Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name	Social security number						
MARWIN MACALANDA 062-35-1649							
Spouse's name	Spouse's social security number						
Part I Tax Return Information – Tax Year Ending December 31, (Enter	year you are authorizing.)						
Enter whole dollars only on lines 1 through 5.							
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income	1 85,436.						
2 Total tax	2 11,856.						
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 14,610.						
4 Amount you want refunded to you	4 3,510.						
5 Amount you owe	5						
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)							

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

Taxpayer's PIN: check one box only

X	l authorize	GLOBAL TAXES	LLC	to enter or generate my PIN

5	1	6	4	9	as mv
Ent don	as my				

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

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

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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

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

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

Spouse's signature ►	Date ►			
Practitioner PIN Method Returns Only—continue below				
Part III Certification and Authentication – Practit	ioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9			

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

ERO's signature >	Date 🕨							
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So								
For Dependent Reduction Act Nation and Your i	x raturn instructions - · ·	PEV 02/01/21 PPO	Earm 8879 (Pay 01 2021)					

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only 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 midow(er) (QW) Your first name and middle initial Last name Vour social security number MARWIN MACALANDA 062–35-1649 Home address (number and stree), If you have a P.O. box, see instructions. Apt. no. 41.03 7304 W, 139TH PL Alton 41.03 City, tow, or post office. If you have a toreign address, also complete spaces below. State 2/P code City, tow, or post office. If you have a toreign address, also complete spaces below. State 2/P code City, tow, or post office. If you have a toreign address, also complete spaces below. State 2/P code your as or refund. City, tow, or post office. If you have a toreign address, also complete spaces below. State 2/P code your as or refund. You Space Constructions Constructions. Foreign postulocidy (UV spouse as a dependent You your as or refund. You Space Dependents, see instructions): (I) First name Last name	E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	20	20	OMB No. 154	5-0074	IRS Use	e Only	—Do not w	vrite or staple	in this space.
MARWIN MACALANDA 062-35-1649 If joint return, spouse's first name and middle initial Last name Spouse's social security number Joint return, spouse's first name and middle initial Last name Spouse's social security number City, tow, or post office. If you have a foreign address, also complete spaces below. State 2P code City, tow, or post office. If you have a foreign address, also complete spaces below. State 2P code Foreign country name Foreign province/state/county Foreign postal code you tax or refund. You Spouse itemizes on a separate return or you were a dual-status alien Spouse itemizes on a separate return or you were a dual-status alien Deduction Spouse itemizes on a separate return or you were a dual-status alien Impour cell you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You Spouse: No State first currency: (P) First name Last name You Spouse: No Attach (9) First name Last name Impour you you you read unanty 2, 1956 Is blind Dependents (9) First name Last name Impo	Check only	lf yc	ou checked the MFS box, enter the n	ame of	-		. ,				,		, ,	. , . ,
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 4103 7304 W, 139TH PL Qhock here if you, or your Gity, town, or post office. If you have a foreign address, also complete spaces below. State QP code OVERLAND PARK KS 65223 box below will not change a box below. Out tax or refund. Foreign country name Foreign province/state/county Foreign postal code You Spouse if will not change a box below. Standard Someone can claim: You as a dependent Your spouse as a dependent You Spouse if will not change a box below. Bependents (see instructions): (i) First name Last name You Spouse if will not change a box below. If more (i) First name Last name Immeter (i) Ar if qualifies for (see instructions); (ii) First name Immeter	Your first name	e and m	iddle initial	Last na	ime							Your so	cial securi	ty number
Home address fnumber and street). If you have a P.O. box, see instructions. Apt. no. 41.03 7304 W, 139TH PL 41.03 Chy, town, or post office. If you have a forsign address, also complete spaces below. State ZIP code Foreign country name Foreign province/state/country Foreign post office. If you have a forsign address, also complete spaces below. State State Check here if you, or your spouse if filing jointly, want S3 Foreign country name Foreign province/state/country Foreign postal code your tax or refund. Standard Someone can claim: You as a dependent You province/state/country You Spouse Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) f/ if qualifies for (see instructions): Cheld tax credit Cedit to rhad dependents in required. 1 92, 186. 20	MARWIN			MACA	LAND	Ŧ						062-	35-164	9
7304 W, 139TH PL 4103 Check here if you, or your City, tow, or post office. If you have a foreign address, also complete spaces below. State 2/P code OVERLAND PARK 66.223 box below will not change Foreign country name Foreign province/state/county Foreign postal code U You Standard Someone can claim: You as a dependent You you were a dual-status alien Age/Blindness Someone can claim: You as a dependent You you were a dual-status alien Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: (a) Pelationship (a) (a) (a) (a cole is excitations); If more than four dependents, see instructions); (a) Social security (a) Pelationship (b) Ordinary dividends (a) (a) (a) (a cole is excitations); If more than four dependents, see instructions; 1 92,186. 3a (b) Cordinary dividends 3b Attach 2a Tax-exempt interest 2a b Tax-axable amount. 4b (b) Taxable amount. 6b <tr< td=""><td>lf joint return, s</td><td>spouse's</td><td>s first name and middle initial</td><td>Last na</td><td>ime</td><td></td><td></td><td></td><td></td><td></td><td></td><td>Spouse</td><td>'s social se</td><td>curity number</td></tr<>	lf joint return, s	spouse's	s first name and middle initial	Last na	ime							Spouse	's social se	curity number
