

Filing Status Single Married filing jointly Married filing separately (MFS)
 Head of household (HOH) Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial ANAND M	Last name DHARMA	Your social security number 667-34-9777
If joint return, spouse's first name and middle initial HARI PRIYA	Last name GOVARD	Spouse's social security number 018-43-4688
Home address (number and street). If you have a P.O. box, see instructions. 42303 STONEMONT CIRCLE		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). ASHBURN, VA 20148		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see inst. & check here ▶ <input type="checkbox"/>		

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent

Spouse itemizes on a separate return or you were a dual-status alien

You: Were born before January 2, 1955 Are blind

Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
ANIRVIN SAI	DHARMAPURI	216-89-0356	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AARNA	DHARMAPURI	801-27-7410	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	170,953
2a	Tax-exempt interest	2a	
2b	Taxable interest	2b	2,267
3a	Qualified dividends	3a	60
3b	Ordinary dividends.	3b	192
4a	IRA distributions	4a	
4b	Taxable amount	4b	
c	Pensions and annuities	4c	
4d	Taxable amount	4d	
5a	Social security benefits.	5a	
5b	Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/>	6	1,097
7a	Other income from Schedule 1, line 9	7a	1,990
7b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	176,499
8a	Adjustments to income from Schedule 1, line 22	8a	0
8b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	176,499
9	Standard deduction or itemized deductions (from Schedule A)	9	34,634
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A. . .	10	14
11a	Add lines 9 and 10	11a	34,648
11b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	141,851

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

Standard Deduction

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions.

12a	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____	12a	22,918
b	Add Schedule 2, line 3, and line 12a and enter the total ▶	12b	22,918
13a	Child tax credit or credit for other dependents	13a	4,000
b	Add Schedule 3, line 7, and line 13a and enter the total ▶	13b	4,000
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	18,918
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	
16	Add lines 14 and 15. This is your total tax ▶	16	18,918
17	Federal income tax withheld from Forms W-2 and 1099	17	14,252
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14.	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits ▶	18e	
19	Add lines 17 and 18e. These are your total payments ▶	19	14,252

● If you have a qualifying child, attach Sch. EIC.
● If you have nontaxable combat pay, see instructions.

Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	
	21 a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	21a	
Direct deposit? ▶ See instructions.	b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number <input type="text"/>		
	22	Amount of line 20 you want applied to your 2020 estimated tax ▶	22	

Amount You Owe	23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶	23	4,666
	24	Estimated tax penalty (see instructions) ▶	24	

Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. **No**

(Other than paid preparer) Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records. ▶	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	82132 Spouse's signature. If a joint return, both must sign.	04-27-2020	IT CLOUD	
	34924 Phone no. 404-556-7894	04-27-2020	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
			Email address	

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
	04-27-2020	P00849642	<input type="checkbox"/> 3rd Party Designee
Preparer's name ▶ RAM GANESAN CPA	Phone no. ▶ 301-495-0010		<input type="checkbox"/> Self-employed
Firm's name ▶ GANESAN & ASSOCIATES, INC			
Firm's address ▶ 8808 COLESVILLE ROAD SILVER SPRING, MD 20910		Firm's EIN ▶ 52-2039736	

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040 or 1040-SR.**

Attachment
Sequence No. **01**

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

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

Your social security number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	1	1,990
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	0
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 or 1040-SR, line 7a	9	1,990
Part 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. ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	0

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE A
(Form 1040 or 1040-SR)
(Rev. January 2020)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2019

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Your social security number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1				
	2 Enter amount from Form 1040 or 1040-SR, line 8b	2				
	3 Multiply line 2 by 7.5% (0.075)	3				
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4		
Taxes You Paid	5 State and local taxes.					
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	8,790			
	b State and local real estate taxes (see instructions)	5b	7,831			
	c State and local personal property taxes	5c	520			
	d Add lines 5a through 5c	5d	17,141			
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000			
	6 Other taxes. List type and amount	6				
7 Add lines 5e and 6				7	10,000	
Interest You Paid <small>Caution: Your mortgage interest deduction may be limited (see instructions).</small>	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>					
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	23,572			
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b				
	c Points not reported to you on Form 1098. See instructions for special rules	8c				
	d Mortgage insurance premiums (see instructions)	8d				
	e Add lines 8a through 8d	8e	23,572			
9 Investment interest. Attach Form 4952 if required. See instructions	9					
10 Add lines 8e and 9				10	23,572	
Gifts to Charity <small>Caution: If you made a gift and got a benefit for it, see instructions.</small>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	767			
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	295			
	13 Carryover from prior year	13				
	14 Add lines 11 through 13				14	1,062
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				15	
Other Itemized Deductions	16 Other - from list in instructions. List type and amount				16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9				17	34,634
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR.

