Department of the Treasury Internal Revenue Service

Calendar Year — Due **04/15/2021**

2021 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

2,461.

APPLIED FOR

701-30-9291 API SUMEET BAJAJ AKSHITA RATHI 9655 WHARF RD APT 264 COPPELL TX 75019

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

Calendar Year — Due **06/15/2021**

2021 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

2,461.

APPLIED FOR

701-30-9291 APP SUMEET BAJAJ AKSHITA RATHI 9655 WHARF RD APT 264 COPPELL TX 75019

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

Calendar Year — Due **09/15/2021**

2021 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.........

REV 03/01/21 PRO 1555

2,461.

APPLIED FOR

701-30-9291 APPL SUMEET BAJAJ AKSHITA RATHI 9655 WHARF RD APT 264 COPPELL TX 75019

INTERNAL REVENUE SERVICE OF SOR LIBOR OF CHARLOTTE NC 28201-1300

Department of the Treasury Internal Revenue Service

Calendar Year — Due **01/18/2022**

2021 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

2,461.

701-30-9291 APPLIED FOR SUMEET BAJAJ AKSHITA RATHI 9655 WHARF RD APT 264 COPPELL TX 75019

INTERNAL REVENUE SERVICE PO BOX 1300 CHARLOTTE NC 28201-1300

Form 1040-V 2020 Page **2**

IF you live in	THEN use this address to send in your payment					
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214					
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000					
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501					
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303					

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2020

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99) **20**

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ► Do not staple this voucher or your payment to Form 1040.
- ► Make your check or money order payable to the 'United States Treasury.'
- ► Write your social security number (SSN) on your check or money order.

of your payment ►
REV 03/01/21 PRO 1555

6,462.

Enter the amount

SUMEET BAJAJ AKSHITA RATHI 9655 WHARF RD 264 COPPELL TX 75019 INTERNAL REVENUE SERVICE
ITIN OPERATION
P.O. BOX 149342
AUSTIN, TX 78714-9342

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

Filing Status Check only one box.	If yo	Single X Married filing jointly bu checked the MFS box, enter the son is a child but not your depende	name d		. ,					•			
Your first name and middle initial				name					Y	Your social security number			
SUMEET				JAJ					7	701-30-9291			
If joint return, s	pouse's	s first name and middle initial	Last	name					S	Spouse's social security number			
AKSHITA			RA'	THI					A	APPLIED FOR			
Home address	(numbe	er and street). If you have a P.O. box, se	e instru	ctions.				Apt. no.	Pı	reside	ntial Election	on Campaign	
9655 WHARF RD									С	Check here if you, or your			
City, town, or p	ost offi	ce. If you have a foreign address, also o	omplete	mplete spaces below. State Z				code		spouse if filing jointly, want \$3			
COPPELL				TX						to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/county							your tax or refund. You Spouse		
At any time du	ıring 20	020, did you receive, sell, send, ex	change	e, or otherwise acquire	e any	financial inter	est ir	n any virtual	curre	ncy?		No	
Standard Deduction		neone can claim:	•	•		•							
Age/Blindness	s You	: Were born before January 2,	1956	Are blind Sr	ouse	: Was bo	orn be	efore Januar	y 2, 1	956	☐ Is bl	ind	
Dependent	s (see	instructions):		(2) Social securi	tv	(3) Relations	hin	(4) 🗸 i	f quali	fies fo	r (see instru	ctions):	
If more		irst name Last name		number	to you		Child tax credi				ner dependents		
than four												1	
dependents,									1				
see instruction and check	s								1				
here ▶ □									1				
	. 1	Wages, salaries, tips, etc. Attach	Form(s	s) W-2					<u>-</u>	1	22	 20,143.	
Attach	2a	Tax-exempt interest	2a		h T	axable interes	et		-	2b			
Sch. B if	3a	Qualified dividends	3a			Ordinary divide			•	3b			
required.	4a	IRA distributions	4a		b Taxable amount .					4b			
	5a	Pensions and annuities	5a			axable amou							
Standard	6a	Social security benefits	6a			axable amou				5b 6b			
Deduction for—	7	,) if required. If not rec					. 🗀	7	_	-3,000.	
Single or	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here								8		3,000.	
Married filing separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									2-	L7,143.	
\$12,400 Married filing	10	Add lines 1, 2b, ob, 4b, ob, ob, 7 Adjustments to income:	, and o	. Triis is your total ii i	COINE		•			9		17,113.	
jointly or	а												
Qualifying widow(er),	a b												
\$24,800		· · · · · · · · · · · · · · · · · · ·											
 Head of household, 	C	Add lines 10a and 10b. These are your total adjustments to income								100	_	L7,143.	
\$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income								11			
If you checked any box under	12			•	,		•		•	12		24,800.	
Standard Deduction,	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A							•	13		24 000	
see instructions.	14	Add lines 12 and 13								14		24,800.	
	15	Taxable income. Subtract line 1	4 trom	line 11. It zero or less	, ente	er-U				15	- T 2	92,343.	

