

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <b>ANKIT PANDEY</b>	Social security number <b>763-86-2668</b>
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	87,093.
<b>2</b> Total tax . . . . .	<b>2</b>	12,219.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	13,807.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	2,183.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

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

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

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

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

6	2	6	6	8
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

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

5	8	7	2	7	8	6	1	9	8	9
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**Don't enter all zeros**

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

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

Your first name and middle initial: ANKIT
Last name: PANDEY
Your social security number: 763-86-2668
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 8455 OFFENHAUSER DRIVE
Apt. no.: 1424
City, town, or post office: RENO
State: NV
ZIP code: 89511
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [ ] You [ ] Spouse

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents). Includes 'Dependents (see instructions):' and 'If more than four dependents, see instructions and check here'.

Main tax calculation table with columns 1-15. Includes rows for: 1 Wages, salaries, tips, etc. (94,947); 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 9 (-8,400); 9 Total income (87,093); 10 Adjustments to income (10a, 10b, 10c); 11 Adjusted gross income (87,093); 12 Standard deduction or itemized deductions (12,400); 13 Qualified business income deduction; 14 Add lines 12 and 13 (12,400); 15 Taxable income (74,693).

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	12,219.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	12,219.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	12,219.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	12,219.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	13,807.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	13,807.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	595.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	595.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	14,402.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,183.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,183.
b	Routing number 3 2 1 1 7 1 1 8 4		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 2 0 1 2 2 2 6 8 6 8		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

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

Third Party Designee

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

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

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

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

Paid Preparer Use Only

Preparer's name <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	Preparer's signature <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	Date <b>03/19/2021</b>	PTIN <b>P02082703</b>	Check if: <input type="checkbox"/> Self-employed
Firm's name <b>GLOBAL TAXES LLC</b>	Phone no. <b>(678) 965-9522</b>			
Firm's address <b>2530 Pebble Creek Ln Cumming GA 30041</b>	Firm's EIN <b>30-1017196</b>			

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

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

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

Your social security number  
763-86-2668

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-8,400.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-8,400.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	

**SCHEDULE B  
(Form 1040)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
► Attach to Form 1040 or 1040-SR.

Name(s) shown on return  
ANKIT PANDEY

Your social security number  
763-86-2668

**Part I  
Interest**

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

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

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

		Amount
<b>1</b>		546.
<b>2</b>		546.
<b>3</b>		
<b>4</b>		546.

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

**Part II  
Ordinary Dividends**

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

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

- 5** List name of payer ►
- 6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b . . . . . ►

		Amount
<b>5</b>		
<b>6</b>		

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

**Part III**

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Foreign Accounts and Trusts**

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

- 7a** At any time during 2020, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .
- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►
- 8** During 2020, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

	Yes	No
<b>7a</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	<input type="checkbox"/>	<input type="checkbox"/>

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

ANKIT PANDEY

763-86-2668

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

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	HN0 9/934,32 CIVIL LINES BADAUN UTTAR PRADESH IN 243601				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

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

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		400.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		1,400.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>		1,100.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>				
<b>14</b>	Repairs. . . . .	<b>14</b>		2,100.		
<b>15</b>	Supplies . . . . .	<b>15</b>		1,900.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		2,300.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		8,800.		
<b>21</b>	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 <b>Form 6198</b> . . . . .	<b>21</b>		-8,400.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-8,400.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		400.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		8,800.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	8,400.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		-8,400.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

**2020**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **763-86-2668**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions . . . . . ▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	<b>2</b>	0.
<b>3</b>	If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>	3,550.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>	0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	3,550.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter . . . . .	<b>6</b>	3,550.
<b>7</b>	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions . . . . .	<b>7</b>	0.
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b>	3,550.
<b>9</b>	Employer contributions made to your HSAs for 2020 . . . . .	<b>9</b>	1,333.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>	
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	1,333.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>	2,217.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	<b>13</b>	0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2020 from all HSAs (see instructions) . . . . .	<b>14a</b>	
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	<b>14b</b>	
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>	
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line . . . . .	<b>16</b>	
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box . . . . .	<b>17b</b>	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>	

**Additional information from your 2020 Federal Tax Return****Schedule B: Interest and Dividend Income****Seller-Financed Mortgage Interest Statement****Continuation Statement**

<b>Payer's Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>	<b>Country</b>	<b>SSN or EIN</b>	<b>Total Interest</b>
CAPITAL ONE N.A	1680 CAPITAL ONE DR	MC LEAN	VA	22102		72-0210640	546.