Schedule A (Form 1040 or 1040-SR) 2019

SCHEDULE B
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.
▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2019

Attachment
Sequence No. **08**

Name(s) shown on return

ANAND M DHARMA & HARI PRIYA GOVARD

Your social security number

667-34-9777

Part I
Interest

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶		
	Statement #1		Amount
			2,267
	INTEREST SUBTOTAL	2,267	
2	Add the amounts on line 1	2	2,267
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶	4	2,267

Note: If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5	List name of payer ▶		
	FUNDRISE EAST COAST OPPORTUNISTIC		5
	FUNDRISE GROWTH EREIT		6
	FUNDRISE INCOME EREIT II LLC		21
	FUNDRISE INCOME EREIT		3
	FUNDRISE MID ATLAND OPPORTUNISTIC		4
	FUNDRISE REAL ESTATE INVESTMENT		22
	FUNDRISE WEST COAST OPPORTUNISTIC		7
	INDIA STOCK DIVIDEND		64
	ROBINHOOD SECURITIES		60
	DIVIDEND SUBTOTAL	192	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶	6	192

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		Yes	No
7a	At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	X	
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements	X	
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶ India		
8	During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

SCHEDULE D
(Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2019

Attachment
Sequence No. **12**

Name(s) shown on return **ANAND M DHARMA & HARI PRIYA GOVARD** Your social security number **667-34-9777**

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	2,583	1,509		1,074
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 1,074

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	161	213		(52)
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 75
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 23

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040 or 1040-SR) 2019

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	16	1,097
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. 		
<p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) <p style="margin-left: 40px;">} ▶</p>	21	()
<p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Sales and Other Dispositions of Capital Assets

2019

Department of the Treasury
Internal Revenue Service

▶ **Go to www.irs.gov/Form8949 for instructions and the latest information.**
▶ **File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.**

Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

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

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

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

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

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SECURITIES THROUGH ROBINHOOD	VARIOUS	02-08-2019	2,583	1,509			1,074
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶					2,583	1,509		1,074

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

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

Social security number or taxpayer identification number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

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

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

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

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

- [X] (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
[E] Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
[F] Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s) from instructions, (g) Amount of adjustment, (h) Gain or (loss). Includes entry for SECURITIES THROUGH ROBINHOOD with values 161, 213, and (52).

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

SCHEDULE E
(Form 1040 or 1040-SR)

Supplemental Income and Loss

OMB No. 1545-0074

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

2019

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) **Yes** **No**
B If "Yes," did you or will you file required Forms 1099? **Yes** **No**

1a	Physical address of each property (street, city, state, ZIP code)					
A	42552 MEGELLAN SQ, Ashburn, VA 20148					
B						
C						
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV	
A	8		A	365	0	<input type="checkbox"/>
B			B			<input type="checkbox"/>
C			C			<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:		A	B	C
3	Rents received	3		27,960		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7				
8	Commissions	8				
9	Insurance	9		527		
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12		10,394		
13	Other interest	13				
14	Repairs	14				
15	Supplies	15				
16	Taxes	16		4,358		
17	Utilities	17				
18	Depreciation expense or depletion	18		9,487		
19	Other (list) ▶ Statement #2	19		3,807		
20	Total expenses. Add lines 5 through 19	20		28,573		
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		(613)		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()	
23a	Total of all amounts reported on line 3 for all rental properties	23a		27,960		
b	Total of all amounts reported on line 4 for all royalty properties	23b		0		
c	Total of all amounts reported on line 12 for all properties	23c		10,394		
d	Total of all amounts reported on line 18 for all properties	23d		9,487		
e	Total of all amounts reported on line 20 for all properties	23e		28,573		
24	Income. Add positive amounts shown on line 21. Do not include any losses.	24				0
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here.	25				(0)
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26				0

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040 or 1040-SR) 2019

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198 (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section Yes No

Table with 6 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Row A: FUNDRISE FOR SALE HOUSING EFUND, P, 82-2473725.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss allowed, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Includes totals for 29a and 29b, and summary lines 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes totals for 34a and 34b, and summary lines 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes summary line 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40-43. Row 41: Total income or (loss). Row 42: Reconciliation of farming and fishing income. Row 43: Reconciliation for real estate professionals.

