parts II and time durin ipation mple. 150,00 100,10	t III. d III an ng the 00. 06. 94.	d go year, 5	to line 15. do not comple		
Cautio Part II o Part I 5 6 7 8 9	Report the loss If line 4 is a los If line 4 is a los Part III. Instea Special Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 b	 es on the forms and schedules normally used	rt II and re), skip e at any Partici an exan 6 7 8 arately, s		t III. d III an ng the 00. 06. 94.	d go year, 5 9	to line 15. do not comple 5,350. 24,947.		
Cautio Part II o Part I 5 6 7 8 9 10	Report the loss If line 4 is a los If line 4 is a los Part III. Instea Special Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 b Enter the smal	 es on the forms and schedules normally used	rt II and re), skip e at any Partici an exan 6 7 8 arately, s		t III. d III an ng the 00. 06. 94.	d go year, 5	to line 15. do not comple 5,350. 24,947.		
Cautio Part II o Part I 5 6 7 8 9 10	Report the loss If line 4 is a los If line 4 is a los Part III. Instea Special Special Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 b Enter the smal If line 2c is a lo	 es on the forms and schedules normally used	rt II and re), skip e at any Partici an exan 6 7 8 arately, s	I go to Part Parts II and time durin ipation nple. 150,00 100,10 49,89	t III. d III an ng the 00. 06. 94. tions	d go year, 5 9 10	to line 15. do not comple 5,350 24,947 5,350		
Cautio Part II o Part I 5 6 7 8 9 10	Report the loss If line 4 is a los If line 4 is a los Part III. Instead Part III. Instead Special A Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 b Enter the smal If line 2c is a lo Special A	 es on the forms and schedules normally used	re), skip e at any Partici an exan 6 7 8 arately, s	i go to Part Parts II and time durin ipation nple. 150,00 100,10 49,89 see instruct		d go year, 5 9 10 te Ac	to line 15. do not comple 5,350 24,947 5,350		
Cautio Part II o Part I 5 6 7 8 9 10 Part I	Report the loss If line 4 is a los If line 4 is a los Part III. Instead Part III. Instead Special A Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 b Enter the smal If line 2c is a lo Special A Note: Ent	 es on the forms and schedules normally used	re), skip e at any Partici an exan 6 7 8 arately, s rom Re or Part II	i go to Part Parts II and time durin ipation nple. 150,00 100,10 49,89 see instruct	d III an ng the 00. 06. 94. tions I Esta	d go year, 5 9 10 te Ac s.	to line 15. do not comple 5,350. 24,947. 5,350.		
Cautio Part II o Part I 5 6 7 8 9 10 Part I Part I	Report the loss If line 4 is a los If line 4 is a los If line 4 is a los Part III. Inster Special A Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 b Enter the smal If line 2c is a lo Special A Note: Ent Enter \$25,000	 es on the forms and schedules normally used	re), skip e at any Partici an exan 6 7 8 arately, s rom Re or Part II cely, see	i go to Part Parts II and time durin ipation nple. 150,00 100,10 49,89 see instruct in the instruction	I III. d III an ng the 00. 06. 94. tions tions I Esta ruction	d go year, 5 9 10 te Ac s. 11	to line 15. do not comple 5,350. 24,947. 5,350.		
Cautio Part II o Part I 5 6 7 7 8 9 10 Part I 11 12	Report the loss If line 4 is a los If line 4 is a los Part III. Instead Tote: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 b Enter the smal If line 2c is a lo Tote: Ent Enter \$25,000 Enter the loss f	 es on the forms and schedules normally used	rt II and re), skip e at any Partici an exan 6 7 8 arately, se or Part II rely, see	I go to Part Parts II and time durin ipation nple. 150,00 100,10 49,89 see instruct ontal Real in the instruction	t III. d III an ng the 00. 06. 94. tions tions I Esta ruction	d go year, 5 9 10 te Ac s. 11 12	to line 15. do not comple 5,350. 24,947. 5,350.		