Form 1040 (2020))								Page 2		
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16	34,321.		
	17	Amount from Schedule 2, lin	ne 3					. 17			
	18	Add lines 16 and 17						. 18	34,321.		
	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	34,321.		
	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	34,321.		
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a 2	7,91	1.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c	,					. 25d	27,911.		
. 16	26	2020 estimated tax payment							-		
 If you have a L qualifying child, 	27	Earned income credit (EIC)									
attach Sch. EIC. If you have	28	Additional child tax credit. A									
nontaxable	29	American opportunity credit									
combat pay, see instructions.	30	Recovery rebate credit. See		•		30					
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27 through 31. The		▶ 32							
	33	Add lines 25d, 26, and 32. T			27,911.						
	34	If line 33 is more than line 24						. 34	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Refund	35a		35a								
Direct deposit?	▶ b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \(\rightarrow\) \(\) 35a Routing number X X X X X X X X X									
See instructions.	►d	Account number X X X	193								
	36	Amount of line 34 you want a				36					
Amount		•						▶ 37	6,462.		
You Owe	37	Subtract line 33 from line 24		-					0,402.		
For details on		Note: Schedule H and Sch	for								
how to pay, see	20	2020. See Schedule 3, line 1	2								
instructions.	38	Estimated tax penalty (see in				38		2.			
Third Party Designee		you want to allow another	•				ompl	ata halow	⊠ No		
Designee		instructions									
		me ►		no.			nber (P				
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying sch	edules and statem	ents, a	nd to the bes	st of my knowledge and		
	be	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informat							er has any knowledge.		
Here	Yo	ur signature		Date	Your occupation			nt you an Identity			
	k					Protection Pl (see inst.) ▶	IN, enter it here				
Joint return? See instructions.	0-		D-t-	SOFTWARE I	_	, ,	-4				
Keep a copy for	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupat			nt your spouse an ection PIN, enter it here				
your records.			HOMEMAKER				(see inst.) ▶				
	———Ph	one no.		Email address	-						
		eparer's name	Preparer's signat			Date	PTII	V	Check if:		
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TALLAM	03/10/2021	P02	2082703	Self-employed		
Preparer		Firm's name GLOBAL TAXES LLC							678)965-9522		
Use Only		m's address ► 2530 Pebb		n Cummin	g GA 30041			Firm's EIN			
Go to want ire a		m1040 for instructions and the late				DEV 00/04/04 55		5 E 7	Form 1040 (2020)		
ao to www.iis.go	7110-1110	most of monuclions and the late	or illiorriduon.		BAA	REV 03/01/21 PF	, U		Form 1040 (2020)		

SCHEDULE D (Form 1040)

Capital Gains and Losses

► 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.

2020

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return
SUMEET BAJAJ & AKSHITA RATHI

Your social security number 701-30-9291

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 (sales price) Form(s) 8949, Part I, combine the result (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 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with 17,144. 22,014. -4,870. 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 -4,870. 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

BAA

15

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** -4,870. 16 Combine lines 7 and 15 and enter the result 16 • 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. 17 Are lines 15 and 16 both gains? ☐ **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 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 21 3,000.) • (\$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.

8949 Form

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.

Attachment Sequence N

2020 Attachment Sequence No. 12A

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Social security number or taxpayer identification number

701-30-9291

SUMEET BAJAJ & AKSHITA RATHI

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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 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 disposed of (sales price) and see Column (e. from column (d) and (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 (a) instructions Robinhood Crypto LLC 05/23/19 01/26/20 17,144. 22,014. -4,870.

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.

17,144.

-4,870.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). ►

22,014.



Application for IRS Individual Taxpayer Identification Number

For use by individuals who are not U.S. citizens or permanent residents.
 ▶ See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

 Before you begin: Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). 								☑ Apply for a new ITIN☐ Renew an existing ITIN			
Reason you're su must file a U.S. fe										d, e, f, or g, you	
a Nonresident	alien required to	o get an ITIN to cla	aim tax treaty be	enefit							
b Nonresident	alien filing a U.S	S. federal tax retur	n								
		n days present in		_							
		sident alien If									
e 🗵 Spouse of L	J.S. citizen/reside		d or e, enter na								
f Nonrogidant	alian atudant n	,	SUMEET BAJ							-30-9291	
f ☐ Nonresidentg ☐ Dependent/s			_	o. lederal tax re	turri or c	lalifiling al	i exceptii	OH			
h Other (see in			-								
Additional information						treaty art	icle num	ber ▶			
Name	1a First name			iddle name			Last r				
(see instructions)	AKSHIT	'A		RA' Middle name Last				THI			
Name at birth if	1b First name		M					name			
different ▶											
Applicant's Mailing	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 9655 WHARF RD APT 264										
Address	COPPEL					TEXAS	USA	<u> </u>	750)19	
Foreign (non- U.S.) Address	3 Street address, apartment number, or rural route number. Don't use a P.O. box number.										
(see instructions)	Í	n, state or provinc									
Birth Information		ate of birth (month / day / year) Country of birth City and state or province (optional) 5 Male INDIA Female									
Other Information	6a Country(ies INDIA	s) of citizenship	I.D. number (i	iber (if any) 6c Type of U.S. visa				a (if any), number, and expiration date			
mormation	6d Identification	on document(s) sul	bmitted (see ins	tructions)	Passp	ort [Driver's	s license/S	State I.D.		
	USCIS documentation OtherDate of entry into										
								the Unite	d States		
									09/22/2019		
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?										
	✗ No/Don't know. Skip line 6f.☐ Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).										
				, list on a sheet	and atta			e instructio	ons).		
	6f Enter ITIN a		TIN			IR	SN			and	
	name unde	er which it was iss	ued ▶ F	irst name		Middle n	ame		l as	t name	
	6g Name of college/university or company (see instructions)										
	City and state ► Length of stay ►										
<u></u>	•		cant/dologato/acc	ontanco agont)				d this appli	ication inc	duding accompanying	
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.										
Keep a copy for your records.	Signature of applicant (if delegate, see instructions) Date (month / day / year)						year)	Phone number			
•	Name of delegate, if applicable (type or print)				Delegate's relationship to applicant			Parent Court-appointed guardian Power of attorney			
A	Signature	Signature			Date (month / day / year)			Phone			
Acceptance	"							Fax			
Agent's Use ONLY	Name and	I title (type or print))	Name of c	ompany		EIN PTIN			N	
USC VIILI	7				Office co			ode			