Paid Preparer's Due Diligence Checklist

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

2019

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return **ANAND M DHARMA & HARI PRIYA GOVARD** Taxpayer identification number **667-34-9777**

Enter preparer's name and PTIN **RAM GANESAN CPA P00849642**

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) List those documents, if any, that you relied on. School Records, Healthcare Statement, Placement Agency Statement _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)			
	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c 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)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)			
	Yes	No	N/A
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)		
	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)		
	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification		
<p>▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:</p> <p>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);</p> <p>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;</p> <p>C. Submit Form 8867 in the manner required; and</p> <p>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>.</p> <ol style="list-style-type: none"> 1. A copy of this Form 8867. 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed. 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s). 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained. 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or, HOH filing status and to compute the amount(s) of the credit(s). <p>▶ If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.</p>		
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, Form 1040-SR, or Form 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

2019
Attachment
Sequence No. **88**

Name(s) shown on return

Identifying number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

Part I 2019 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see

Special Allowance for Rental Real Estate Activities in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a			
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(613)		
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	(4,481)		
d Combine lines 1a, 1b, and 1c	1d			(5,094)

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a			
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()		
c Add lines 2a and 2b	2c			()

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a			
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	()		
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()		
d Combine lines 3a, 3b, and 3c	3d			

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4			(5,094)
---	----------	--	--	-----------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4.	5			5,094
6 Enter \$150,000. If married filing separately, see instructions	6	150,000		
7 Enter modified adjusted gross income, but not less than zero. See instructions	7	176,499		
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.				
8 Subtract line 7 from line 6	8			
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9			
10 Enter the smaller of line 5 or line 9	10			0

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11			
12 Enter the loss from line 4	12			
13 Reduce line 12 by the amount on line 10	13			
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13.	14			

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15			
16 Total losses allowed from all passive activities for 2019. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16			0

For Paperwork Reduction Act Notice, see instructions.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return ANAND M DHARMA & HARI PRIYA GOVA	Business or activity to which this form relates 42552 MEGELLAN SQ	Identifying number 667-34-9777
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)		1
2	Total cost of section 179 property placed in service (see instructions).		2
3	Threshold cost of section 179 property before reduction in limitation (see instructions)		3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-		4
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions		5
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
9	Tentative deduction. Enter the smaller of line 5 or line 8		9
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562		10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		11
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions		14
15	Property subject to section 168(f)(1) election		15
16	Other depreciation (including ACRS)		16 9,487

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019.		17
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L
b	12-year		12 yrs.			S/L
c	30-year		30 yrs.	MM		S/L
d	40-year		40 yrs.	MM		S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28		21
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions		22 9,487
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form PMT**ACH Payment****2019**

(Keep for your records)

Name(s) shown on return ANAND M DHARMA & HARI PRIYA GOVARD	Taxpayer's SSN 667-34-9777
	Spouse's SSN 018-43-4688
Routing Transit Number 061000052	
Bank Account Number 334007003270	
Type of Account 1 <u>Checking</u>	
Amount of Tax Payment 4,666	
Requested Payment Date 07-10-2020	
Taxpayer's Daytime Phone Number 404-556-7894	
Type of Form being filed 1040	

Taxpayer's Signature	Date
Spouse's Signature	Date

FinCEN 114

Do NOT file with your Federal Tax Return

Name(s) shown on return ANAND M DHARMA	Identifying number 667-34-9777
--	--

Part I Filer Information

1 This Report is for Calendar Year Ended 12/31 **2019**
 Amended BSA identifier _____

2 Type of Filer
 a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other-Enter type _____

3 U.S. Taxpayer Identification Number 667-34-9777 <small>If filer has no U.S. Identification Number complete Item 4.</small>	4 Foreign identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number: _____	5 Individual's Date of Birth 05-03-1978
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6 Last Name or Organization Name DHARMA	7 First Name ANAND	8 M.I. M
---	------------------------------	--------------------

9 Address (Number, Street, and Apt. or Suite No.)
42303 STONEMONT CIRCLE

10 City ASHBURN	11 State/Province VA	12 ZIP/Postal Code 20148	13 Country United States
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14a Does the filer have a financial interest in 25 or more financial accounts?
 Yes If "Yes" enter total number of accounts _____
 No

14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?
 Yes If "Yes" enter total number of accounts _____
 No

Signature

44a Check here if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer Signature FinCEN Form 114a	45 Filer Title, if not reporting a personal account TAX PAYER	46 Date (MM./DD./YYYY) 04-27-2020			
47 Preparer's last name GANESAN	48 First name RAMAKRISHNAN	49 MI	50 Check <input type="checkbox"/> if self-employed	51 PTIN P00849642	
52 Contact phone no. 301-495-0010	52a Ext	53 Firm's name GANESAN ASSOCIATES INC		54 Firm's TIN 52-2039736	54a <input checked="" type="checkbox"/> EIN Foreign
55 Mailing address (number, street, apartment or suite number) 8808 COLESVILLE ROAD		56 City Silver Spring	57 State MD	58 ZIP/Postal Code 20910	59 Country US