Curry, Cury, Curry, Curry, Curry, Curry, Curry, Curry, Curry, Curry, Curry,		`	, , ,	instructi	ons.					•		Check I	here if you,	, or your
OVERLAND PARK KS 66223 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your souse as a dependent You Spouse Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) V ^I I qualifies for (see instructions): Child tax credit Credit for other dependents see instructions I 92,186. Immed filling Immed fili	City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP c	ode				
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? You Spouse Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: (A) V' if qualifies for (see instructions): If more than four dependents, see instructions (I) First name Last name Immediate	OVERLAN	D PA	RK				K	S	662	223		0		0
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Deduction 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 Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) ✓ If qualifies for (see instructions): If more (1) First name Last name number (b) You Child tax credit Credit for other dependents see instructions	At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherv	vise acqui	re any	financial inter	est in a	any virtu	al cu	rrency?	Yes	X No
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If more than four dependents, see instructions and check Image: task name number to you Child tax credit Credit for other dependents see instructions and check Image: task name Ima	Age/Blindnes	s You	Were born before January 2, 1	956	Are b	lind S	pouse	: 🗌 Was bo	rn bef	ore Janu	ary 2	2, 1956	🗌 ls b	lind
If more than four dependents, see instructions and check Image: task name number to you Child tax credit Credit for other dependents see instructions and check Image: task name Ima	Dependent	s (see	instructions):		(2) 5	Social secu	rity	(3) Relations	hip	(4) 🖌	if q	ualifies fo	r (see instru	uctions):
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and check here image: state in the														
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Sch. B if required. 2a 2a 2a 2a 2a Sch. B if required. 3a Qualified dividends 3a 3b 3b Standard IRA distributions 4a b b Taxable amount 3b Standard Deduction for- 5a Pensions and annuities 5a b Taxable amount 5b Standard Ga Social security benefits 6a b Taxable amount 5b Ga Social security benefits 6a b Taxable amount 7 7 -3,000. Signed or Married filing jointly or Qualifying widow(er), \$24,800 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 -3,500. 9 85,686. 10 Adjustments to income: 10 10b 250. 9 85,686. 11 Subtract line 10c from line 9. This is your adjusted gross income 10c 250. 10c 250. 14 Subtract line 10c from line 9. This is your adjusted gross income 11 85,436. 11 85,436. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1		92,186.
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Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -3,000. • Single or Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 8 -3,500. • Married filing jointly or Qualifying widow(er), \$24,800 9 Add lines 10a and 10b. These are your total adjustments to income 10a 10a 10b 250. • Head of household, \$16,860 11 Subtract line 10c from line 9. This is your adjusted gross income 10 11 85,436. • If you checked any box under Standard deduction, see instructions. 12 12,400. 12 12,400. • If you checked any box under Standard deduction, see instructions. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. • Add lines 12 and 13 • • • • • • • • • • • • • • • • • • •		5a	Pensions and annuities	5a			b Taxable amount .					. 5b)	
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Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 8 -3,500 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 85,686 9 85,686 9 85,686 10 Adjustments to income: 9 85,686 10 Adjustments to income: 10a 10b 250 widow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b 250 • Add lines 10a and 10b. These are your total adjustments to income • • 10c 250 • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income • • 11 85,436 If you checked any box under Standard Deduction, see instructions. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A • 13 12 12,400 14 12,400 14 12,400 14 12,400 15 73,036		7	Capital gain or (loss). Attach Sche	dule D i	f require	d. If not re	quired	, check here				7		-3,000.
\$12,400 9 Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income 9 85, 686. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a • Married filing jointly or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10a 10b 250. • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lin	e9.								. 8		-3,500.
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\$24,800 ID Chantable contributions if you take the standard deduction. See instructions ID 250. • Head of household, \$18,650 I1 Subtract line 10c from line 9. This is your adjusted gross income ID 250. • If you checked any box under Standard deduction, see instructions, see instruction, see instructions. ID 250. • If you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A ID 250. • If you checked any box under Standard deduction. II 85,436. • If you checked any box under Standard deduction. II 812,430. • II Add lines 12 and 13. III 1III • III 1IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Qualifying	а	From Schedule 1, line 22					10)a					
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\$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 85,436. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. 14 12,400. 14 12,400. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 73,036.	 Head of 	с	Add lines 10a and 10b. These are	your to f	tal adjus	stments to	o incoi	me				► <u>10</u>	c	250.
any box under Standard Deduction, see instructions.131314Add lines 12 and 13		11	Subtract line 10c from line 9. This	is your a	adjusteo	d gross in	come					► <u>11</u>		85,436.
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15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14												
		′ 15	Taxable income. Subtract line 14	from lin	ne 11. lf z	zero or les	s, ente	er-0				. 15	5	

