

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) ▶

Taxpayer's name ROHITRAJ DODIA	Social security number 138-75-9457
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	90,116.
2	Total tax	2	12,879.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	15,528.
4	Amount you want refunded to you	4	2,649.
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 perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	9	4	5	7
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now 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 _____ to enter or generate my PIN

--	--	--	--	--

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now 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 signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

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 ▶ 02/08/21

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial ROHITRAJ	Last name DODIA	Your social security number 138-75-9457
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 4307 W 36TH ST., SAINT LOUIS PARK		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. MINNEAPOLIS	State MN	ZIP code 55416	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input 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	95,904.
Attach Sch. B if required.	2a Tax-exempt interest	2a		
	3a Qualified dividends	3a		
	4a IRA distributions	4a		
	5a Pensions and annuities	5a		
	6a Social security benefits	6a		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		7	
	8 Other income from Schedule 1, line 9		8	-5,488.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	90,416.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:			
	a From Schedule 1, line 22	10a		
	b Charitable contributions if you take the standard deduction. See instructions	10b	300.	
	c Add lines 10a and 10b. These are your total adjustments to income		10c	300.
	11 Subtract line 10c from line 9. This is your adjusted gross income		11	90,116.
	12 Standard deduction or itemized deductions (from Schedule A)		12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	42.
	14 Add lines 12 and 13		14	12,442.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	77,674.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	12,879.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	12,879.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	12,879.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	12,879.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	15,528.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	15,528.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	15,528.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,649.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,649.
b	Routing number 091000022	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 104784797417		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions **Yes.** Complete below. **No**

Designee's name _____ 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.

Your signature	Date	Your occupation QUALITY ANALYST	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/08/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522 Firm's EIN 30-1017196

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

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

Your social security number
138-75-9457

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	212.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,700.
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	-5,488.

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 deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor ROHITRAJ DODIA		Social security number (SSN) 138-75-9457
A Principal business or profession, including product or service (see instructions) QUALITY ANALYST	B Enter code from instructions ▶ 519100	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ 4307 W 36TH ST., SAINT LOUIS PARK City, town or post office, state, and ZIP code MINNEAPOLIS, MN 55416		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2020, check here		<input type="checkbox"/>
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/>	1	6,912.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	6,912.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	6,912.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	6,912.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		
9 Car and truck expenses (see instructions).	9		
10 Commissions and fees	10		
11 Contract labor (see instructions)	11		
12 Depletion	12		
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		
14 Employee benefit programs (other than on line 19)	14		
15 Insurance (other than health)	15		
16 Interest (see instructions):			
a Mortgage (paid to banks, etc.)	16a		
b Other	16b		
17 Legal and professional services	17		
18 Office expense (see instructions)	18		
19 Pension and profit-sharing plans	19		
20 Rent or lease (see instructions):			
a Vehicles, machinery, and equipment	20a		
b Other business property	20b	2,500.	
21 Repairs and maintenance	21		
22 Supplies (not included in Part III)	22		
23 Taxes and licenses	23		
24 Travel and meals:			
a Travel	24a	2,000.	
b Deductible meals (see instructions)	24b	1,200.	
25 Utilities	25	1,000.	
26 Wages (less employment credits)	26		
27a Other expenses (from line 48)	27a		
27b Reserved for future use	27b		
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28	6,700.	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	212.	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	212.	
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			
		32a <input checked="" type="checkbox"/> All investment is at risk.	
		32b <input type="checkbox"/> Some investment is not at risk.	

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

2020

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

ROHITRAJ DODIA

138-75-9457

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 2020 that would require you to file Form(s) 1099? See instructions **Yes** **No**

B If "Yes," did you or will you file required Form(s) 1099? **Yes** **No**

1a	Physical address of each property (street, city, state, ZIP code)				
A	GOWRI TOWERS HYDERABAD TELANGANA IN 500049				
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	3		185	0	<input type="checkbox"/>
B					<input type="checkbox"/>
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		450.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		600.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		800.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,600.		
15	Supplies	15		1,550.		
16	Taxes	16				
17	Utilities.	17		1,600.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		6,150.		
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		-5,700.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(-5,700.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		450.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		6,150.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		(5,700.)		
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), line 5. Otherwise, include this amount in the total on line 41 on page 2	26				-5,700.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment
Sequence No. **55**

▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return

ROHITRAJ DODIA

Your taxpayer identification number

138-75-9457

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	ROHITRAJ DODIA	138-75-9457	212.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	212.	
3	Qualified business net (loss) carryforward from the prior year	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	212.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		42.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		42.
11	Taxable income before qualified business income deduction	77,716.	
12	Net capital gain (see instructions)	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	77,716.	
14	Income limitation. Multiply line 13 by 20% (0.20)		15,543.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶		42.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		(0.)