Part II Information on Financial Account(s) Owned Separately

15 Maximum account value 17,754	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	1 of 6
17 Name of Financial Institution in which account is held ICICI BANK			
18 Account number or other designation 007601008442		19 Mailing Address (Number, Street, and Apt. or Suite No.) PLOT NO 1259 ROAD NO 36	
20 City JUBILEE HILLS	21 State/Province	22 Postal Code 500036	23 Country India
15 Maximum account value 14,841	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	2 of 6
17 Name of Financial Institution in which account is held CITI BANK			
18 Account number or other designation RCA5275732558		19 Mailing Address (Number, Street, and Apt. or Suite No.) GPULLAREDDY BUILDING NORTH WING	
20 City HYDERABAD	21 State/Province	22 Postal Code 500059	23 Country India
15 Maximum account value 1,280	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	3 of 6
17 Name of Financial Institution in which account is held ICICI DIRECT			
18 Account number or other designation 8500649387		19 Mailing Address (Number, Street, and Apt. or Suite No.) 242 GBR TOWERS CHAITANYAPURI	
20 City HYDERABAD	21 State/Province	22 Postal Code 500060	23 Country India
15 Maximum account value 797	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	4 of 6
17 Name of Financial Institution in which account is held ICICI BANK			
18 Account number or other designation 024301000755		19 Mailing Address (Number, Street, and Apt. or Suite No.) 242 GBR TOWERS	
20 City CHAITANYAPURI	21 State/Province	22 Postal Code 500060	23 Country India
15 Maximum account value	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	_____ of _____
17 Name of Financial Institution in which account is held			
18 Account number or other designation		19 Mailing Address (Number, Street, and Apt. or Suite No.)	
20 City	21 State/Province	22 Postal Code	23 Country
15 Maximum account value	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	_____ of _____
17 Name of Financial Institution in which account is held			
18 Account number or other designation		19 Mailing Address (Number, Street, and Apt. or Suite No.)	
20 City	21 State/Province	22 Postal Code	23 Country
15 Maximum account value	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	_____ of _____
17 Name of Financial Institution in which account is held			
18 Account number or other designation		19 Mailing Address (Number, Street, and Apt. or Suite No.)	
20 City	21 State/Province	22 Postal Code	23 Country

Part III Information on Financial Account(s) Owned Jointly

Account Information																																																						
15	Maximum account value	15a	<input type="checkbox"/>	Maximum account value unknown	16	Type of account	a	<input checked="" type="checkbox"/>	Bank	b	<input type="checkbox"/>	Securities	c	<input type="checkbox"/>	Other - Enter below	5	of	6																																				
17 Name of Financial Institution in which account is held										STATE BANK OF INDIA																																												
18 Account number or other designation					19 Mailing Address (Number, Street, and Apt. or Suite No.)					0032055331102					GVK TOWERS SAI NAGAR COLONY																																							
20 City			21 Province/State		22 Postal Code		23 Country			CHAITANYAPURI			500060		India																																							
Principal Joint Owner Information										24 Number of joint owners for this account: 2																																												
25 TIN					25a TIN type					a					<input type="checkbox"/>					EIN					b					<input checked="" type="checkbox"/>					SSN/TIN					c					<input type="checkbox"/>					Foreign				
26 Last Name or Organization Name										27 First Name										28 M.I.																																		
GOVARDHANAM										HARI PRIYA																																												
29 Address (Number, Street, and Apt. or Suite No.)										42303 STONEMONT CIR																																												
30 City			31 State/Province		32 ZIP/Postal Code		33 Country			Ashburn			VA		20148			United States																																				

