Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

- Internal N	leveride Service						
Submis	ssion Identification Number (SID)						
Taxpayer	r's name	So	cial securi	ty numb	er		
SAI	BHARGAV PARIMI		079-15	-3500			
Spouse's			ouse's soc			mber	
Part l	Tax Return Information — Tax Year Ending December 31, 2020	(Enter ye	ar vou a	ro aut	ooriz	ina)	
	whole dollars only on lines 1 through 5.	(Enter ye	ar you a	ire auti	10112	iiig.)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	Adjusted gross income			11		71,	694.
	Total tax			2			831.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		10,	595.
4	Amount you want refunded to you			4			764.
5	Amount you owe			5			
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get	and kee	p a cop	y of y	our r	eturi	า)
return (o to send for any o Agent to payment authoriza payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part original or amended) I am now authorizing. I consent to allow my intermediate service provider, my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize a initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial is action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to text, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellating a days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to ali identification number (PIN) below is my signature for the income tax return (original or amencial Funds Withdrawal Consent.	transmitter for rejection e the U.S. of unt indicate institution to erminate the on request d in the pro-	or, or electron of the transury a sed in the transury a debit the e authorizes must be cessing or nent. I fur	onic return ransmiss on the distribution of th	urn ori sion, (esigna aration this o revo ed no ctroni anowle	iginato (b) the ated F n softw accou oke (ca o later ic payredge t	or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of that the
	yer's PIN: check one box only						
X	I authorize GLOBAL TAXES LLC to enter or ger	nerate my	PIN 5	3 5	0	0	as my
•••	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	iorato my	En	ter five o n't enter		but	ao my
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.						
Your si	gnature ▶ Da	te ▶					
Spouse	e's PIN: check one box only						
Ороизс	I authorize to enter or ger	nerate my	DINI				as my
	ERO firm name	icrate my		ter five o	ligits, l		ao iiiy
	signature on the income tax return (original or amended) I am now authorizing.		do	n't enter	all ze	ros	
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.						
Spouse	e's signature ▶ Da	te ▶					
	Practitioner PIN Method Returns Only—continue	below					
Part II	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 8	9
			Don't ent	er all zer	os		
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual incred to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I aments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provide	n submittin	ıg this reti	urn in a	ccord	anće v	
ERO's	signature ▶ Da	te ▶					
	ERO Must Retain This Form — See Instruction	ons					
	Don't Submit This Form to the IRS Unless Requested		So				

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly bu checked the MFS box, enter the son is a child but not your depende	name of	ed filing separately your spouse. If you	•	_		•	. —				
Your first name	and m	iddle initial	Last na	me					Yo	our so	cial securit	y number	
SAI BHAI	RGAV		PARI	ARIMI					0	79-1	15-3500	C	
If joint return, s	pouse's	s first name and middle initial	Last na	_ast name					Sp	Spouse's social security number			
Home address	•	er and street). If you have a P.O. box, se	l ee instructio	ons.				Apt. no.	CI	heck h	nere if you,	•	
City, town, or p	ost offi	ce. If you have a foreign address, also o	complete s	paces below.	Sta			code			0,	tly, want \$3 Checking a	
LEWIS C		R			0			3035			ow will not	change	
Foreign country name				Foreign province/stat	e/cour	ty	For	reign postal co	ode yo	ur tax	or refund.	Spouse	
At any time du	ıring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquir	e any	financial i	nterest i	n any virtua	l curre	ncy?	Yes	⊠ No	
Standard Deduction		neone can claim:	•	-			ent						
Age/Blindness	s You	: Were born before January 2,	1956	Are blind S	pouse	e: 🗌 Wa	s born b	efore Janua	ıry 2, 1	956	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relat	ionship	(4) 🗸	if qualit	fies for	r (see instrud	ctions):	
If more		irst name Last name		number	,	to y	ou .	1	ax credi	- 1		ner dependents	
than four													
dependents, see instruction													
and check	5 —												
here ▶ □													
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	7	79,696.	
Attach	2a	Tax-exempt interest	2a		b 7	axable int	erest			2b			
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary di	vidends			3b			
	4a	IRA distributions	4a		b 7	axable an	nount .			4b			
	5a	Pensions and annuities	5a		b 7	axable an	nount .			5b			
Standard	6a	Social security benefits	6a		b 7	axable an	nount .			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sch	edule D if	frequired. If not re	quirec	l, check he	ere .)	▶ □	7		-2.	
Married filing	8	Other income from Schedule 1, li	ine 9 .							8	_	-6,000.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come				. ▶	9	7	73,694.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22					10a	2,	000.				
widow(er), \$24,800	b	Charitable contributions if you tak	e the star	ndard deduction. S	ee inst	ructions	10b						
Head of	С	Add lines 10a and 10b. These are	Add lines 10a and 10b. These are your total adjustments to income							10c	;	2,000.	
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross in	come				. ▶	11	7	71,694.	
If you checked	12	Standard deduction or itemize	d deduct	ions (from Schedu	le A)					12		L2,400.	
any box under Standard	13	Qualified business income deduc	ction. Atta	ach Form 8995 or I	orm 8	3995-A .				13			
Deduction, see instructions.	14	Add lines 12 and 13								14	1	12,400.	
occ monuclions.	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or les	s, ente	er -0				15	5	59,294.	

Form 1040 (2020))									I	Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌			. 16	8,8	31.
	17	Amount from Schedule 2, lin	ne 3						. 17		
	18	Add lines 16 and 17							. 18	8,8	31.
	19	Child tax credit or credit for	other dependen	ts					. 19		
	20	Amount from Schedule 3, lin	ne 7						. 20		
	21	Add lines 19 and 20							. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					. 22	8,8	31.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				. 23		0.
	24	Add lines 22 and 23. This is	your total tax						▶ 24	8,8	31.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	10	,59	5.		
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c	,						. 25d	10,5	95.
	26	2020 estimated tax payment							. 26	,	
If you have a qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC. If you have	28	Additional child tax credit. A				28					
nontaxable	29	American opportunity credit				29					
combat pay, see instructions.	30	Recovery rebate credit. See		•		30					
	31	Amount from Schedule 3. lin				31					
	32	Add lines 27 through 31. The					edits		▶ 32		
	33	Add lines 25d, 26, and 32. T	•						▶ 33	10,5	95
	34	If line 33 is more than line 24						•	. 34	1,7	
Refund	35a	Amount of line 34 you want				-	-	▶ [35a	1,7	
Direct deposit?	> b	Routing number 0 7 1				Chec		Savin		Δ,,	
See instructions.	►d	Account number 3 2 8			l l l		Nilig □,	Javiii	ys		
	36	Amount of line 34 you want a			nd tov	36					
Amarint		•				_			. 27		
Amount You Owe	37	Subtract line 33 from line 24		•					▶ 37		
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for									
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details. Estimated tax penalty (see instructions)									
instructions.	38										
Third Party		you want to allow another	•				□Vaa C		to bolovi	X No	
Designee				Phone			☐ Yes. Co	•		△ NO	
		signee's me ▶		no.				onal Id oer (Pl	lentification N) ►		\Box
Sign	Un	der penalties of perjury, I declare t	hat I have examine		d accompanying sc	hedules	and stateme	nts. an	d to the be	st of my knowled	dge and
•		lief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			1	f the IRS se	nt you an Identity	у
	k									IN, enter it here	
Joint return?					SOFTWARE		NEER	-+	see inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	ation				nt your spouse a ection PIN, enter	
your records.									see inst.)	I I I I	
	Ph	one no.		Email address					<u> </u>		
-		eparer's name	Preparer's signat	l .		Date		PTIN	I	Check if:	
Paid		•	'		מווסדם דמו.ו.מו		15/2021		082703	Self-emplo	oved
Preparer										(678)965-9	<u> </u>
Use Only		0500 - 111 - 1 - 1 - 2 - 00044									
Co to warm for				Cannari			104/00/01 75 7		Firm's EIN	Form 104 (
GO TO WWW.Irs.go	JV/FOR	n1040 for instructions and the late	st information.		BAA	REV	04/02/21 PRC	,		Form 1040	(2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Attachment