Additional information from your 2020 Federal Tax Return**Schedule C (QUALITY ANALYST): Profit or Loss from Business****Line 25****Itemization Statement**

Description	Amount
INTERNET	600.
PHONE CHARGES	400.
Total	1,000.



2020 Form M1, Individual Income Tax

<u>ROHITRAJ</u> Your First Name and Initial	<u>DODIA</u> Your Last Name	<u>138759457</u> Your Social Security Number (SSN)	<u>03281994</u> Your Date of Birth
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth
<u>4307 W 36TH ST., SAI</u> Current Home Address	<u>MINNEAPOLIS</u> City	<u>MN</u> <u>55416</u> State ZIP Code	Check if Address is: <input type="checkbox"/> New <input type="checkbox"/> Foreign

2020 Federal Filing Status (place an X in one box):

(1) Single (2) Married Filing Jointly (3) Married Filing Separately (4) Head of Household (5) Qualifying Widow(er)

Spouse Name _____
Spouse SSN _____

Dependents (see instructions):

Dependent 1 First Name _____	Dependent 1 Last Name _____	Dependent 1 SSN _____	Dependent 1 Relationship to You _____
Dependent 2 First Name _____	Dependent 2 Last Name _____	Dependent 2 SSN _____	Dependent 2 Relationship to You _____
Dependent 3 First Name _____	Dependent 3 Last Name _____	Dependent 3 SSN _____	Dependent 3 Relationship to You _____

State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

Political Party Code Numbers:

Your Code _____	Spouse's Code _____	Republican—11	Independence—13	Green—15	Legal Marijuana Now—17
		Democratic/Farmer-Labor—12	Grassroots/Legalize Cannabis—14	Libertarian—16	General Campaign Fund—99

From Your Federal Return (see instructions)

<u>95904</u> A. Wages, salaries, tips, etc.	<u>0</u> B. IRA, pensions, and annuities	<u>0</u> C. Unemployment	<u>77674</u> D. Federal taxable income
--	---	-----------------------------	---

1	Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR)	1 ■	<u>90116</u>
2	Additions to Minnesota income from line 17 of Schedule M1M (see instructions; enclose Schedule M1M)	2 ■	<u>300</u>
3	Add lines 1 and 2.	3	<u>90416</u>
4	Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions)	4 ■	<u>12400</u>
5	Exemptions (determine from instructions)	5 ■	_____
6	State income tax refund from line 1 of federal Schedule 1.	6 ■	_____
7	Other subtractions from Minnesota income from line 47 of Schedule M1M (see instructions; enclose Schedule M1M)	7 ■	_____
8	Total subtractions. Add lines 4 through 7.	8	<u>12400</u>
9	Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank.	9	<u>78016</u>
10	Tax from the table in the Form M1 instructions	10	<u>4916</u>
11	Alternative minimum tax (enclose Schedule M1MT)	11 ■	_____



12 Add lines 10 and 11 12 4916

13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.
Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) 13 4916

13a ■ 0 13b ■ 0

14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)
 (a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS 14 ■ _____

15 Tax before credits. Add lines 13 and 14 15 4916

16 Amount from line 17 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) 16 ■ _____

17 Subtract line 16 from line 15 (if result is zero or less, leave blank) 17 4916

18 Nongame Wildlife Fund contribution (see instructions)
This will reduce your refund or increase the amount you owe 18 ■ _____

19 Add lines 17 and 18 19 4916

20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) 20 ■ 5701

21 Minnesota estimated tax and extension payments made for 2020 21 ■ _____

22 Amount from line 9 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF) 22 ■ _____

23 Total payments. Add lines 20 through 22 23 5701

24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).
For direct deposit, complete line 25 24 ■ 785

25 Direct deposit of your refund (you must use an account not associated with a foreign bank):
 Checking Savings 091000022 104784797417
Routing Number Account Number

26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) 26 ■ _____

27 Penalty amount from Schedule M15 (see instructions). Also subtract
this amount from line 24 or add it to line 26 (enclose Schedule M15) 27 ■ _____

IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29.

28 Amount from line 24 you want sent to you 28 ■ _____

29 Amount from line 24 you want applied to your 2021 estimated tax 29 ■ _____

Taxpayer: I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature _____
6125008322
Daytime Phone

SYAM PRIYA RAM SAGAR GUPTA TALLAM
Paid Preparer's Signature
6789659522
Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) _____ Date (MM/DD/YYYY) _____
28ROHITRAJ@GMAIL.COM
Email Address

03082021 P02082703
Date (MM/DD/YYYY) PTIN or VITA/TCE # (required)

SYAM@GTAXFILE.COM
Preparer's Email Address

I do not want my paid preparer to file my return electronically.