Account Information																																																						
15	Maximum account value	15a	<input type="checkbox"/>	Maximum account value unknown	16	Type of account	a	<input checked="" type="checkbox"/>	Bank	b	<input type="checkbox"/>	Securities	c	<input type="checkbox"/>	Other - Enter below	6	of	6																																				
17 Name of Financial Institution in which account is held										STATE BANK OF INDIA																																												
18 Account number or other designation					19 Mailing Address (Number, Street, and Apt. or Suite No.)					0032055328644					GVK TOWERS SAI NAGAR COLONY																																							
20 City			21 Province/State		22 Postal Code		23 Country			CHAITANYAPURI			500060		India																																							
Principal Joint Owner Information										24 Number of joint owners for this account: 2																																												
25 TIN					25a TIN type					a					<input type="checkbox"/>					EIN					b					<input checked="" type="checkbox"/>					SSN/TIN					c					<input type="checkbox"/>					Foreign				
26 Last Name or Organization Name										27 First Name										28 M.I.																																		
GOVARDHANAM										HARI PRIYA																																												
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Account Information																																																						
15	Maximum account value	15a	<input type="checkbox"/>	Maximum account value unknown	16	Type of account	a	<input type="checkbox"/>	Bank	b	<input type="checkbox"/>	Securities	c	<input type="checkbox"/>	Other - Enter below		of																																					
17 Name of Financial Institution in which account is held																																																						
18 Account number or other designation					19 Mailing Address (Number, Street, and Apt. or Suite No.)																																																	
20 City			21 Province/State		22 Postal Code		23 Country																																															
Principal Joint Owner Information										24 Number of joint owners for this account:																																												
25 TIN					25a TIN type					a					<input type="checkbox"/>					EIN					b					<input type="checkbox"/>					SSN/TIN					c					<input type="checkbox"/>					Foreign				
26 Last Name or Organization Name										27 First Name										28 M.I.																																		
29 Address (Number, Street, and Apt. or Suite No.)																																																						
30 City			31 State/Province		32 ZIP/Postal Code		33 Country																																															

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN) May 2015	<h2 style="margin: 0;">Record of Authorization to Electronically File FBARs</h2> <p style="margin: 0;">(See instructions below for completion)</p> <p style="margin: 0;"><u>Do not send to FinCEN. Retain this form for your records.</u></p> <p style="margin: 0;">The form 114a may be digitally signed</p>	FINANCIAL CRIMES ENFORCEMENT NETWORK
---	---	---

Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)		
1. Owner last name or entity's legal name DHARMA	2. Owner first name ANAND	3. Owner M. I. M
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M. I.

I/we declare that I/we have provided information concerning 6 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2019 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)	8 Date 04-27-2020	9 Owner or entity TIN 667-34-9777	10 TIN type a <input type="checkbox"/> EIN b <input checked="" type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12 Date	13 Spouse TIN	14 TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.			
15. Preparer last name GANESAN	16. Preparer first name RAMAKRISHNAN	17. Preparer M.I.	18. Preparer PTIN P00849642
19 Address 8808 COLESVILLE ROAD	20 City Silver Spring	21 State MD	22 ZIP/postal code 20910
23 Country code US	24 Preparer's (item 15) employer's (Entity) name GANESAN ASSOCIATES INC	25. Employer EIN 52-2039736	26. Preparer's signature

Instructions for completing the FBAR Signature Authorization Record

This record may be completed by the individual or entity granting such authorization (Part I) **OR** the individual/entity authorized to perform such services. The completed record **must** be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaeiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, Items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer **or** the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer **must** sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010.430(d).

DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.

Federal Supporting Statements

2019 PG01

Name(s) as shown on return

Tax ID Number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

Schedule B - Interest

Statement #1

Payer	Amount
BANK OF AMERICA	14
BFS FCU	27
CAPITAL ONE BANK	959
CITI BANK	335
DISCOVER	618
ICICI BANK INDIA	225
MISCELLANEOUS	10
NORTHWEST FCU	8
SBI INDIA	<u>71</u>
Total	<u><u>2,267</u></u>

Schedule E - Line 19 - Other Expenses

PG01
Statement #2

Other Expenses	Property A	Property B	Property C
MIP	534		
APPLIANCE INS	640		
HOA	2,383		
MOLD INSPECTION	<u>250</u>		
Total	<u><u>3,807</u></u>		

Name(s) as shown on return

Your Social Security Number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

Schedule A, Line 8a - Home mtg interest and points on Form 1

<u>Description</u>	<u>Amount</u>
UNITED NATIONS FCU	\$ 13,859
UNITED NATIONS FCU	2,443
BANK FUND STAFF	7,270
Total:	\$ 23,572

Schedule A, Line 11 - Cash Contributions

<u>Description</u>	<u>Amount</u>
SAIFBABA TEMPLE	\$ 372
GIVE INDIA	20
GO FUNDME	100
WIKIPEDIA	25
TEAM EVEREST	250
Total:	\$ 767

Form 1040 or 1040-SR

Investment Income for the Earned Income Credit

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

Interest and Dividends

- 1. Enter any amount from Form 1040 or 1040-SR, line 2b ... 1. 2,267
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b ... 2.
3. Enter any amount from Form 1040 or 1040-SR, line 3b ... 3. 192
4. Enter the amount from Schedule 1 (Form 1040 or 1040-SR), line 8, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) ... 4.