Your social security number

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0074

SAI BHARGAV PARIMI 079-15-3500 Part I **Additional Income** 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -6,000. 6 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -6,000. Adjustments to Income Part II 10 Educator expenses 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 Moving expenses for members of the Armed Forces, Attach Form 3903 13 13 14 Deductible part of self-employment tax. Attach Schedule SE 14 15 Self-employed SEP, SIMPLE, and qualified plans 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction 20 20 21 21 2,000. 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

2,000.

22

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

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.

Name(s) shown on return Your social security number 079-15-3500

SAI BHARGAV PARIMI Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 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 -2. 29. 31. 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 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -2. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -2. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. 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 • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. Are lines 15 and 16 both gains? 17 ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 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 18 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 . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 2. _) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

► 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.

OMB No. 1545-0074

2020
Attachment
Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

Part I

Department of the Treasury

Social security number or taxpayer identification number

079-15-3500

SAI BHARGAV PARIMI

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.

instructions). For long-term transactions, see page 2.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

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. X (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 Adjustment, if any, to gain or loss. 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss). (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions with column (g) instructions Robinhood Securities LLC 03/19/20 05/18/20 29. 31. -2. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your

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.

29.

-2.

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) ▶

31.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Attachment Sequence No. 13

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

Department of the Treasury

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Your social security number

SAI BHARGAV PARIMI 079-15-3500 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I 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 Physical address of each property (street, city, state, ZIP code) Α NIDAMANURU VIJAYAWADA ANDHRA PRADESH IN 521104 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV 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 (from list below) **Days Days** 365 0 Α Α qualified joint venture. See instructions. В В С C Type of Property: 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:** Α 3 Rents received . 3 600. 4 Royalties received 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 1,200. 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 500. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 Repairs. 14 1,200. 15 1,200. 15 Supplies . Taxes 16 16 17 17 2,500. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 6,600. 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 -6,000. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -6,000.) 600 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 6,600. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 6,000. 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

26

-6,000.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Form **8917**(Rev. January 2020)

Tuition and Fees Deduction

► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8917 for the latest information.

OMB No. 1545-0074

Attachment Sequence No. **60**

Internal Revenue Service
Name(s) shown on return

Department of the Treasury

SAI BHARGAV PARIMI

Your social security number 079-15-3500



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You can't take both an education credit from Form 8863 and the tuition and fees deduction from this form for the same student for the same tax year.

same

Before you begin:

- ✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below.
- ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
 - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
 - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

1			
	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)
	SAI BHARGAV PARIMI	079-15-3500	13,800.
2	Add the amounts on line 1, column (c), and enter the total	2	13,800.
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR	73,694.	
4	• For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36.		
	• For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.		
	• For later years: See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed	1	
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 stop; you can't take the deduction for tuition and fees		73,694.
	*If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding incom Effect of the Amount of Your Income on the Amount of Your Deduction i amount to enter on line 5.		
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,0 filling jointly)?	00 (\$130,000 if married	
	Yes. Enter the smaller of line 2, or \$2,000.	6	2,000.
	No. Enter the smaller of line 2, or \$4,000.		2,000.

Also enter this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See *www.irs.gov/Form8917* to find out if the line references above for 2019 have changed.

Illinois Department of Revenue

2020 Form IL-1040

Individual Income Tax Return or for fiscal year ending ___/__

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

1995

079-15-3500

SAI BHARGAV

PARIMI

1230 WOODRIDGE DR

LEWIS CENTER

OH 43035



В	Filing status: Single Married filing jointly Married filing separately Widowed Head	of househo	ld
С	Check If someone can claim you, or your spouse if <u>filing</u> jointly, as a dependent. See instructions. You	Spouse	
D	Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR ☐ Part-year resider		
Ste	ep 2: Income	(Whol	e dollars only)
1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	71,694 <u>.00</u>
2	Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
3	Other additions. Attach Schedule M.	3	.00 71,694 _{.00}
4	Total income. Add Lines 1 through 3.	4	71,694.00
ນ _	ep 3: Base Income		
5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	.00	
	received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,	.00	
6	Schedule 1, Ln. 1. 6	.00	
5 7	Schedule 1, Ln. 1. 6 Other subtractions. Attach Schedule M. 7	.00	
Š	Check if Line 7 includes any amount from Schedule 1299-C.		
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
8 9 9	Illinois base income. Subtract Line 8 from Line 4.	9	71,694.00
_y Ste	p 4: Exemptions		
	a Enter the exemption amount for yourself and your spouse. See instructions. a 2,33		
D.	b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c		
olapie	c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	.00	
•	Attach Schedule IL-E/EIC.	0.00	
	Exemption allowance. Add Lines a through d.	10	2,325.00
Ste	p 5: Net Income and Tax		
11	Residents: Net income. Subtract Line 10 from Line 9.		
	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule	NR. 11	3,907 _{.00}
12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		100
<u> </u>	Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	193.00
5 13	Recapture of investment tax credits. Attach Schedule 4255. Income tax. Add Lines 12 and 13. Cannot be less than zero.	13 14	
	pp 6: Tax After Nonrefundable Credits	14	175.00
3	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	.00	
17	Property tax and K-12 education expense credit amount from Schedule ICR.	.00	
ž .	Attach Schedule ICR.	.00	
	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17	.00	
	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0.00
	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	193.00
	p 7: Other Taxes		
	Household employment tax. See instructions.	20	.00
ภิ 21		01	0.00
7 22	in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	21 22	0.00
23	Total Tax. Add Lines 19, 20, 21, and 22.	23	193.00

IL-1040 2D Front (R-12/20)

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.