Cautio Part II o Part I 5 6 7 8 9 10 Part I 11 12 13	Report the loss If line 4 is a los If line 4 is a los Part III. Instead Part III. Instead Tote: Ent Enter the small Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 b Enter the small If line 2c is a lo Note: Ent Enter \$25,000 Enter the loss f Reduce line 12	 es on the forms and schedules normally used	rt II and re), skip e at any Partici an exan 6 7 8 arately, se rom Re or Part II rely, see	I go to Part Parts II and time durin ipation nple. 150,00 100,10 49,89 see instruct 	t III. d III an ng the 00. 06. 94. tions tions I Esta ruction	d go year, 5 9 10 te Ac s. 11 12 13	to line 15. do not comple 5,350. 24,947. 5,350.		
Cautio Part II o Part I 5 6 7 8 9 10 Part I 11 12 13 14	Report the loss If line 4 is a los If line 4 is a los Part III. Instea Part III. Instea Special A Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 b Enter the smal If line 2c is a lo Special A Note: Ent Enter \$25,000 f Enter the loss f Reduce line 12 Enter the smal	 es on the forms and schedules normally used	rt II and re), skip e at any Partici an exan 6 7 8 arately, se rom Re or Part II rely, see	I go to Part Parts II and time durin ipation nple. 150,00 100,10 49,89 see instruct 	t III. d III an ng the 00. 06. 94. tions tions I Esta ruction	d go year, 5 9 10 te Ac s. 11 12	to line 15. do not comple 5,350. 24,947. 5,350.		
Cautio Part II C Part II 5 6 7 8 9 10 Part I 11 12 13 14 Part I	Report the loss If line 4 is a los If line 4 is a los Part III. Instead Part III. Instead Part III. Instead Special A Note: Ent Enter the smal If line 10. Otherw Subtract line 7 Multiply line 8 b Enter the smal If line 2c is a lo Special A Note: Ent Enter \$25,000 Enter the loss f Reduce line 12 Enter the smal V Total Lo	 es on the forms and schedules normally used	rely, see	I go to Part Parts II and time durin ipation nple. 150,00 100,10 49,89 see instruct see instruct in the instr instruction	I Esta ruction	d go year, 5 9 10 te Ac s. 11 12 13 14	to line 15. do not comple 5,350. 24,947. 5,350. ctivities		
Cautio Part II C Part II 5 6 7 8 9 10 Part I 11 12 13 14 Part I 15	Report the loss If line 4 is a los If line 4 is a los Part III. Instead Part III. Instead Part III. Instead Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 b Enter the smal If line 2c is a lo Special A Note: Ent Enter \$25,000 Enter the loss f Reduce line 12 Enter the smal V Total Lo Add the incom	es on the forms and schedules normally used	rom Re rom Re	I go to Part Parts II and time durin ipation nple. <u>150,00</u> 100,10 <u>49,89</u> see instruct see instruct in the instruction <u>50,00</u>	I Esta ruction	d go year, 5 9 10 te Ac s. 11 12 13	do not completion 5 , 350 . 24 , 947 . 5 , 350 .		
Cautio Part II 0 Part I 5 6 7 8 9 10 Part I 11 12 13 14 Part I 15 16	Report the loss If line 4 is a los If line 4 is a los Part III. Instead Part III. Instead Part III. Instead Note: Ent Enter the smal Enter \$150,000 Enter modified Note: If line 7 i line 10. Otherw Subtract line 7 Multiply line 8 b Enter the smal If line 2c is a lo II Special A Note: Ent Enter \$25,000 Enter the loss f Reduce line 12 Enter the smal V Total Lo Add the income	 es on the forms and schedules normally used	rely, see	I go to Part Parts II and time durin ipation nple. <u>150,00</u> 100,10 <u>49,89</u> see instruct <u>ental Real</u> in the instruction <u></u> <u></u>	I Esta ruction	d go year, 5 9 10 te Ac s. 11 12 13 14	to line 15. do not comple 5,350. 24,947. 5,350. ctivities		