Capital Gain Net Income

- 5. Enter the amount from Form 1040 or 1040-SR, line 6. If the amount on that line is a loss, enter -0- ... 5. 1,097
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) ... 6.
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) ... 7. 1,097

Royalties and Rental Income From Personal Property

- 8. Enter any royalty income from Schedule E, line 4, plus any income from the rental of personal property shown on Form 1040 or 1040-SR, Schedule 1, line 8, minus any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Form 1040, Schedule 1, line 22 (If the result is less than zero, enter -0-.) ... 8.

Passive Activities

- 9. Enter the total of any net income from passive activities (such as income included on Schedule E, lines 26, 29a (col. (g)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, lines 26, 29b (col. (f)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-.) ... 9. 0
10. Adjustment from EIC screen ... 10.
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. This is your Investment Income ... 11. 3,556
12. Is the amount on line 14 more than \$3,600?
[] Yes. You can't take the credit.
[X] No. Go to Step 3 of the Form 1040 and 1040-SR instructions for line 18a to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

1040

Overflow Statement

2019

Name(s) as shown on return

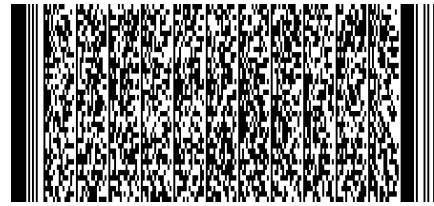
Your Social Security Number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

Schedule A, Line 5a - STATE AND LOCAL INCOME TAXES

Description	Amount
Form W-2 - RAPIDIT INC	\$ 5,735
Form W-2 - KINDRED HEALTHCARE	3,055
Total:	<u>\$ 8,790</u>



ANAND M DHARMA
 HARI PRIYA GOVARD
 42303 STONEMONT CIRCLE

ASHBURN VA 20148

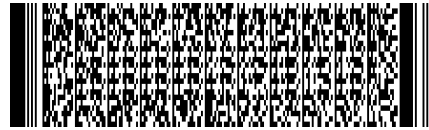
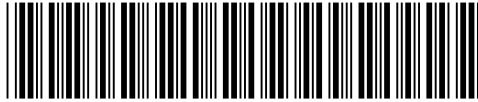
SSN - You [DHAR 667349777 Vendor ID 1024]

SSN - Spouse GOVA 018434688

Fed Adj Gross Income (FAGI)	1.	176499.	Withholding (VA) - You	19A.	5735.
Additions	2.		Withholding (VA) - Spouse	19B.	3055.
Subtotal	3.	176499.	Estimated Payments	20.	
Age Deduction - You	4A.		2018 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low Income or EIC	23.	
State Income Tax Overpayment	6.	1990.	Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.	1990.	Total Payments / Credits	26.	8790.
Total VA Adj Gross Income (VAGI)	9.	174509.	Tax You Owe	27.	
Itemized Deductions - VA Sch.A	10.	32985.	Tax Overpayment	28.	1716.
Standard Deduction	11.		Overpayment Credited to Next Year	29.	
Exemptions	12.	3720.	VAC - Virginia 529 / ABLEnow	30.	
Deductions	13.	5800.	VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	42505.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	132004.	Sales and Use Tax	33.	
Amount of Tax	16.	7333.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.	259.	Will Pay by Credit/Debit Card		
VAGI - Spouse	17A.	61863.	Your Refund		1716.
Net Amount of Tax	18.	7074.	Bank Routing #	C	061000052
			Bank Account #		334007003270



667349777



Filing Status, Age & License Information

Additional Filing Information

Filing Status 2
 Federal Head of Household
 DOB - You 05031978
 VA Driver's License ID - You T68903355
 VA Driver's License - Iss. Date - You 11022018
 Spouse Name (Filing Status 3 Only)
 DOB - Spouse 03011984
 VA Driver's License ID - Spouse A65384734
 VA Driver's License - Iss. Date - Spouse 11022018

Locality 107
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman
 Amended
 NOL
 Overseas on Due Date
 Federal EIC & Amount

Exemptions (A)

Exemptions (B)

You 1
 Spouse 1
 Dependents 2
 Total (A) 4

65 & Over - You
 65 & Over - Spouse
 Blind - You
 Blind - Spouse
 Total (B)

Deceased Indicator
 No Sales & Use Tax Due Indicator X
 Obtain Electronic 1099G
 ID Theft PIN

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date 042720 Phone - You
 Signature - Spouse _____ Date 042720 Phone - Spouse
 Signature - Preparer _____ Date 042720 Phone - Preparer 3014950010

The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P00849642

RAM GANESAN CPA
 GANESAN & ASSOCIATES, INC
 8808 COLESVILLE ROAD
 SILVER SPRING, MD 20910

File by May 1, 2020
 Include Page 1, Page 2 and all supporting 760CG documents.