24	Total tax	from Pa	ge 1, Line 23.					24	193.00		
Step	o 8: Pay	ments a	nd Refundabl	e Credit							
25	Illinois Ind	come Tax	withheld. Attach	n Schedule IL-W	IT.		25	299.00			
26	Estimate	d paymer	nts from Forms IL	-1040-ES and II	505-I,						
i	including	any over	payment applied	from a prior year	ır return.		26	.00			
		-	nolding. Attach S				27	.00			
						ttach Schedule IL-E/EIC	. 28	.00	000		
			nd refundable o	redit. Add Lines	25 through	28.		29	299.00		
	9: Tota								106		
		•	than Line 24, sul					30	106.00		
			than Line 29, sul					31	.00		
					•	ations - Only com		for late-paym	ent penalty		
	-	-				y charitable dona		00			
	 32 Late-payment penalty for underpayment of estimated tax. 32										
	_					ntly living in a nursing	n home				
	_	-			-	ear and you annualiz	-	on Form IL-221	0.		
	_	-	ı IL-2210.	,		,	,				
(d 🔲 Che	eck if you	were not require	ed to file an Illino	is Individual	Income Tax return in	the previous tax	year.			
33 '	33 Voluntary charitable donations. Attach Schedule G. 33 .00										
34	Total per	nalty and	donations. Add	Lines 32 and 3	3.			34	.00		
Step 11: Refund											
35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30.											
-	This is your overpayment.								106.00		
36 Amount from Line 35 you want refunded to you . Check one box on Line 37. See instructions. 36									106.00		
37	37 I choose to receive my refund by										
a 🗵 direct deposit - Complete the information below if you check this box.											
	Routing number 0 7 1 0 0 0 0 1 3 X Checking or Savings										
			Account numbe	r 3 2 8 6	2 5 8	7 3		1			
	_										
	b ∐ IIIir htti	ois Indiv	/idual Income Ta inois.gov/Debit(ax refund debit	card. I ackn	owledge I have revie	wed the card info	ormation found a	at		
		er check	_	July prior to ma	iting tino olo	otion.					
			i ted forward. Sul	btract Line 36 fro	m Line 35.	See instructions.		38	.00		
Ster	o 12: An	nount Yo	ou Owe								
			ount on Line 31,	add Lines 31 an	d 34 - or -						
	-		ount on Line 31,			Line 34					
	-		om Line 34. This					39	.00		
			nt return, both yo								
Ste	•	-			-	return and, to the bes	t of my knowleda	e. it is true. corre	ct, and complete.		
Sign		portar					i oi iii, i ii oiii oug	1, ,)-5234		
Here	\/a	-:		Deta (/- - /	O		D	` '			
		signature			Spouse's sign		Date (mm/dd/yyyy)	Daytime phone			
Paid			M SAGAR GUPTA TAI	LAM		AM SAGAR GUPTA TALLAM	04/15/2021		P02082703		
Prepai	rer 💳		preparer's name		Paid prepare	-	Date (mm/dd/yyyy)	self-employed Paid Preparer's PTIN			
Use O	ппу ——	s name		TAXES LLC			Firm's FEIN	4 3			
Third	Firm'	s address	2530 Pebl	ole Creek LnC	umming	GA 30041	Firm's phone	(070) 303			
Third Party						()			Check if the Department may discuss this return with the third		
	nee Desi	gnee's nar	me (please print)			Designee's phone num	nber		e shown in this step.		
		Ketei	า เอ เทe 2020	<i>ı</i> 1L-1U4U Ins	struction	s for the addre	ss to mail y	our return.			

ID: 3WM REV 03/17/21 PRO

IL-1040 2D Back (R-12/20) Printed by authority of the State of Illinois - web only, 1.

DR_____

AP_____

RR DC IR ID





Illinois Department of Revenue 2020 Schedule NR

Attach to your Form IL-1040

Nonresident and Part-Year Resident Computation of Illinois Tax IL Attachment No. 2

	SAI BHARGAV PARIMI	0 7 9 _ 1 5 _ 3 5 0 0
	Your name as shown on your Form IL-1040	Your Social Security number
3	tep 1: Provide the following information	
	Were you, or your spouse if "married filing jointly," a full-year resident	of Illinois during the tax year?
	Yes No If you answered "Yes," STOP you	a cannot use this form (see instructions).
•	If you, or your spouse if "married filing jointly," were a part-year reside	ent during the tax year, tell us your residency dates for 2020.
ć	I lived in Illinois from / / <u>2 0</u> to / / <u>2 0</u> I li Month Day Year Month Day Year	ived in from / / <u>2 0</u> to / / <u>2 0</u> State Month Day Year Month Day Year
k	My spouse lived in Illinois from/ / <u>2</u> <u>0</u> to/ / <u>2</u> <u>0</u> Month Day Year Month Day Year	
3	If you were a resident of any of the states listed below during the tax was in the military, or if you elected to use your service member spou	
	☐ Iowa ☐ Kentucky ☐ Michigan	Wisconsin Military Spouse
	List any state other than Illinois or any states already indicated on Lir Enter the two-letter abbreviation of that state.	ne 2 or 3 above, that you claimed residency for tax purposes in 2020.

Step 2: Complete Form IL-1040

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

			Column A Federal Total	Column B Illinois Portion
5	Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1)	5 _	79,696 _{.00}	6,037 _{.00}
6	Taxable interest (federal Form 1040 or 1040-SR, Line 2b)	6 _	.00	.00
7	Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b)	7_	.00	.00
8	Taxable refunds, credits, or offsets of state and local income taxes			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 1)	8 _	.00	.00
9	Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a)	9 _	.00	.00
10	Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3)	10 _	.00	.00
11	Capital gain or loss (federal Form 1040 or 1040-SR, Line 7)	11 _	-2.00	0.00
12	Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4)	12 _	.00	.00
13	Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b)	13 _	.00	.00
14	Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b)	14 _	.00	
15	Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 5)	15 _	-6,000 _{.00}	0.00
16	Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6)	16 _	.00	.00.
17	Unemployment compensation and Alaska Permanent Fund dividends			
	(federal Form 1040 or 1040-SR, Schedule 1, Line 7)	17 _	.00.	.00
18	Taxable Social Security benefits (federal Form 1040 or 1040-SR, Line 6b)	18 _	.00	.00
19	Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line			
	Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 _	.00	.00
\rfloor_{20}	Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in	ncome.	20	6,037 _{.00}
	Continue with Step 3 on Page 2	- K		
	10 11 12 13 14 15 16 17 18 19	 6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b) 7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) 8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) 9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) 10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) 11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) 12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) 13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) 14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) 15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 5) 16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6) 17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040 or 1040-SR, Schedule 1, Line 7) 18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Schedule 1, Line 6b) 19 Other income. See instructions. (federal Form 1040 or 1040-SR, Schedule 1, Line Include winnings from the Illinois State Lottery as Illinois income in Column B. 20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total in Continue with Step 3 on Page 2 	6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b) 7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) 7 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) 8 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) 9 Alimony received (federal Form 1040 or 1040-SR, Schedule 1, Line 2a) 10 Business income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 3) 11 Capital gain or loss (federal Form 1040 or 1040-SR, Line 7) 12 Other gains or losses (federal Form 1040 or 1040-SR, Schedule 1, Line 4) 13 Taxable IRA distributions (federal Form 1040 or 1040-SR, Line 4b) 14 Pensions and annuities (federal Form 1040 or 1040-SR, Line 5b) 15 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (federal Form 1040 or 1040-SR, Schedule 1, Line 6) 16 Farm income or loss (federal Form 1040 or 1040-SR, Schedule 1, Line 6) 17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040 or 1040-SR, Schedule 1, Line 7) 18 Taxable Social Security benefits (federal Form 1040 or 1040-SR, Schedule 1, Line 8) Include winnings from the Illinois State Lottery as Illinois income in Column B. 19 Include winnings from the Illinois State Lottery as Illinois income in Column B.	Federal Total 5 Wages, salaries, tips, etc. (federal Form 1040 or 1040-SR, Line 1) 5 79,696,00 6 Taxable interest (federal Form 1040 or 1040-SR, Line 2b) 7 Ordinary dividends (federal Form 1040 or 1040-SR, Line 3b) 8 Taxable refunds, credits, or offsets of state and local income taxes (federal Form 1040 or 1040-SR, Schedule 1, Line 1) 8