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

Form **1040** (2020)

Form 1040 (2020))										Pa	age 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌	4972	3			16	11,85	6.
	17	Amount from Schedule 2, lir	ne3							17		
	18	Add lines 16 and 17								18	11,85	6.
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ne7							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	11,85	6.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10	о				23		0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	11,85	6.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	14	,610			
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	14,61	0.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 return					26		
qualifying child,	27	Earned income credit (EIC)			^N	ō.	27					
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28					
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29					
see instructions.	30	Recovery rebate credit. See	instructions .				30		756			
	31	Amount from Schedule 3, lir	ne 13				31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	refunda	ble cr	edits	. 🕨	32	75	6.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	• 33	15,36	б.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is th	e amour	nt you	overpaid		34	3,51	0.
Horana	35a	Amount of line 34 you want			3 is attach	ed, chec	ck here	e		35 a	3,51	0.
Direct deposit?	►b	Routing number 1 0 3			🕨 c Typ	be: 🗙	Checl	king 🗌	Saving	s		
See instructions.	►d	Account number 6 1 0	0 7 1 7	6 0								
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax .	. 🕨	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				. 🕨	37		
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for										
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instr	uctions for det	ails.							
instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38					
Third Party		you want to allow another	person to disc	cuss this retu	rn with th	ne IRS?	See	_			_	
Designee	ins	structions						Yes. Co	omplet	e below.	× No	
		signee's		Phone					onal ide oer (PIN	ntification		
<u></u>		me 🕨		no. 🕨						/		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		ur signature		Date	Your occi						nt you an Identity	0
				Duito		apation					IN, enter it here	
Joint return?					SOFTW	IARE E	ENGII	NEER	(se	ee inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's	occupati	on				nt your spouse an	have
your records.	,									entity Prot ee inst.) 🕨	ection PIN, enter it	nere
	Dh	one no.		Email address					(-			
		eparer's name	Preparer's signat				Date		PTIN		Check if:	
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			מוזסיית יי	ת אד.ד אוי		04/2021		82703	Self-employ	red
Preparer				KAM SAGAR	GUPIA 1	аппчы	03/1	UH/2021				
Use Only		m's name ► GLOBAL TA		n Cummin	a (1 ²)	00/1					678)965-95	
		m's address ► 2530 Pebb			-					rm's EIN ▮		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	A	REV	03/01/21 PRC)		Form 1040	(2020)