2019 Schedule ADJ/CG



667349777

Additions

Interest on obligations (other state) 1.
 Other Additions
 Fixed Date Conformity 2A.
 2B.
 2C.
 Total Additions 3.

Low-Income Credit or VA EIC (con't)

Total Exemptions 11.
 # of Personal Exemptions 12.
 Total Exemptions Amount or \$0 13.
 Federal EIC 14.
 20% of Line 14 15.
 Greater of Line 13 or Line 15 16.
 Credit 17.

Subtractions

Income (US obligations / securities) 4.
 Disability Income (wages) - You 5A.
 Disability Income (wages) - Spouse 5B.
 Other Subtractions
 Fixed Date Conformity 6A.
 6B. Code
 6C. Code
 6D. Code
 Total Subtractions 7.

Addition to Tax, Penalty & Interest

Addition to Tax 18.
 Form 760C Addition
 Form 760F Addition
 Penalty 19.
 Late Filing Penalty
 Extension Penalty
 Interest 20.
 Total Adjustments 21.

Deductions 8A. 104 5800.
 8B.
 8C.
 Total Deductions 9. 5800.

Claiming More Adjustments - Schedule ADJS

Low-Income Credit or VA EIC

Family	Name	SSN	VAGI
You			
Spouse			
Dependent			
Dependent			
Total Family VAGI			10.

2019 Schedule INC/CG

Report all W-2s, 1099s, & VK-1s with VA Withholding



667349777

ANAND M DHARMA

HARI PRIYA GOVARD

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
667349777	W	5735.	030529614	30030529614F001	110042.
018434688	W	3055.	522085484	30522085484F001	60851.

Total VA Withholding	SSN	VA Withholding
You	667349777	5735.
Spouse	018434688	3055.

Total # of W-2s, 1099s & VK-1s 2

2019 VA Schedule A/CG

667349777



Itemized Deductions - Enclose Schedule A with your return, when claiming itemized deductions.

ANAND M DHARMA & HARI PRIYA GOVARD

Medical & Dental Expenses	1.	
Federal Adjusted Gross Income (FAGI)	2.	176499
10% of Line 2	3.	17650
Total of Line 1 minus Line 3 or \$0	4.	
State & Local - Income Taxes OR General Sales Taxes Claiming General Sales Tax	5a.	8790
State & Local - Real Estate Taxes	5b.	7831
State & Local - Personal Property Taxes	5c.	520
Other Deductible Taxes - type & amount SEE ATTACHED	6.	
Total Taxes Paid	7.	17141
Did not use all of home mortgage loan(s) to buy, build, or improve home		
Home mortgage interest & points reported to you on Federal Form 1098	8a.	23572
Home mortgage interest not reported to you on Federal Form 1098 SEE ATTACHED	8b.	
Points not reported to you on Federal Form 1098	8c.	
Total Home Mortgage Interest & Points	8e.	23572
Investment Interest	9.	
Total Interest Paid	10.	23572
Gifts to Charity - by cash or check	11.	767
Gifts to Charity - other than by cash or check	12.	295
Gifts to Charity - carryover from prior year	13.	
Total Gifts to Charity	14.	1062
Casualty & Theft Loss(es)	15.	
Gambling Losses	16a.	
Other Itemized Deductions - type & amount SEE ATTACHED	16b.	
Total Other Itemized Deductions	16c.	
Total VA Schedule A Itemized Deductions	17.	41775
State and Local Income Tax	18.	8790
Virginia Itemized Deductions	19.	32985

Name(s) as shown on return

Your social security number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

Fixed Date Conformity Modifications to Itemized Deductions

Complete the FDC Worksheet before completing Virginia Schedule A. Enter the information requested on each line. On the Virginia Schedule A, Medical and Dental Expenses (Line 4), Gifts to Charity (Line 14), and Casualty and Theft Loss (Line 15) may require modification due to fixed date conformity adjustments. These amounts should be recomputed by substituting the amount on Line 5 of this worksheet for the FAGI that you used to compute your federal limitations. Also use the amount on Line 5 of this worksheet instead of Line 1 from Forms 760, 760PY, and 763 when computing Virginia Schedule A, Line 17.