Caution: The worksheets must be filed with your tax return. Keep a copy for your records. Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

	Currer	nt year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
VIVEKANANDA NAGAR	0.	5,350.			5,350.	
Total. Enter on Form 8582, lines 1a, 1b,						
and 1c	0.	5,350.				

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and			
2b			

Worksheet 3-For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Currer	nt year	Prior years	Overall ga	ain or loss
Name of activity	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4-Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)		(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
VIVEKANANDA NAGAR	E Ln 22	5,350.	1.00000000	5,350.	0.
Total		5,350.	1.00	5,350.	0.

Worksheet 5—Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	



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Oregon Department of Revenue

00462001011555

Office use only

Oregon Individual Income Tax Return for Full-year Residents

			S	ubmit original 1	form–	-do not	submit pl	hotocol	ov					
Fiscal year ending:				J	-					rcode-	do not v	vrite in box	below	
 Amended return. If amending for an NOL, tax year the NOL was generated: Calculated using "as if" federal return. Short-year tax election. Federal disaster relief. Extension filed. Form OR-24. 														
First name	First name Initial Last name							Social S	Security r	no. (SSN))	First time us	sing Appl	 lied
TARUN PREET SINGH							Deceased	848-	-78-	3830		this SSN (se instructions	e for l	
Spouse's first name	Initial	Spouse's la	st name				Deceased	Spouse	e's SSN			First time us this SSN (se instructions	e for l	
Current mailing address	Current mailing address							Date of	f birth (mr	m/dd/yyyy)	Spouse's d	ate of birth	
	VE	APT (1			05/30/1993							
City			State	ZIP code			Country Phone							0.1
HILLSBORO			OR	97124		U	SA					(484) 786-00	01
 Filing status (check only one box) 1. X Single. 2. Married filing jointly. 3. Married filing separately (enter spouse's information above). 4. Head of household (with qualifying dependent). 5. Qualifying widow(er) with dependent child. 				6a.0	Credits	for yourse heck box for spouse	if some	Reg	e can cl ular	aim you	as a depe everely dis	abled 6a.	Total	
Dependents. List your d with your return.	epenc	lents in ord	er from yo	ungest to olde	⊐ st. If r	nore tha	an four, ch	eck this	s box [a	nd includ	de Schedu	e OR-ADD-DEP	1
First name			Last nan	ne		Code*	Depe	endent's	SSN		Dependent's date of birth (mm/dd/yyyy)		Check if child wi qualifying disabil	
*Dependent relationship code	(see in	structions).												
6c. Total number of depen6d. Total number of depen6e. Total exemptions. Add	idents ident c	children with	n a qualify	ing disability (s	ee ins	struction	າຣ)						6d.	1

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Oregon Department of Revenue



-	11-05-20 ver. 01)			
Name				
TA	RUN PREET SINGH 84	48-78-3830		
Note	: Reprint page 1 if you make changes to this page.			
Таха	ible income			
7.	Federal adjusted gross income from federal Form 1040, 1040-SR, and	d 1040-NR, line 11;		
	or 1040-X, line 1C (see instructions)			94,756.00
8.	Total additions from Schedule OR-ASC, section 1		8.	
9.	Income after additions. Add lines 7 and 8			94,756.00
Sub	tractions			
10.	2020 federal tax liability. See instructions for the correct amount: \$	0-\$6.950		6,950.00
11.	Social Security included on federal Form 1040 or 1040-SR, line 6b			·
12.	Oregon income tax refund included in federal income			
13.	Total subtractions from Schedule OR-ASC, section 2			
14.	Total subtractions. Add lines 10 through 13			6,950.00
15.	Income after subtractions. Line 9 minus line 14			87,806.00
			20 1/	
16.	c		•	0 00
	are not itemizing your deductions, enter 0			0.00
17.	Standard deduction. Enter your standard deduction (see instructions	5)	17.	2,315.00
	You were: 17a. 65 or older 17b. Blind Your spous	se was: 17c. 🗌 65 c	or older 17d. 🗌 Blind	
18.	Enter the larger of line 16 or 17		18	2,315.00
19.	Oregon taxable income. Line 15 minus line 18. If line 18 is more than I			85,491.00
	gon tax			2 002 00
20.	Tax. Check the appropriate box if you're using an alternative method to	to calculate your tax (see	instructions) 20.	7,227.00
	20a. Schedule OR-FIA-40 20b. Worksheet FCG	20c. Scheo	lule OR-PTE-FY	
21.	Interest on certain installment sales			
22.	Total tax before credits. Add lines 20 and 21		22.	7,227.00
Star 23.	idard and carryforward credits Exemption credit. If the amount on line 7 is \$100,000 or less, multiply line 6e by \$210. Otherwise, see instructions			210.00
24.	Political contribution credit. See limits in instructions			
24. 25.	Total standard credits from Schedule OR-ASC, section 3			
25. 26.	Total standard credits. Add lines 23 through 25			210.00
	Tax minus standard credits. Line 22 minus line 26. If line 26 is more th			7,017.00
27.				,,01,.00
28.	Total carryforward credits claimed this year from Schedule OR-ASC, s			
00	than line 27 (see Schedule OR-ASC instructions)			7,017.00
29.	Tax after standard and carryforward credits. Line 27 minus line 28			/,UI/.UU