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

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 w

			,	,		
www.irs.	gov/Fo	orm10	40 for ins	structions	and the	latest information.

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

Part I Additional Income	002 33 1017
Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
MARWIN MACALANDA	062-35-1649

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-3,500.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-3,500.
Par	t II Adjustments to Income		
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
с	Date of original divorce or separation agreement (see instructions)		
19		19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/01/21 PRO	Schedule	e 1 (Form 1040) 2020

SCHEDULE	D
(Eorm 1040)	

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

► 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.

20Attachment Sequence No. 12

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

Department of the Treasury

Your social security number

MARWIN MACALANDA

062-35-1649

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

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

lines This ⁻	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, columi	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	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	0.	5,000.			-5,000.
4	Short-term gain from Form 6252 and short-term gain or (l	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-5,000.

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, f line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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.				(9)	
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824						
 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 13 Capital gain distributions. See the instructions 						
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	Carryover	14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	15				

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-5,000.
	• 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 line 22.		
	• 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.		
17	Are lines 15 and 16 both gains?		
	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. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21 (3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ 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.		

REV 03/01/21 PRO

Schedule D (Form 1040) 2020

Form 8949	
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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.



Internal Revenue Service Name(s) shown on return

Department of the Treasury

Name(s) shown on return	Social security number or taxpayer identification number
MARWIN MACALANDA	062-35-1649

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

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

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

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

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	Date sold or Proceeds Se		Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
WILFREDO - bad debt statement attached	12/12/18	12/12/20	0.	5,000.			-5,000.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	0.	5,000.			-5,000.

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.