IL-1040 Schedule NR Front (R-12/20)
Printed by authority of the State of Illinois - web only, 1.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



Schedule NR - Page 2

St	ер	3: Continued		Column A Federal Total	Column B Illinois Portion
	21	Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.		21	6,037.00
1		Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 10)	22	.00	.00
1		Certain business expenses of reservists, performing artists, and fee-basis			
		government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	23 _	.00	.00.
1	24	Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 12)			.00.
၂ မွ	25	Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR,			
=		Schedule 1, Line 13)	25 _		
to Income		Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	26 _	.00	.00
	27	Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR,			
_		Schedule 1, Line 15)			.00
djustments		Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 16)			
<u> </u>		Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 17)			.00
ᄩ		Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 18a)	30 _		
l Sn		IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 19)		.00	
اق		Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)			
<		Tuition and fees (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	33 _	2,000.00	2,000.00
1	34	RESERVED	34		
1	35	Other adjustments (see instructions)	35 _	.00	.00
	36	Add Column B, Lines 22 through 35. This is the Illinois portion of your federal			
		adjustments to income.		36	2,000 _{.00}
	37	Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37 _	71,694 _{.00}	
	3 8	Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gro	ss inc	ome. 38	4,037.00
djustments	1	tructions for Column B to properly complete this step.		Form IL-1040 Total	Illinois Portion
		Federally tax-exempt interest and dividend income (Form IL-1040, Line 2) Other additions (Form IL-1040, Line 3) Add Column B. Lines 38, 39, and 40. This is the Illinois portion of your total income.	40 _	.00 .00 41	.00.
<u>:</u>	41	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	40	.00 41	.00 4,037.00
Adjus	41 42	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	40	.00 41	.00
<	41 42	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR,	40	.00 41 .00	.00 4,037.00 .00
ois A	41 42 43	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	40 42 43	.00 41 .00	.00 4,037.00 .00
ois A	41 42 43 44	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7)	40	.00 41 .00 .00	.00 4,037.00 .00 .00
Illinois A	41 42 43 44 45	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	40 42 43	.00 41 .00	.00 4,037.00 .00
Illinois A	41 42 43 44 45 ep	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax	40 42 43	.00 41 .00 .00	.00 4,037.00 .00 .00
Illinois A	41 42 43 44 45 ep	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is	40 42 43	.00 41 .00 .00	.00 4,037.00 .00 .00 .00 .00
St	41 42 43 44 45 ep	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	40 42 43	.00 41 .00 .00 .00 .45	.00 4,037.00 .00 .00
St	41 42 43 44 45 ep	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52.	40 42 43 44	.00 41 .00 .00 .00 45	.00 4,037.00 .00 .00 .00 .00
St	41 42 43 44 45 ep 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9.	40 42 43	.00 41 .00 .00 .00 45	.00 4,037.00 .00 .00 .00 .00
St	41 42 43 44 45 ep 46	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate	40 42 43 44	.00 41 .00 .00 .00 .45 46	.00 4,037.00 .00 .00 .00 .00
St	41 42 43 44 45 ep 46 47 48	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	40 42 43 44 47 48	.00 41 .00 .00 .00 .00 45 46 71,694.00	.00 4,037.00 .00 .00 .00 .00
St	41 42 43 44 45 ep 46 47 48 49	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10.	40 42 43 44	.00 41 .00 .00 .00 .45 46	.00 4,037.00 .00 .00 .00 .00
Calculations A Illinois A	41 42 43 44 45 ep 46 47 48 49	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption	40 42 43 44 47 48	.00 41 .00 .00 .00 45 46 71,694.00 0 • 056 2,325.00	.00 4,037.00 .00 .00 .00 .00
Calculations A Illinois A	41 42 43 44 45 ep 46 47 48 49 50	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	40 42 43 44 47 48	.00 41 .00 .00 .00 .00 45 46 71,694.00	.00 4,037.00 .00 .00 .00 .00
St	41 42 43 44 45 ep 46 47 48 49 50	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income.	40 42 43 44 47 48	.00 41 .00 .00 .00 .45 46 71,694.00 0 • 056 2,325.00	.00 4,037.00 .00 .00 .00 .00 .00
Calculations A Illinois A	41 42 43 44 45 ep 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	40 42 43 44 47 48 49	.00 41 .00 .00 .00 45 46 71,694.00 0 • 056 2,325.00	.00 4,037.00 .00 .00 .00 .00
Calculations A Illinois A	41 42 43 44 45 ep 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11. Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero.	40 42 43 44 47 48 49	.00 41 .00 .00 .00 .45 46 71,694.00 0 • 056 2,325.00	.00 4,037.00 .00 .00 .00 .00 .00
Calculations A Illinois A	41 42 43 44 45 ep 46 47 48 49 50 51	Other additions (Form IL-1040, Line 3) Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. Federally taxed Social Security and retirement income (Form IL-1040, Line 5) Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6) Other subtractions (Form IL-1040, Line 7) Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. 5: Figure your Illinois income and tax Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income. If Line 46 is zero, skip Lines 47 through 51, and enter "0" on Line 52. Enter the base income from Form IL-1040, Line 9. Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000. Enter your exemption allowance from your Form IL-1040, Line 10. Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. Subtract Line 50 from Line 46. This is your Illinois net income. Enter the amount here and on your Form IL-1040, Line 11.	40 42 43 44 47 48 49	.00 41 .00 .00 .00 .45 46 71,694.00 0 • 056 2,325.00	.00 4,037.00 .00 .00 .00 .00 .00





Illinois Department of Revenue

2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

	AV PARIMI shown on Form IL-1040	O Your So	7 9 cial Secu	 urity numbe	<u>L</u> <u>5</u> –	3	5	0 0			
Column Form ty		Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.							Column E Illinois Income Tax Withheld		
1 <u>W</u>	45-5488835	\$	79,696 •0	<u>0</u>	\$	6,037	<u>00</u>	\$	299 •00		
2		\$	•0	00	\$		<u>00</u>	\$	<u>•00</u>		
3	<u> </u>	\$	<u>•0</u>	0	\$		<u>00</u>	\$	<u>•00</u>		
4		\$	•0	0	\$		<u>00</u>	\$	<u>•00</u>		
5		\$	<u>•0</u>	0	\$		<u>00</u>	\$	•00		

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

	mn A ı type	Column B Employer/Payer Identification Number	Employer/Payer Federal Wages, Winnings, Gross I				Column E Illinois Income Tax Withheld	
6			_ \$	•00	\$	•00	\$	•00
7			_ \$	•00	\$	•00	\$	•00
8			_ \$	•00	\$	•00	\$	•00
9			_ \$	•00	\$	•00	\$	•00
10			\$	<u>•00</u>	\$	<u>•00</u>	\$	<u>•00</u>