1. Federal Adjusted Gross Income (FAGI) from federal return	1	176499 .00
2. Fixed date conformity additions to FAGI	2	.00
3. Subtotal. Add Lines 1 and 2	3	176499 .00
4. Fixed date conformity subtractions from FAGI	4	.00
5. Fixed date conformity FAGI. Subtract Line 4 from Line 3	5	176499 .00

LIMITED ITEMIZED DEDUCTION WORKSHEET

Part A - Compute Your Itemized Deduction Limitation

Complete this worksheet after completing Lines 1 - 16 of the Virginia Schedule A.

All taxpayers must complete Lines 1 - 11 of this worksheet as though they were residents of Virginia for the entire taxable year.

1. Enter the total amount from Virginia Schedule A, Lines 4, 5a (not to exceed \$10,000 or \$5,000 if married filing separately), 5b, 5c, 6, 10, 14, 15, and 16c	1.	41775 .00
2. Enter the total amount from Virginia Schedule A, Lines 4, 9, and 15, plus any gambling losses included on Line 16a	2.	.00
3. Subtract Line 2 from Line 1. If the result is zero or less, the limitation does not apply. Stop here and follow the instructions for Line 17 of Virginia Schedule A	3.	41775 .00
4. Multiply Line 3 above by 80% (0.80)	4.	33420 .00
5. Enter the total from Line 1 of Form 760, Form 760PY, or Line 763 (or amount from Line 5 of FDC Worksheet)	5.	176499 .00
6. Enter \$326,050 if filing jointly or qualifying widow(er), \$298,850 if head of household, \$271,700 if single, or \$163,025 if married filing a separate return	6.	326050 .00
7. Subtract Line 6 from Line 5. If the result is zero or less, stop here, the limitation does not apply. Stop here and follow the instructions for Line 17 of Virginia Schedule A	7.	-149551 .00
8. Multiply Line 7 above by 3% (0.03)	8.	.00
9. Enter the smaller of Line 4 or Line 8	9.	.00
10. Enter the amount from Line 3 above	10.	.00
11. Divide Line 9 by Line 10. Enter the result to 3 decimal places	11.	.00

12. Limited Itemized Deduction Total

12a. Resident (Form 760) and Nonresident (Form 763) filers

Subtract Line 9 from Line 1 and enter here and on Virginia Schedule A, Line 17. Continue to Part B of the worksheet

12a. .00

12b. Part-Year Resident (Form 760PY) filers

Enter only the itemized deductions paid while a Virginia resident on Virginia Schedule A. Use the steps below to compute the amount to enter on Line 17 of Virginia Schedule A if you are subject to the itemized deduction limitation.

1) Enter the total amount from Virginia Schedule A Lines 4, 5a (not to exceed \$10,000 or \$5,000 if married filing separately), 5b, 5c, 6, 10, 14, 15, and 16c	1	.00
2) Multiply the total amount from Virginia Schedule A, Lines 5a (not to exceed \$10,000 or \$5,000 if married filing separately), 5b, 5c, 6, 8e, 14, and 16c (minus any gambling losses reported on Line 16a) by Line 11	2	.00
3) Subtract Line 2 from Line 1. Enter here and on Virginia Schedule A, Line 17	12b.	.00

Part B - Compute Your State and Local Income Tax Modification

13. Enter the state and local income tax from Virginia Schedule A, Line 5a (not to exceed \$10,000 or \$5,000 if married filing separately). Part year residents enter only the amount paid while a Virginia resident.	13.	.00
14. Multiply Line 13 by Line 11.	14.	.00
15. Subtract Line 14 from Line 13. Enter here and on Virginia Schedule A, Line 18	15.	.00

VA-COMP	Three-year State Tax Return Comparison			2019
Name(s) as shown on return ANAND M DHARMA & HARI PRIYA GOVARD				Taxpayer ID Number 667-34-9777
[State] Income Tax Return	2017	2018	2019	Difference 2018-2019
Filing Status	MFJ	MFJ	MFJ	
Gross Income	204,970	180,479	176,499	(3,980)
Deductions	31,606	32,927	38,785	5,858
Taxable Income	155,267	136,069	132,004	(4,065)
Actual State Income	155,267	136,069	132,004	(4,065)
State Income Tax	8,411	7,307	7,074	(233)
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	9,474	9,077	8,790	(287)
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund	1,063	1,770	1,716	(54)
Balance Due				
Marginal tax rate	5.750000	5.750000	5.750000	
Effective tax rate	5.420000	5.370000	5.360000	(0.010000)