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

	ent of the Treasury Revenue Service (99)	► Go to www.irs.gov/ScheduleE			,		information			Attacl	nment ence No.	13
	shown on return								ur social		y numbe	
MARW	IN MACALANDA							06	52-35-	-164	9	
Part	Income or Los	s From Rental Real Estate and Ro	oyaltie	s Note	: If you	are in th	e business o	of renti	ing perso	onal p	roperty, i	use
	Schedule C. See	instructions. If you are an individual, rep	oort farı	m rental i	ncome	or loss fr	om Form 4	335 or	n page 2	, line 4	0.	
A Dic	I you make any payme	ents in 2020 that would require you to	o file F	orm(s) 1	099? 5	See instr	uctions .			<u> </u>	Yes 🛛	No
B If "	Yes," did you or will y	ou file required Form(s) 1099?								<u> </u>	Yes 🗌	No
1a	Physical address of	each property (street, city, state, Zl	P code	e)								
Α	DADABHAI NAORC	DJI ROAD MUMBAI IN 4000	01									
В												
С												
1b	Type of Property	2 For each rental real estate pro	perty l	isted			Rental	Per	sonal l	Jse	QJ	V
	(from list below)	above, report the number of fa personal use days. Check the	QJV b	ai and ox only _i		Ľ	ays		Days			
Α	3	if you meet the requirements t	to file a	is a 🍈	Α		365		()		<u> </u>
B		qualified joint venture. See ins	structio	ns.	В							<u>]</u>
_ C					С							
	of Property:		- I			7 0 10						
	le Family Residence	3 Vacation/Short-Term Rental				7 Self-						
2 Mur Incom	ti-Family Residence	4 Commercial Properties:	6 KC	yalties		8 Othe	r (describe				С	
3			3		Α	350.	E	5			U	
4			4			350.						
Expen												
5			5									
6	•	nstructions)	6									
7		nance	7			600.						
8			8									
9			9									
10		essional fees	10									
11			11			800.						
12		id to banks, etc. (see instructions)	12									
13	Other interest		13									
14	Repairs		14		1,	200.						
15	Supplies		15		1,	250.						
16			16									
17			17									
18		e or depletion	18									
19	Other (list)		19									
20		lines 5 through 19	20		3,	850.						
21		line 3 (rents) and/or 4 (royalties). If										
	file Form 6198	instructions to find out if you must			2	500.						
00		l estate loss after limitation, if any,	21		-5,	500.						
22		istructions)	22	(_3 I	500.)	()
23a		eported on line 3 for all rental prope		N	5,5	23a	(3	50.			/
b		eported on line 4 for all royalty prop				23b		5				
c		eported on line 12 for all properties				23c						
d		eported on line 18 for all properties				23d						
е		eported on line 20 for all properties				23e		3,8	50.			
24		e amounts shown on line 21. Do no		ude any	losses				24			
25	Losses. Add royalty lo	osses from line 21 and rental real estate	e losse	s from lii	ne 22. E	inter tota	al losses hei	e.	25 (3,5	00.)
26	Total rental real est	ate and royalty income or (loss).	Comb	ine line	s 24 ar	id 25. E	nter the re	sult				
		V, and line 40 on page 2 do not										

here. If Par	ts II, III, IV, and	d line 40 on p	page 2 do not	apply to you,	also enter this	amount or
Schedule 1	(Form 1040), lin	e 5. Otherwise	e, include this a	mount in the to	tal on line 41 or	n page 2 .

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

26

-3,500.

SCHEDULE E (Form 1040)

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

OMB No. 1545-0074

6

12

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

Department of the Treasury
Internal Revenue Service (99)

222 Form Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074 2020

Sequence No. 52

Attachment

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

► Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service	Go to www.irs.gov/Form8889 for instructions and	the
		Te

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA		
	beneficiary. If both spouses		
MARWIN MACALANDA	have HSAs, see instructions ► 062-35-1649		

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

Part			
	and both you and your spouse each have separate HSAs, complete a separate Part I for	each	spouse.
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions	X Sel	f-only 🗌 Family
2	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. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter	3	3,550.
4	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	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,550.
6	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	6	3,550.
7	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	7	0.
8	Add lines 6 and 7	8	3,550.
9	Employer contributions made to your HSAs for 2020 9 1,249.		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,249.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,301.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13	0.
Daut	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		10.4
Part	a separate Part II for each spouse.		ISAS, complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
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	14b	
с	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. 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	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
	Additional 20% tax (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	17b	
Part	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	oarate	
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. 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	20	
21	Additional tax. 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 For Paperwork Reduction Act Notice, see your tax return instructions.

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Nonbusiness Bad Debt Explanation Statement

			Social Security Number
Form/Line: Form 8949		Liı	ne 1
Explanation of: Nonbu	siness Bad Debt		
Description of debt: Amount: \$5,000	LOAN TO WILFREDO		
Date debt became due	: 12/12/2018		
Name of debtor: WILF	REDO		
Relationship to debt	or: FRIEND		
Efforts to collect:			
EFFORTS ARE MADE TO	RECOVER THE DEBT		
Why decided debt was	worthless:		
WILFREDO DECLARED TH	AT HE IS UNBALE TO TH	E PAY DEBT	