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

Include a copy of your 2020 federal return and schedules.

Mail to: Minnesota Individual Income Tax, St. Paul, MN 55145-0010
1031



2020 Schedule M1M, Income Additions and Subtractions

Complete this schedule to determine line 2 and line 7 of Form M1.

ROHITRAJ
Your First Name and Initial

DODIA
Your Last Name

138759457
Your Social Security Number

Additions to Income

- 1 Interest from municipal bonds of another state or its governmental units included on line 2a of federal Form 1040 **1** ■ _____
- 2 Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 2a of federal Form 1040 **2** ■ _____
- 3 Federal bonus depreciation addition (*determine from worksheet in the instructions*) **3** ■ _____
- 4 This line intentionally left blank **4** ■ _____
- 5 State taxes passed through to you (*see instructions*) **5** ■ _____
- 6 Expenses deducted on your federal return attributable to income not taxed by Minnesota (*other than interest or mutual fund dividends from U.S. bonds*) **6** ■ _____
- 7 Foreign-derived intangible income deduction under section (*see instructions*) **7** ■ _____
- 8 Suspended loss from bonus depreciation (*see instructions and worksheets*) **8** ■ _____
- 9 Capital gain portion of a lump-sum distribution (*from line 6 of federal Form 4972; enclose Form 4972*) ... **9** ■ _____
- 10 Net operating loss carryover adjustment (*see instructions*) **10** ■ _____
- 11 Addition from line 7 of Schedule M1HOME (*enclose Schedule M1HOME*) **11** ■ _____
- 12 Accelerated recognition of nonresident installment sales (*enclose Schedule M1AR*) **12** ■ _____
- 13 Distributions from higher education savings accounts used for K-12 tuition (*see instructions*) **13** ■ _____
- 14 This line intentionally left blank **14** ■ _____
- 15 This line intentionally left blank **15** ■ _____
- 16 Addition from line 32 of Schedule M1NC **16** ■ _____ 300
- 17 Add lines 1 through 16. Enter the total here and on line 2 of Form M1 **17** _____ 300

Subtractions from Income

- 18 Net interest or mutual fund dividends from U.S. bonds (*see instructions*) **18** ■ _____
- 19 Education expenses you paid for your qualifying children in grades K-12 (*see instructions*)
Enter the name and grade of each child on the line below: **19** ■ _____
- 20 If you are not filing Schedule M1SA, and your charitable contributions were more than \$500, see instructions **20** ■ _____
- 21 Federal bonus depreciation subtraction (*see instructions and worksheet*) **21** ■ _____
- 22 Section 179 Expensing Subtraction (*see instructions*) **22** ■ _____





- 23 Subtraction for persons age 65 or older, or permanently and totally disabled (*enclose Schedule M1R*) . . . 23 ■ _____
- 24 Railroad Retirement Board benefits (*see instructions*) 24 ■ _____
- 25 If you are a resident of Michigan or North Dakota filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is zero or less, enter 0 25 ■ _____
 - Place an X in one box to indicate the reciprocity state of which you were a resident during 2020 Michigan North Dakota
- 26 Subtraction of reservation income for American Indians (*see instructions*) 26 ■ _____
- 27 Federal active duty military pay received for services performed while a Minnesota resident, to the extent the income is federally taxable. If you received a military pension, see line 32 27 ■ _____
- 28 **Minnesota National Guard members and reservists:** See instructions 28 ■ _____
- 29 **Residents of another state:** Enter your federal active service military pay, to the extent the income is federally taxable. If you received a military pension, see line 32. 29 ■ _____
- 30 Organ Donor Subtraction (*see instructions*) 30 ■ _____
- 31 Disallowed section 280E expenses of medical cannabis manufacturers (*see instructions*) 31 ■ _____
- 32 Subtraction for military pensions or other military retirement pay (*see instructions*) 32 ■ _____
- 33 Gain from the sale of farm property (*see instructions*) 33 ■ _____
- 34 Post-service education awards received for service in an AmeriCorps National Service program 34 ■ _____
- 35 Net operating loss carryover adjustment (*see instructions*) 35 ■ _____
- 36 Prior addback of reacquisition of indebtedness income (*see instructions*) 36 ■ _____
- 37 Subtraction for railroad maintenance expenses. 37 ■ _____
- 38 Subtraction for contributions to a qualified education savings plan (*enclose Schedule M1529*) 38 ■ _____
- 39 Social Security benefit subtraction (*determine from worksheet in instructions*) 39 ■ _____
- 40 Subtraction for interest earned from a designated first-time homebuyer savings account (*enclose Schedule M1HOME*) 40 ■ _____
- 41 Subtraction for discharge of indebtedness of educational loans (*see instructions*) 41 ■ _____
- 42 Income from prior-year partnership sale (see instructions) (*see instructions*). 42 ■ _____
- 43 Deferred foreign income recognized under section 965 of the Internal Revenue Code 43 ■ _____
- 44 Global intangible low-taxed income included in gross income under section 951A of the Internal Revenue Code. 44 ■ _____
- 45 Subtraction from line 32 of Schedule M1NC. Enter as a positive number. 45 ■ _____
- 46 This line intentionally left blank. 46 ■ _____
- 47 Add lines 18-46. Enter the total here and on line 7 of Form M1. 47 _____

You must include this schedule with your Form M1.