Oregon Department of Revenue

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	3 of 4, 150-101-040 Oregon Department of Revenue 00462001031555 11-05-20 ver. 01)	
Name		
ТАТ	RUN PREET SINGH 848-78-3830	
-	Reprint page 1 if you make changes to this page.	
Pav	ments and refundable credits	
30.	Oregon income tax withheld. Include a copy of your Forms W-2 and 1099	7,389.00
31.		,
32.	Estimated tax payments for 2020. Include all payments you made prior to the filing date of this return.	
	Do not include the amount you already reported on line 31	
33.	Earned income credit (see instructions)	
34.	Reserved	
35.	Total refundable credits from Schedule OR-ASC, section 5	
36.	Total payments and refundable credits. Add lines 30 through 35	7,389.00
Tax 37. 38. 39. 40.	to pay or refund Overpayment of tax. If line 29 is less than line 36, you overpaid. Line 36 minus line 29	372.00
	Exception number from Form OR-10, line 1: 40a Check box if you annualized: 40b.	
41.	Total penalty and interest due. Add lines 39 and 40 41.	
42.	Net tax including penalty and interest. Line 38 plus line 41 This is the amount you owe. 42.	
43.	Overpayment less penalty and interest. Line 37 minus line 41 This is your refund. 43.	372.00
44.	Estimated tax. Fill in the portion of line 43 you want applied to your open estimated tax account	
45.	Charitable checkoff donations from Schedule OR-DONATE, line 30	
46.	Political party \$3 checkoff. Party code: 46a. You. 46b. Spouse	
47.	Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions)	
48.	Total. Add lines 44 through 47. Total can't be more than your refund on line 43	
49.	Net refund. Line 43 minus line 48	372.00

Direct deposit

50. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States:

Type of account:	X Checking or Savings
Routing number:	325070760
Account number:	331265758

Reserved

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(Rev. 11-05-20 ver. 01)

Oregon Department of Revenue



00462001041555

Name SSN TARUN PREET SINGH 848-78-3830

Note: Reprint page 1 if you make changes to this page.

Sign here. Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Your signature	Date				
Х					
Spouse's signature (if filing jointly, both must sign)	Date				
Х					
Signature of preparer other than taxpayer	Preparer phone	Preparer license number, if professionally prepared			
XSYAM PRIYA RAM SAGAR GUPTA TALLAM	(678) 965-9522				
Preparer address	City	State ZIP code			
2530 PEBBLE CREEK LN	CUMMING	GA 30041			

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, 1040-NR, or 1040-NR-EZ. Without this information, we may adjust your return.

Make your payment (if you have an amount due on line 42)

- Online payments: Visit our website at www.oregon.gov/dor.
- Mailing your payment: Make your check or money order payable to the Oregon Department of Revenue. Write "2020 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. Don't use the Form OR-40-V payment voucher if you're mailing your payment with your return.

Send in your return

- Non-2-D barcode. If the 2-D barcode area on the front of this return is blank:
 - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
 - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- 2-D barcode. If the 2-D barcode area on the front of this return is filled in:
 - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
 - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.

Amended statement. Complete this section only if you're amending your 2020 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.