K-40		2020 ^{ĸ/}	ANSAS INDIV	/IDUAL	INCOME	ΤΑΧ	305	1228	20	L
MARWIN		MACALAN	DA		913548	6941	MACA	062351	.649	
7304 W, 139 OVERLAND PA			103 KS 66223		WY	500				
Name or address h	as chan	iged?	Taxpayer or (spouse if filin	ng joint) died du	iring this tax year		Taxpayer was enga	ged in commercial	l farming/fishing in 20	20
Amended Return:		Amended affects Kan	sas only	Amended Feo	deral tax return		Adjustment by the	IRS		
Filing Status:	Х	Single	Married Filing Joint (Even if only on	e had income)		Married Filing Sepa	arate	Head of Household check if filing joint i	
Residency Status:	Х	Resident	NonResident (Comp	lete Sch S, Par	t B)		State of Legal Resi	dence		
		Part-Year Resident (C	Complete Sch S, Part B) F	rom		То				
Exemptions:	1		tions for you, your spouse claim as a dependent.	(if applicable),			atus above is Head o Id, add one exemptio		Total Kansas exe	mptions
In the following spaces, provide the requested information for all persons you claimed as dependents. DO NOT include you or your spouse . If additional space is needed, enclose a separate sheet, only after completing all nine lines below.										

Dependent Name - First, Middle and Last Date of Birth - MMDDYYYY Relationship

Food Sales Tax Credit:	You must have been a Kansas resident for ALL of 2020. Complete this section to de If you did not mark A, B, and C, STOP HERE ; you do not qualify for this credit.	etermine your qualifications and credit.
A. Had a dependent child under the age of 18 al	who lived with you all year and was of 2020?	E. Number of exemptions claimed

0

B. Were you (or spouse) 55 years of age or older all of 2020 (born prior to January 1, 1965)?

C. Were you (or spouse) totally and permanently disabled or blind all of 2020, regardless of age?

D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If it is more than \$30,615 STOP HERE, you do not qualify for this credit. F. Number of dependents that are 18 years of age or older (born on or before January 1, 2003)

G. Total qualifying exemptions (subtract line F from line E)

H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.

0

REV 02/15/21 PRO

SSN

2020 KANSAS INDIVIDUAL INCOME TAX

305



MARWIN

MACALANDA

062351649

MARWIN	MACALANDA	MACA	062351649
1. Federal adjusted gross income	85436	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	85436	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions	3000	26. Refundable portion of tax credits	0
5. Exemption allowance	2250	27. Payments remitted with original return	0
6. Total deductions	5250	28. Overpayment from original return	0
7. Taxable income	80186	29. Total refundable credits	4690
8. Tax	4112	30. Underpayment	0
9. Nonresident percentage	0.0000	31. Interest	0
10. Nonresident tax	0	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	4112	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	0	35. Overpayment	578
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	4112	38. Senior Citizens Meals On Wheels Contribution Program	0
17. Earned Income Credit	0	39. Breast Cancer Research Fund	0
18. Food Sales Tax Credit	0	40. Military Emergency Relief Fund	0
19. Tax balance after credits	4112	41. Kansas Hometown Heroes Fund	0
20. Use Tax Due (Out-of-State and Internet Purchases)	0	42. Kansas Creative Arts Industry Fund	0
21. Total Tax Balance	4112	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2 1099 or K-19	4690	44. REFUND	578

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.

I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature (Required)	Date	Preparer Signature	SYAM PRIYA RAM SAGAR GUPT	A Preparer PTIN, EIN or SSN
Spouse Signature (Required)	Date	Preparer Phone Number	6789659522	P02082703

IMPORTANT: 1) Form K-40 is a 2 PAGE FORM - BOTH PAGES REQUIRED. WHEN FILING; 2) Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2; 3) Refunds are not issued for any unsigned returns. Signature(s) are required; 4) DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas

Page 2 of 2

INDIVIDUAL INCOME TAX PO Box 750260 TOPEKA KS 66699-0260

REV 02/15/21 PRO