2020 Schedule M1W, Minnesota Income Tax Withheld

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

ROHITRAJ
Your First Name and Initial

DODIA
Last Name

138759457
Your Social Security Number

If a Joint Return, Spouse's First Name and Initial

Spouse's Last Name

Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for: • you, enter 1 • spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>3213474</u>	d1 <u>95904</u>	e1 <u>5701</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) _____

Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) 1 ■ 5701

2 Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) _____

Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) 2 ■ _____

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) 3 ■ _____

4 Total. Add the Minnesota tax withheld on lines 1, 2, and 3.
Enter the total here and on line 20 of Form M1 **4 ■ 5701**

**Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and KF.**



2020 Schedule M1NC, Federal Adjustments

Minnesota has not adopted the federal law changes enacted after December 31, 2018, that affect federal adjusted gross income for tax year 2020. This schedule allows for any necessary adjustments required to file a state tax return.

ROHITRAJ
Your First Name and Initial

DODIA
Last Name

138759457
Social Security Number

Read the instructions before you complete this schedule.

Enter amounts as a positive or negative.
Round amounts to the nearest whole dollar.

Adjustments to federal adjusted gross income (FAGI)

- 1 Home mortgage debt cancelled in 2020 and excluded from federal income 1 ■ _____
- 2 Tuition and fees deduction from line 21 of federal Schedule 1. 2 ■ _____
- 3 Distributions from higher education savings accounts used for apprenticeship programs or student loan payments. 3 ■ _____
- 4 IRA distributions related to Coronavirus to be repaid over extended time 4 ■ _____
- 5 Certain retirement account withdrawals excluded from income 5 ■ _____
- 6 Charitable contribution deduction for filers who claim the federal standard deduction 6 ■ _____ 300
- 7 This line intentionally left blank. 7 ■ _____
- 8 This line intentionally left blank. 8 ■ _____
- 9 Paycheck Protection Program loan forgiveness 9 ■ _____
- 10 Exclusion for certain employer payments of student loans. 10 ■ _____
- 11 Employee Retention Credit under the CARES Act 11 ■ _____
- 12 Employee Retention Credit for employers affected by qualified disasters. 12 ■ _____
- 13 NOL carryovers and suspension of 80% Limit. 13 ■ _____
- 14 Modification of excess loss limitation or excess business loss 14 ■ _____
- 15 Subpart F Income Adjustment 15 ■ _____
- 16 Modification of business interest limitation 16 ■ _____
- 17 Qualified Improvement Property technical fix 17 ■ _____
- 18 Employer credit for paid medical leave and Employer payroll credit for required paid family leave 18 ■ _____
- 19 TCDTR basis and depreciation provisions 19 ■ _____
- 20 Credit provisions impacting basis and depreciation 20 ■ _____
- 21 Credit provisions impacting business expenses 21 ■ _____
- 22 Other adjustments to federal adjusted gross income 22 ■ _____
- 23 TCDTR20 basis and depreciation provisions 23 ■ _____





24	Loans, grants, and loan repayment assistance under the CARES Act excluded from income (see instructions)	24 ■	_____
25	Temporary Allowance of Full Deduction for Business Meals (see instructions)	25 ■	_____
26	This line intentionally left blank	26 ■	_____
27	This line intentionally left blank	27 ■	_____
28	This line intentionally left blank	28 ■	_____
29	This line intentionally left blank	29 ■	_____
30	This line intentionally left blank	30 ■	_____
31	If you have an amount on lines 1 through 30, and an adjustment to income subject to a rule involving adjusted gross income such as an IRA deduction, Social Security income, rental real estate loss, or student loan interest, see instructions.	31 ■	_____
32	Add lines 1-31. If the result is positive, enter it on Form M1M, line 16. If the amount is negative, enter it as a positive number on Form M1M, line 45	32 ■	_____ 300
33	Line 1 of Form M1.	33 ■	_____ 90116
34	Minnesota adjusted gross income. Add lines 32 and 33, then see instructions	34 ■	_____ 90416

You must include this schedule when you file Form M1.