Your first name, middle initial, and last name ANKIT PANDEY

Spouse's first name, middle initial, and last name \_\_\_\_\_

Your Social Security number 763-86-2668

Spouse's Social Security number \_\_\_\_\_

Home address, City, State, ZIP 8455 OFFENHAUSER DRIVE, 1424

RENO NV 89511

**Part I Tax Return Information**

	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B).....	1B _____ .00	1A <u>87,093</u> .00
2. Total Tax (IA 1040, line 42 A & B).....	2B _____ .00	2A <u>4,114</u> .00
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B).....	3B _____ .00	3A <u>1,889</u> .00
4. Amount to be Refunded (IA 1040, line 68).....		4. <u>84</u> .00
5. Total Amount Due (IA 1040, line 73).....		5. _____ .00

**Part II Declaration of Taxpayer** (Be sure to keep a copy of the tax return.)

6.  I do not want direct deposit or direct debit.
7.  I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on \_\_\_\_\_ (the payment/settlement date). I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: CITI BANK

Routing Number 

3	2	1	1	7	1	1	8	4
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number 

4	2	0	1	2	2	2	6	8	6	8									
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

Type of Account: Savings  Checking

Will this refund go to (or payment come from) an account outside the United States? Yes  No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2020 and certify to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>
Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date <u>03/19/2021</u>	Check if self-employed <input type="checkbox"/>		Preparer PTIN <u>P02082703</u>
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>

# 2020 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

## Step 1: Fill in all spaces. You must fill in your Social Security number (SSN).

Your last name: PANDEY Your first name/middle initial: ANKIT

Spouse's last name: Spouse's first name/middle initial:



Current mailing address (number and street, apartment, lot, or suite number) or PO Box:  
8455 OFFENHAUSER DRIVE, 1424

City, State, ZIP:  
RENO NV 89511

Spouse SSN: Your SSN: 763-86-2668

## Step 2 Filing Status: Mark one box only

1	<input checked="" type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Email Address:
2	<input type="checkbox"/> Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse were 65 or older as of 12/31/20. <input type="checkbox"/>
3	<input type="checkbox"/> Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/20: County No. 00 School District No. 0000
4	<input type="checkbox"/> Married filing separate returns. Spouse's name: SSN: Net Income: \$	
5	<input type="checkbox"/> Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	<input type="checkbox"/> Qualifying widow(er) with dependent child. Name: SSN:	

## Step 3 Exemptions

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3	1 X \$ 40 = \$ 40	1 X \$ 40 = \$ 40
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind	X \$ 20 = \$	X \$ 20 = \$
c. Dependents: Enter 1 for each dependent	X \$ 40 = \$	X \$ 40 = \$
d. Enter first names of dependents here	e. Total \$	e. Total \$ 40

## Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet

	B. Spouse/Status 3	A. You or Joint

## Step 5 Gross Income

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc	.00	94,947.00		
2. Taxable interest income. If more than \$1,500, complete Sch. B	.00	546.00		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B	.00	.00		
4. Taxable alimony received	.00	.00		
5. Business income/(loss). See instructions	.00	.00		
6. Capital gain/(loss). See instructions	.00	.00		
7. Other gains/(losses). See instructions	.00	.00		
8. Taxable IRA distributions	.00	.00		
9. Taxable pensions and annuities	.00	.00		
10. Rents, royalties, partnerships, estates, etc. See instructions	.00	-8,400.00		
11. Farm income/(loss). See instructions	.00	.00		
12. Unemployment compensation. See instructions	.00	.00		
13. Gambling winnings	.00	.00		
14. Other income, bonus depreciation, and section 179 adjustment	.00	.00		
15. Gross Income. Add lines 1-14	.00	87,093.00		

NOTE: Use only blue or black ink, no pencils or red ink.