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

11 \$ <u>299.00</u>

→ Attach all Schedules IL-WIT to your IL-1040. ←



Illinois Department of Revenue

			-						_				
				 S	ubmi	ssior	i ID						

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

Ston	(Do Hot Illali Folli	<u> </u>	and the series of the series o	inless it is requested for review.)
Step	1: Provide taxpayer in SAI BHARGAV	formation PAR:	IMI	0 7 9 _ 1 5 _ 3 5 0 0
		Spouse's first name (and last name if differ		Social Security number
	1230 WOODRIDGE DR			
type	Mailing address			Spouse's Social Security number
•	LEWIS CENTER	ОН	43035	(202) 710-5234
	City	State	ZIP	Daytime phone number
Step	2: Complete informati	on from tax return		
1 N	let income from Form IL-10	040, Line 11		1 3,907 00
	ax from Form IL-1040, Line			2 <u>193 00</u>
		from Form IL-1040, Line 25 only	(enter "0" if none)	3 299 00
	Overpayment from Form IL-			4 <u>106</u> l <u>00</u>
	otal amount due from Forn		: - £11:	5l_00_
6 F	iling status: 🔼 Single _	Married filing jointly Marri	ied filing separately \	Nidowed Head of household
within 7 F 8 A 9 T 10 D 11 E	the United States or those Routing no. (RN): $0 7$ Account no. (AN): $3 2$ Type of account: X Che Pate the payment is to be expression.	not funded by international funds 1 0 0 0 0 1 3 8 6 2 5 8 7 3	Electronic payments will	(e.g., debit, deposit) with financial institutions located not be accepted and refunds will be via paper check.
		n and signature (Sign only at	fter completing Step 2	and if applicable Step 3)
×	I consent that my refund correct. If I have filed a jo I authorize the Illinois De withdrawal as designated	may be directly deposited as despirit return, this is an irrevocable apartment of Revenue (IDOR) and in the electronic portion of my 2 g of an electronic overpayment of	signated in Step 3 and de appointment of the other s d its designated financial 2020 Illinois Individual Inco	clare the information on Lines 7 through 9 is spouse as an agent to receive the refund. agent to initiate an ACH electronic funds ome Tax return. I authorize the financial institutions ntial information necessary to answer inquiries
	I do not want direct depo	sit of my refund, or an electronic	funds withdrawal (direct of	debit) of my balance due.
origina and a been	ator (ERO) are identical. To ccompanying information n accepted or rejected. If reje	the best of my knowledge, my ret nay be sent to IDOR by my ERO. I	turn is true, correct, and co l authorize IDOR to inform	Information I provided to my electronic return complete. I consent that my return, this declaration, my ERO and/or the transmitter when my return has in may be corrected and retransmitted if possible.
Sign	Your signature	Date	Spouse's signatu	re (if joint return, both must sign) Date
Step I decla have t	5: Electronic return or are that I have examined the followed all requirements or		parer declaration and	I signature this Form IL-8453, and accompanying information. I to the best of my knowledge the taxpayer's return
	ERO's signature		Date	Check if paid preparer: (See instructions.)
	GLOBAL TAXES LLC			P 0 2 0 8 2 7 0 3
ERO	Firm's name or your name if self-	employed		Your PTIN
oniv	2530 Pebble Creek	Ln		3 0 - 1 0 1 7 1 9 6
•	Mailing address			Federal employer identification number (FEIN)
	Cumming	GA	30041	(678) 965-9522
	City	State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.





2020 Ohio IT 1040

Individual Income Tax Return
Use only black ink/UPPERCASE letters.



20000198

Sequence No. 1

Check here if this is an $\underline{\text{amended}}$ return. Include the Ohio IT RE.

Do **NOT** include a copy of the previously filed return.

Primary taxpayer's SSN (required) 079 15 3500

If deceased Spouse's SSN (if filing jointly)

▶ If deceased

School district # (see instructions).

check box

Nonresident |

Indicate state

check box

Check here if claiming an NOL carryback. Include Schedule IT NOL.

SD# ▶ 2103

First name

SAI BHARGAV

M.I. Last name PARIMI

Spouse's first name (only if married filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box

1230 WOODRIDGE DR

Address line 2 (apartment number, suite number, etc.)

City

Resident

State

ZIP code

Ohio county (first four letters)

LEWIS CENTER

OH

43035

Married filing jointly

DELA

Filing Status – Check one (as reported on federal income tax return)

X Single, head of household or qualifying widow(er)

Foreign country (if the mailing address is outside the U.S.)

Part-year

resident

Residency Status - Check only one for primary

Check only one for spouse (if married filing jointly)

Foreign postal code

	Resident	Part-year resident	Nonresident Indicate state	Married filing separately	Spouse's SSN
			See instructions for required crit buttable presumption as nonresid	01 11 16 61 10 6 1	extension form 4868.
	Spouse meets th	e five criteria for irre	buttable presumption as nonreside	ent. Check here if someone else is able joint return) as a dependent.	to claim you (or your spouse if
paper clip.	of your federal retu	urn if the amount is	leral 1040 and 1040-SR, line 11) zero or negative. Place a "-" in th	ne box at the right	71694 00
ō	2a. Additions – Ohio S	Schedule A, line 10	(INCLUDE SCHEDULE)	2a.	00
staple	2b. Deductions - Ohio	Schedule A, line 3	9 (INCLUDE SCHEDULE)	2b.	00
Do not			us line 2a minus line 2b). Place a		71694 00
	•	`	DULE J if claiming dependents) nd your spouse/dependents, if app		2150 00
	5. Ohio income tax b	ase (line 3 minus li	ne 4; if less than zero, enter zero	o)5.	69544 00
	6. Taxable business i	income – Ohio Sch	edule IT BUS, line 13 (INCLUDE	SCHEDULE)6.	00