E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	20	20	OMB No. 1545	5-0074	IRS Use	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	-	separately ouse. If you	. ,				,		, ,	. , . ,
Your first name	and m	iddle initial	Last na	ame							Your so	ocial securi	ty number
TARUN PI	REET		SING	GH							848-	78-383	0
lf joint return, s	pouse's	s first name and middle initial	Last na	ame							Spouse	's social se	curity number
Home address 830 NE	`	er and street). If you have a P.O. box, see AVE	instruct	ions.				A U	pt. no. J		Check	here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	te	ZIP co	de				ntly, want \$3
HILLSBO	RO					OI	ર	971	24			low will not	Checking a change
Foreign country	/ name			Foreign p	rovince/stat	e/coun	ty	Foreig	n postal o	code		your tax or refund.	
At any time du	ring 20	020, did you receive, sell, send, excl	nange, o	or otherv	vise acquii	re any	financial intere	est in a	ny virtu	al cu	rrency?		X No
Standard Deduction Age/Blindness		eone can claim: You as a de Spouse itemizes on a separate retur : Were born before January 2, 1	n or you		dual-statu			rn befc	ore Janu	ary 2	2, 1956	🗌 ls b	lind
Dependents	s (see	instructions):		(2)	Social secur	rity	(3) Relationsh	nip	(4) 🖌	if q	ualifies fo	or (see instru	uctions):
If more	(1) F	irst name Last name			number to you				Child tax credit			Credit for ot	her dependents
than four													
dependents, see instruction	s												
and check													
here 🕨 🔝													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .	· · ·						. 1	1	00,106.
Attach Sch. B if	2a	Tax-exempt interest	2a			bТ	axable interes	t.			. 2 b)	
required.	3a	Qualified dividends	3a			bC	Ordinary divide	nds .			. 3b)	
	4a	IRA distributions	4a			bΤ	axable amoun	it		•	. 4b)	
	5a	Pensions and annuities	5a			bТ	axable amoun	it		•	. 5b)	
Standard Deduction for –	6a	,	6a				axable amoun	it		• _	. 6b)	
Single or	7	Capital gain or (loss). Attach Schee		f require	d. If not re	quired	, check here				7		
Married filing separately,	8	Other income from Schedule 1, lin								•	. 8		-5,350.
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. ⁻	This is yo	our total in	come				•	▶ 9	_	94,756.
 Married filing jointly or 	10	Adjustments to income:					1	I					
Qualifying	а										_		
widow(er), \$24,800	b Charitable contributions if you take the standard deduction. See instructions 10b												
 Head of household, 	С	Add lines 10a and 10b. These are	•	-						•	► <u>10</u>	_	
\$18,650	11	Subtract line 10c from line 9. This								•	► <u>11</u>	1	94,756.
 If you checked any box under 	12	Standard deduction or itemized				,							12,400.
Standard	13	Qualified business income deduction											
Deduction, see instructions.	14	Add lines 12 and 13											12,400.
	15	Taxable income. Subtract line 14	trom lir	ne 11. lf :	zero or les	s, ente	er-0			•	. 15	•	82,356.

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

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3]		. 16	13,913.
	17	Amount from Schedule 2, lir	ie3							. 17	
	18	Add lines 16 and 17								. 18	13,913.
	19	Child tax credit or credit for	other dependen	ts						. 19	
	20	Amount from Schedule 3, lir	ie7							. 20	
	21	Add lines 19 and 20								. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						. 22	13,913.
	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 total tax							▶ 24	13,913.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	18	3,869	€.	
	b	Form(s) 1099					25b)			
	с	Other forms (see instructions	s)				250	;			
	d	Add lines 25a through 25c								. 25d	18,869.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 retur	n				. 26	
qualifying child,	27	Earned income credit (EIC)			¹	Nọ .	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30		212	2.	
	31	Amount from Schedule 3, lir	ie 13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	d refund	lable c	redits .		▶ 32	212.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments						▶ 33	19,081.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is t	he amo	unt you	overpaid		. 34	5,168.
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attac	hed, che	eck her	е	. 🕨 [35a	5,168.
Direct deposit?	►b	Routing number 3 2 5	0 7 0 7	6 0	► c Ty	/pe: 🕨	Cheo	cking	Saving	gs	
See instructions.	►d	Account number 3 3 1	2 6 5 7	5 8							
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax .	. 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .					37	
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								or	
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instr	uctions for det	ails.			1			
instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38				
Third Party		you want to allow another									
Designee		tructions					. 🕨	U Yes. C	•		× No
		signee's ne ►		Phone no.					sonal ide ber (PII	entification	
Cian		der penalties of perjury, I declare t	hat I have examine		1 accomp	anvina so	hedules		,	,	st of my knowledge and
Sign		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your oc	cupation			lf	the IRS se	nt you an Identity
		C C C C C C C C C C C C C C C C C C C				·					IN, enter it here
Joint return?				BOFTWARE ENGINEER				see inst.) 🕨			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse	's occupa	ition				nt your spouse an ection PIN, enter it here
your records.										see inst.) ►	
	Ph	one no.		Email address							
		parer's name	Preparer's signat				Date	9	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA	TALLAT		31/2021		082703	Self-employed
Preparer		n's name ► GLOBAL TA					- • - /	,			(678)965-9522
Use Only		n's address ► 2530 Pebb		n Cummin	a GP	30041				irm's EIN	
Go to www.irc.or		1040 for instructions and the late			-	AA		V 01/2E/24 DD			Form 1040 (2020)
		TO T	semiorination.		B.	AA .	RE .	V 01/25/21 PR	0		10000 1070 (2020)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

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.

;	ial security number
	Attachment Sequence No. 01
	2020

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social secur
TARUN PREET SINGH	848-78-3830

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 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	-5,350.
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,	1 1	
	line 8	9	-5,350.
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 adjustments to income. 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 01/25/21 PRO	Schedu	le 1 (Form 1040) 2020