## Step 6 Adjustments to Income

16. Payments to an IRA, Keogh, or SEP	.00	.00		
17. Deductible part of self-employment tax	.00	.00		
18. Health insurance premium	.00	0.00		
19. Penalty on early withdrawal of savings	.00	.00		
20. Alimony paid	.00	.00		
21. Pension/retirement income exclusion	.00	.00		
22. Moving expense deduction from federal form 3903	.00	.00		
23. Iowa capital gain deduction; Include corresponding IA 100 schedule	.00	.00		
24. Other adjustments	.00	.00		
25. Total adjustments. Add lines 16-24	.00	0.00		
26. Net Income. Subtract line 25 from line 15	.00	87,093.00		

## Step 7 Federal Taxes and Qualified Deductions

27. Federal income tax refund/overpayment received in 2020	.00	.00		
28. Self-employment/household employment/other federal taxes	.00	.00		
29. Addition for federal taxes. Add lines 27 and 28	.00	0.00		
30. Total. Add lines 26 and 29	.00	87,093.00		
31. Federal tax withheld in 2020, federal estimated tax payments made in 2020, and federal taxes paid in 2020 for 2019 and prior years	.00	13,807.00		
32. Qualified business income deduction. 25.0% (.25) of federal amount. See instructions	.00	.00		
33. DPAD 199A(g) deduction. 25.0% (.25) of federal amount	.00	.00		
34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33	.00	13,807.00		
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2	.00	73,286.00		

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	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
<b>Step 8 Taxable Income</b>				
36. BALANCE. From side 1, line 35			00	73,286.00
37. Deduction. Check one box <input type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input checked="" type="checkbox"/>			00	2,110.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36			00	71,176.00
<b>Step 9 Tax, Credits, and Check-off Contributions</b>				
39. Tax from tables or alternate tax			00	4,114.00
40. Iowa lump-sum tax. See instructions			00	0.00
41. Iowa alternative minimum tax. Include IA 6251			00	0.00
42. Total tax. ADD lines 39, 40, and 41			00	4,114.00
43. Total exemption credit amount(s) from Step 3, side 1			00	40.00
44. Tuition and textbook credit for dependents K-12			00	0.00
45. Volunteer firefighter/EMS/reserve peace officer credit			00	0.00
46. Total credits. ADD lines 43, 44, and 45			00	40.00
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero			00	4,074.00
48. Credit for nonresident or part-year resident. Must include IA 126 and federal return			00	2,269.00
49. BALANCE. SUBTRACT line 48 from line 47. If less than zero, enter zero			00	1,805.00
50. Out-of-state tax credit. Must include IA 130			00	0.00
51. BALANCE. SUBTRACT line 50 from line 49. If less than zero, enter zero			00	1,805.00
52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule			00	0.00
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero			00	1,805.00
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53			00	0.00
55. Total state and local tax. ADD lines 53 and 54			00	1,805.00
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here			00	1,805.00
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.				
Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child Abuse Prevention 57d: <input type="checkbox"/> Enter here				00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here				1,805.00
<b>Step 10 Credits</b>				
59. Iowa fuel tax credit. Include IA 4136			00	0.00
60. Check One: Child and dependent care credit <input type="checkbox"/> OR <input type="checkbox"/> Early childhood development credit			00	0.00
61. Iowa earned income tax credit. 15.0% (.15) of federal credit			00	0.00
62. Other refundable credits. Include IA 148 Tax Credits Schedule			00	0.00
63. Iowa income tax withheld			00	1,889.00
64. Estimated and voucher payments made for tax year 2020			00	0.00
65. TOTAL. ADD lines 59 through 64 and enter here			00	1,889.00
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here				1,889.00
<b>Step 11 Refund</b>				
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid				84.00
68. Amount of line 67 to be REFUNDED				84.00
68a. Routing number: <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="8"/> <input type="text" value="4"/> 68b. Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings				
68c. Account number: <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="6"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
69. Amount of line 67 to be applied to your 2021 estimated tax			00	0.00
<b>Step 12 Pay</b>				
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE				0.00
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used				0.00
72. Penalty and interest 72a. Penalty <input type="text" value="00"/> 72b. Interest <input type="text" value="00"/> ADD. Enter total				0.00
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here				0.00