69544 00

0098

2020 Ohio IT 1040

Individual Income Tax Return



SSN 079 15 3500

20000298 Sequence No.

7a. Amount from line 7 on page 1			7a.	69544	00
8a. Nonbusiness income tax liability	on line 7a (see instruction	s for tax tables)	8a	. 1787	00
8b. Business income tax liability – Ol	hio Schedule IT BUS, line	14 (INCLUDE SCHEDULE)	8b		00
8c. Income tax liability before credits	s (line 8a plus line 8b)		8c	. 1787	00
9. Ohio nonrefundable credits – Oh	io Schedule of Credits, line	e 34 (INCLUDE SCHEDULE	≣)9	. 101	00
10. Tax liability after nonrefundable o	eredits (line 8c minus line 9	e; if less than zero, enter zero	0)10	1686	00
11. Interest penalty on underpaymen	nt of estimated tax (includ e	e Ohio IT/SD 2210)	11		00
12. Use tax due on internet, mail ord	er or other out-of-state pur	rchases (see instructions)	12		00
13. Total Ohio tax liability before w	ithholding or estimated pa	yments (add lines 10, 11 and	d 12)13	1686	00
14. Ohio income tax withheld – Sche 15. Estimated and extension paymer	0.		,	. 2197	00
from last year's return	,	, ,			00
16. Refundable credits – Ohio Scheo	dule of Credits, line 40 (INC	CLUDE SCHEDULE)	16	i.	00
17. <u>Amended return only</u> – amount	previously paid with origin	nal and/or amended return	17		00
18. Total Ohio tax payments (add li	ines 14, 15, 16 and 17)		18	. 2197	00
19. <u>Amended return only</u> – overpay	ment previously requeste	d on original and/or amende	d return19		00
20. Line 18 minus line 19. Place a "-" in				. 2197	00
21. Tax liability (line 13 minus line 20		OTHERWISE, continue to lin nore the "-" and add line 20 t			00
22. Interest due on late payment of ta	ax (see instructions)		22	<u>.</u>	00
23. TOTAL AMOUNT DUE (line 21 (if amended return) and make	plus line 22). Include Oh check payable to "Ohio	nio IT 40P (if original retur Treasurer of State" A	n) or IT 40XP MOUNT DUE ▶ 23		00
24. Overpayment (line 20 minus line	13)		24	. 511	00
25. <u>Original return only</u> – amount o 26. <u>Original return only</u> – amount o a. Ohio History Fund b		ard next year's income tax lia	-		00
00	00	00			
d. Wishes for Sick Children e	. Wildlife species	f. Military injury relief	Total 26g.		00
00 27 REFUND (line 24 minus lines 25	0 0 and 26g)	00	UR REFUND ▶ 27	. 511	0.0
27. REFUND (line 24 minus lines 25 and 26g)					

<u>Sign Here (required)</u>: I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature Phone number (202)710-5234

Spouse's signature Date (MM/DD/YY)

Check here to authorize your preparer to discuss this return with the Department.

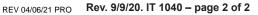
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P02082703

If your refund is \$1.00 or less, no refund will be issued If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057





2020 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.



2035019

Sequence No. 11

Primary taxpayer's SSN

079 15 3500

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

Part A - Total Withholding

1. 2197 00

Part B -			
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
P	455488835	79696 00	10595 00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	54007843	73659 00	2197 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00



2020 Schedule of Ohio

Withholding Primary taxpayer's SSN 079 15 3500



20350298

Sequence No. 12

Dowl C	4000 B-	079 15 3500		Sequence No. 1
1. P/S	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution		
	,	00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
		00	distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
		00	distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
		00	distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld		Box 14 - Ohio tax withheld
		00		00
Part D -	W-2Gs			
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4	- Federal income tax withheld
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings		Box 15 - Ohio income tax withheld
		00		00
<u>Part E -</u> 1. P/S	1099-NECs Payer's TIN	Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
1. F/3	rayers inv	0.0	DOX 4	0.0
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
	Box 0 - Payer S Offic Humber	00		00
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4	- Federal income tax withheld
,5	y	00		00
	Box 6 - Payer's Ohio number	Box 7 - State income		Box 5 - Ohio tax withheld
		00		00



04 15 21

2020 Ohio Schedule of Credits

Primary taxpayer's SSN



20280198

Sequence No. 7

Nonrefundable Credits 079 15 3500

1.	Tax liability before credits (from Ohio IT 1040, line 8c)	1787	00
2.	Retirement income credit (see instructions for table; include 1099-R forms)		00
3.	Lump sum retirement credit (see instructions for worksheet; include a copy)		00
4.	Senior citizen credit (must be 65 or older to claim this credit)		00
5.	Lump sum distribution credit (see instructions for worksheet; include a copy)		00
6.	Child care & dependent care credit (see instructions for worksheet; include a copy)6.		00
7.	Displaced worker training credit (see instructions for all required documentation; include copies)7.		00
7a.	Campaign contribution credit for Ohio statewide office or General Assembly	0	00
8.	Income-based exemption credit (\$20 times the number of exemptions)	0	00
9.	Total (add lines 2 through 8)	0	00
10.	Tax less credits (line 1 minus line 9; if less than zero, enter zero)	1787	00
11.	Joint filing credit (see instructions for table). % times line 10, up to \$65011.	0	00
12.	Earned income credit		00
13.	Ohio adoption credit		00
14.	Nonrefundable job retention credit (include a copy of the credit certificate)		00
15.	Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) 15.		00
16.	Credit for purchases of grape production property		00
17.	InvestOhio credit (include a copy of the credit certificate)		00
18.	Lead abatement credit (include a copy of the credit certificate)		00
19.	Opportunity zone investment credit (include a copy of the credit certificate)		00
20.	Technology investment credit carryforward (include a copy of the credit certificate)20.		00
21.	Enterprise zone day care & training credits (include a copy of the credit certificate)		00
22.	Research & development credit (include a copy of the credit certificate)		00
23.	Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)23.		00
24.	Total (add lines 11 through 23)	0	00
25.	Tax less additional credits (line 10 minus line 24; if less than zero, enter zero)	1787	00



0098

2020 Ohio Schedule of Credits

Primary taxpayer's SSN 079 15 3500



Sequence No. 8

Nonresident Credit

Date	of nonresidency	to	State of residency	,		
26	Nonresident Portion of Ohio adjusted gross in Ohio IT NRC Section I, line 18 (include a copy			00		
27	Ohio adjusted gross income (Ohio IT 1040, lin	e 3)27.		00		
	Divide line 26 by line 27 and enter the result here. Multiply this factor by line 25 to calculate your	,		28.		00
Res	<u>ident Credit</u>					
29	Portion of Ohio adjusted gross income taxed be state or the District of Columbia while an Ohio Ohio IT RC, line 1a (include a copy)	resident-	4037	00		
30	Ohio adjusted gross income (Ohio IT 1040, lin	e 3)30.	71694	00		
31	Divide line 29 by line 30 and enter the result here Multiply this factor by line 25 and enter the reshere	sult	0.0563	00		
32	. 2020 income tax liability after credits paid to another state or the District of Columbia Ohio IT RC, line 1b (include a copy)	32.	193	00		
33	Enter the lesser of line 31 or line 32. This is yo state abbreviation in the boxes below for each			33.	101	00
	IL					
34	. Total nonrefundable credits (add lines 9, 24	, 28 and 33; enter here and or	n Ohio IT 1040, line 9) 34.	101	00
	Refund	dable Credits				
35	. Refundable Ohio historic preservation credit (i	include a copy of the credit	certificate)	35.		00
36	. Refundable job creation credit & job retention c	redit (include a copy of the cre	edit certificate)	36.		00
37	. Pass-through entity credit (include a copy of	the Ohio IT K-1s)		37.		00
38	. Motion picture & Broadway theatrical production	on credit (include a copy of t	the credit certificate) 38.		00
39	Venture capital credit (include a copy of the	credit certificate)		39.		00
40	. Total refundable credits (add lines 35 throug	h 39; enter here and on Ohio	IT 1040, line 16)	40.		00



Tax Year 2020 IT RC Pres. 9/25/20

IT RC – Ohio Resident Credit Calculation

Use this form for tax years 2020 and forward.

This form is for individuals who were subjected to individual income tax by another state or the District of Columbia while a resident of Ohio. Include a copy of this form when filing your Ohio IT 1040.

Taxpayer name	SSN
SAI BHARGAV PARIMI	079 15 3500

List any income taxed and any taxes paid to each state next to its postal abbreviation and list any income taxed and taxes paid to the District of Columbia next to "DC." Taxes paid on an individual's behalf by a pass-through entity on a composite income tax return should be included on this form. Only income included in your Ohio adjusted gross income is eligible for this credit.

States without an income tax are not listed; do not include income earned or received in those states on this form. Additionally, full-year nonresidents are not entitled to this credit and should not use this form.

Important: Do not list any income in column A if you do not have tax paid in column B. Do not list a tax paid in column B if you do not have income taxed in column A.

	(A) Income Taxed		(B) Tax Paid			(A) Income Taxed		(B) Tax Paid	
AL .		00		00	MN _		00		00
AR .		00		00	MO _		00		00
AZ .		00		00	MS _		00		00
CA .		00		00	MT _		00		00
CO .		00		00	NC _		00		00
CT .		00		00	ND _		00		00
DC .		00		00	NE _		00		00
DE .		00		00	NH _		00		00
GA .		00		00	NJ _		00		00
HI .		00		00	NM _		00		00
IA .		00		00	NY _		00		00
ID .		00		00	OK _		00		00
IL .	4 037 00	00	193 00	00	OR _		00		00
IN .		00		00	PA _		00		00
KS .		00		00	RI _		00		00
KY .		00		00	SC _		00		00
LA .		00		00_	TN _		00		00
MA .		00		00	UT _		00		00
MD .		00		00	VA _		00		00
ME .		00		00	VT _		00		00
MI .		00		00	WI _		00		00
					WV _		00		00
			ne Taxed by Other State here and on the corres				1a.	4 037 00	00
	1b. Tax Paid to Other States and the District of Columbia (sum of all Column B amounts). Enter here and on the corresponding line of the Ohio Schedule of Credits								

!IR-25	
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City of Columbus, Income Tax Division City Income Tax Return For Individuals

20	20
ZU	ZU

					Pilillary	y Social	Security Num	bei (Cneck	tne app	-		
SAI BHAR	AI BHARGAV PARIMI				079 15 3500				REFUND (An amount must be placed in Line 6B for this return to be				
First name and middle initial Last name					Spouse's Social Security Number			nber	considered a valid refund request)				
If a laint nature								L		/IENDE	ĒD	Tax year	
If a joint return, initial	spouse's III	st name and Last name	е		Filing s	tatus:		SI	hould v	our accour	nt he in	activated	YES N
1230 WOODRIDGE DR						Single							
CURRENT home	address (n	umber and street)					iling Jointly	li i	YES, e	explain			
LEWIS CE	NTER	OH	4303 Zip code				,	tely -					
City		State	· ·					file a City re	eturn ir	2019?	YES N		
					For Ta	ax Offi	ce Use						
Taxpayer phone	number												
		nd payment is due, you m mount can be found in Bo	iust attach a check or mon x 5.	ey order									
Residence c	hange in 2	2020 (If applicable)											
Did you change re	esidence du	ring 2020?	YES NO		Occupa	ation or n	ature of busine	ss					
If YES, enter date	e of move: _		-		Occupation or nature of business Trade name /DBA								
Previous Address	(number and	street)			Cities o	of employ	ment						
City, State, Zip Co	de				City of	residence	E LEW	IS C	ENT:	ER			
Part A	(AT	ABLE WAGES	Attach W-2s an	d /or W-2 G									
Employ	er(s) and ad	dress where work was PHYS	SICALLY performed. If you w	orked from ho	me, state p	ercentag	ge of time worl	ed from	home.			TAXAB	LE WAGES
											(+)		
											(+)		
											(+)		
If you have more th	an three emp	oloyers, please attach a statem	nent listing all employers.				NET WAGES	enter in (Columi	n B below)	(=)		
Part B	TAX C	ALCULATION	Complete Form IR-21	for 2021 if	2020 net	tax du	e is more th	an \$200	0.				
COLUMN A		COLUMN B	COLUMN C	COLUN	MN D		COLUM	NF		COLUM	NF		COLUMN G
332311117	<u> </u>			0020.			002011		LESS	TAX WITHHI	ELD (W	-2),	
CITY	CODE	INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (from Net Wages in Part A)	INCOME FROM NET PROFITS, RENTS, AND OTHER TAXABLE INCOME (from Part C)	TOTAL TAXABLE I			ΙE	PAID BY A PAR PAID DIRECTL' WHERE EARI CAMPAIGN CON CRED		Y TO CITY NED, OR ITRIBUTION		NET TAX DUE	
COLUMBUS	6 01	73,659.	0.	73,	659.	2.5%	1,	841.	1. 1,		842		-1
2. LESS CREDIT	rs for <u>es</u>	TIMATED TAX PAYMEN	TS AND OVERPAYMENT	FROM PRIC	R YEAR F	RETURI	N ONLY		2				
2 DALANCE DU	IE (COLUM	IN O LEGG LINE OVER 150	O's manufacture the confidence of		1 (' l l	- t - \					Т	3	1
3. BALANCE DU	IE (COLUIV	IN G LESS LINE 2). If LINE	e 2 is greater than Column G	i, enter amoun	it (in bracke	ets) nere.					···	3	-1
4. PENALTY: 15		+ INTEREST \$	(see instructions)								L	4	
5. TOTAL AMOL	(,	OTE: NO PAYMENT IS D	UE IF AMOU	NT IS \$10	0.00 or le	ess					5	
6 OVEDDAVME	NT CLAIM	ED (IE I INE 2 EVCEEDS	COLUMN G)					6			,		
			FED to your next year tax		_ 6A						L.		
		•	DED (must be greater that					6B			7		
		•	,				L						
Third D	o vou war	at to allow another perso	in to discuss this matter	with the City	of Colum	hue2 (e	oo inetruction)s) [Comple	to the	following	. V
Party	o you war	·	n to discuss this matter	•		wus: (S	ee ແລແນບເເດເ	13 <i>)</i> [S Comple	ie inė	DIIMONIU	X NO
Designee		Designee's Name:		F	Phone #:				. SS	SN:			
SIGNATU	JRE_		hat this return (and accompany I, and that the figures used are					rn and	ΙΑΙ	LING	INF	ORM	IATION
	our		ation may be released to the t					anu		ayment			
Siuli	ignature				Date					lail to: Co	olumb	us Inco	me Tax Divisio
If a joint return, S									PO Box 182437 Columbus, Ohio 43218-2				
both must sign S	pouse's				Date					C	oluml	ous, Ohi	o 43218-2437
	spouse's signature		T		Date			Р	aym	ent Enc			o 43218-2437
Paid			Date)17196)965-95	Ма	•	ent End yable to:	lose: CIT	e <mark>d:</mark> Y TREA	