**Step 13** I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	<input type="checkbox"/>				
Your signature	Date	Check if deceased	Date of death	SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/19/2021	Preparer's signature Date
<b>SIGN HERE</b>	<input type="checkbox"/>				
Spouse's signature	Date	Check if deceased	Date of death	P02082703 30-1017196	Preparer's PTIN Firm's FEIN
		(606) 483-3452		(678) 965-9522	Daytime telephone number Daytime telephone number

**This return is due April 30, 2021. Sign, enclose W-2s, and verify SSNs.**  
**MAILING ADDRESS: Iowa Income Tax Document Processing,**  
**PO BOX 9187, Des Moines IA 50306-9187**  
**Make check payable to Iowa Department of Revenue**



Name(s): ANKIT PANDEY Social Security number: 763-86-2668

**Mark the appropriate box for you and your spouse**

	B. Spouse	A. You or Joint
A nonresident of Iowa for all of 2020	<input type="checkbox"/> ▲	<input checked="" type="checkbox"/> ▲
A part-year resident of Iowa during 2020	<input type="checkbox"/> ▲	<input type="checkbox"/> ▲
	Date moved into Iowa: _____	_____
	Date moved out of Iowa: _____	_____
A full-year resident of Iowa during 2020	<input type="checkbox"/>	<input type="checkbox"/>

**Iowa-Source Income**

	B. Spouse	A. You or Joint
1. Wages, salaries, tips, etc. ....	1. _____ .00	38,579.00
2. Taxable interest income .....	2. _____ .00	0.00
3. Ordinary dividend income.....	3. _____ .00	.00
4. Taxable alimony received.....	4. _____ .00	.00
5. Business income or (loss) .....	5. _____ .00	.00
6. Capital gain or (loss) .....	6. _____ .00	.00
7. Other gains or (losses) .....	7. _____ .00	.00
8. Taxable IRA distributions .....	8. _____ .00	.00
9. Taxable pensions and annuities.....	9. _____ .00	.00
10. Rents, royalties, partnerships, estates, etc.....	10. _____ .00	0.00
11. Farm income or (loss) .....	11. _____ .00	.00
12. Unemployment compensation.....	12. _____ .00	.00
13. Gambling winnings.....	13. _____ .00	.00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____ .00	.00
15. Iowa gross income. Add lines 1-14 .....	15. _____ .00	▲ 38,579.00
16. Payments to an IRA, Keogh, or SEP.....	16. _____ .00	.00
17. Deductible part of self-employment tax.....	17. _____ .00	.00
18. Health insurance premium .....	18. _____ .00	.00
19. Penalty on early withdrawal of savings .....	19. _____ .00	.00
20. Alimony paid .....	20. _____ .00	.00
21. Pension/retirement income exclusion.....	21. _____ .00	.00
22. Moving expense deduction <b>into</b> Iowa only.....	22. _____ .00	.00
23. Iowa capital gain deduction.....	23. _____ .00	.00
24. Other adjustments.....	24. _____ .00	.00
25. Total adjustments. Add lines 16-24.....	25. _____ .00	▲ .00
26. Iowa net income. Subtract line 25 from line 15 .....	26. _____ .00	38,579.00
27. All-source net income from IA 1040, line 26.....	27. _____ .00	87,093.00
28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0% .....	28. _____ %	44.3 %
29. Nonresident/part-year resident credit percentage: Subtract the percentage on line 28 from 100.0% .....	29. _____ %	55.7 %
30. Iowa tax on total income from IA 1040, line 39 .....	30. _____ .00	4,114.00
31. Total credits from IA 1040, line 46.....	31. _____ .00	40.00
32. Tax after credits. Subtract line 31 from line 30.....	32. _____ .00	4,074.00
33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48.....	33. _____ .00	2,269.00