Rev. 1/08/2021 REV 04/06/21 PRO

PO Box 182158 Columbus, Ohio 43218-2158

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly bu checked the MFS box, enter the son is a child but not your depende	name of	ed filing separately your spouse. If you	•	_		•	. —				
Your first name and middle initial			Last na	me					Yo	Your social security number			
SAI BHAI	RGAV		PARI	IMI					0	079-15-3500			
If joint return, spouse's first name and middle initial Last name				me					Sp	Spouse's social security number			
Home address	•	er and street). If you have a P.O. box, se	l ee instructio	ons.				Apt. no.	CI	heck h	nere if you,	•	
City, town, or p	ost offi	ce. If you have a foreign address, also o	complete s	paces below.	Sta			code			0,	tly, want \$3 Checking a	
LEWIS C		R		ОН							box below will not change		
Foreign country	y name			Foreign province/stat	e/cour	ty	For	reign postal co	ode yo	ur tax	or refund.	Spouse	
At any time du	ıring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquir	e any	financial i	nterest i	n any virtua	l curre	ncy?	Yes	⊠ No	
Standard Deduction		neone can claim:	•	-			ent						
Age/Blindness	s You	: Were born before January 2,	1956	Are blind S	pouse	e: 🗌 Wa	s born b	efore Janua	ıry 2, 1	956	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relat	ionship	(4) 🗸	if quali	fies for	ctions):		
If more		irst name Last name		number		to y	to you		Child tax credit			ner dependents	
than four													
dependents, see instruction													
and check	5 —												
here ▶ 🗌													
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	7	79,696.	
Attach	2a	Tax-exempt interest	2a		b 7	axable int	erest			2b			
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary di	vidends			3b			
required.	4a	IRA distributions	4a		b Taxable amount .					4b			
	5a	Pensions and annuities	5a		b 7	axable an	nount .			5b			
Standard	6a	Social security benefits	6a		b 7	axable an	nount .			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sch	edule D if	frequired. If not re	quirec	l, check he	ere .)	▶ □	7		-2.	
Married filing	8	Other income from Schedule 1, line 9								8	_	-6,000.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9	7	73,694.		
• Married filing jointly or Qualifying widow(er), \$24,800	10	Adjustments to income:											
	а	From Schedule 1, line 22											
	b	Charitable contributions if you take the standard deduction. See instructions 10b											
Head of	С	Add lines 10a and 10b. These are your total adjustments to income								10c	;	2,000.	
household, \$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income								11	7	71,694.	
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedu	le A)					12		L2,400.	
any box under Standard	13	Qualified business income deduc	ction. Atta	ach Form 8995 or I	orm 8	3995-A .				13			
Deduction,	14	Add lines 12 and 13								14	14 12,400.		
see instructions.	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or les	s, ente	er -0				15	5	59,294.	

Form 1040 (2020))									ı	Page 2	
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌			. 16	8,8	31.	
	17	Amount from Schedule 2, lin	ne 3						. 17			
	18	Add lines 16 and 17							. 18	8,8	31.	
	19	Child tax credit or credit for	other dependen	ts					. 19			
	20	Amount from Schedule 3, lin	ne 7						. 20			
	21	Add lines 19 and 20							. 21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					. 22	8,8	31.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				. 23		0.	
	24	Add lines 22 and 23. This is	your total tax						▶ 24	8,8	31.	
	25	Federal income tax withheld	from:									
	а	Form(s) W-2				25a	10	,59	5.			
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	s)			25c						
	d	Add lines 25a through 25c	,						. 25d	10,5	95.	
	26	2020 estimated tax payment							. 26	,		
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27						
attach Sch. EIC. If you have	28	Additional child tax credit. A				28						
nontaxable	29	American opportunity credit				29						
combat pay, see instructions.	30	Recovery rebate credit. See		•		30						
	31	Amount from Schedule 3. lin				31						
	32	Add lines 27 through 31. These are your total other payments and refundable credits										
	33	Add lines 25d, 26, and 32. T	•						► 32 ► 33	10,5	95	
	34	If line 33 is more than line 24						•	. 34	1,7		
Refund	35a					-	-	▶ [1,7		
Direct deposit?	> b									Δ,,		
See instructions.	►d	Account number 3 2 8			l l l		Killy	Javiii	ys			
	36	Amount of line 34 you want a			nd tov	36						
Amarint		•				_			. 27			
Amount You Owe	37	Subtract line 33 from line 24		•					▶ 37			
For details on		Note: Schedule H and Sch	for									
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details. Estimated tax penalty (see instructions)										
instructions.	38											
Third Party		you want to allow another	•				□ Vaa C		to bolovi	X No		
Designee				Phone			☐ Yes. Co	•		► NO		
		signee's me ▶		no.				onal Id oer (Pl	lentification N) ►		\top	
Sign	Un	der penalties of perjury, I declare t	hat I have examine		d accompanying sc	hedules	and stateme	nts. an	d to the be	st of my knowled	dge and	
•		lief, they are true, correct, and com										
Here	Yo	ur signature	Date Your occupation					If the IRS sent you an Identity				
	k								Protection PIN, enter it here			
Joint return?				TABLE		see inst.)		\perp				
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupa	ation				the IRS sent your spouse an lentity Protection PIN, enter it here			
your records.								(see inst.)				
	Ph	one no.		Email address					<u> </u>			
-		eparer's name	Preparer's signat	l .		Date		PTIN	I	Check if:		
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	'		מווסדם דמו.ו.מו		15/2021		082703	Self-emplo	oved	
Preparer		m's name GLOBAL TA		TOTAL DECEME	COLIII IAUUAI	. 0 1/	10/20			one no. (678)965-9522		
Use Only		m's address > 2530 Pebb		n Cummin	a GA 30041				Firm's EIN			
Co to warm for				Cannari			104/00/21 77		IIII S LIIV	Form 104 (
GO TO WWW.Irs.go	JV/FOR	n1040 for instructions and the late	st information.		BAA	REV	04/02/21 PRC	,		Form 1040	J (2020)	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Attachment

Your social security number

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0074

SAI BHARGAV PARIMI 079-15-3500 Part I **Additional Income** 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -6,000. 6 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -6,000. Adjustments to Income Part II 10 Educator expenses 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 Moving expenses for members of the Armed Forces, Attach Form 3903 13 13 14 Deductible part of self-employment tax. Attach Schedule SE 14 15 Self-employed SEP, SIMPLE, and qualified plans 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction 20 20 21 21 2,000. 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

2,000.

22

SCHEDULE E

Department of the Treasury

(Form 1040)

Supplemental Income and Loss

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

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

Attachment

OMB No. 1545-0074

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service (99)

Sequence No. 13

Name(s) shown on return Your social security number SAI BHARGAV PARIMI 079-15-3500 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I 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 Physical address of each property (street, city, state, ZIP code) Α NIDAMANURU VIJAYAWADA ANDHRA PRADESH IN 521104 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV 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 (from list below) **Days Days** 365 0 Α Α qualified joint venture. See instructions. В В С C Type of Property: 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:** Α 3 Rents received . 3 600. 4 Royalties received 4 Expenses: Advertising 5 5 6 Auto and travel (see instructions) . . . 6 7 Cleaning and maintenance . . . 7 1,200. 8 8 Commissions. 9 9 Insurance 10 Legal and other professional fees . . . 10 11 11 500. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. 13 14 Repairs. 14 1,200. 15 1,200. 15 Supplies . Taxes 16 16 17 17 2,500. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 20 20 6,600. 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 -6,000. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) -6,000.) 600 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 6,600. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 6,000. 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 -6,000. Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 26