

# 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<br><b>KRUTHIKA AGARWAL</b> | Social security number<br><b>027-55-3413</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> | <b>74,952.</b> |
| <b>2</b> Total tax . . . . .   | <b>2</b> | <b>9,557.</b>  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | <b>14,162.</b> |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | <b>4,605.</b>  |
| <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 

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 3 | 4 | 1 | 3 |
|---|---|---|---|---|

 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 ▶ *Kruthika Agarwal* Date ▶ **5/6/2021**

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

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

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.

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

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

## Practitioner PIN Method Returns Only—continue below

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

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

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

 Don't enter all zeros

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

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

**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: KRUTHIKA
Last name: AGARWAL
Your social security number: 027-55-3413
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.
7505 E PEAKVIEW AVE
Apt. no.: 234
City, town, or post office. If you have a foreign address, also complete spaces below.
CENTENNIAL
State: CO
ZIP code: 80111
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 a checkbox for 'Dependents (see instructions):'.

Main tax calculation table with 15 rows. Includes sub-rows for adjustments (10a, 10b, 10c). Total taxable income: 62,552.

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  | 9,557.  |
| 17 | Amount from Schedule 2, line 3  | 17  |         |
| 18 | Add lines 16 and 17   | 18  | 9,557.  |
| 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  | 9,557.  |
| 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  | 9,557.  |
| 25 | Federal income tax withheld from:   |     |         |
| a  | Form(s) W-2   | 25a | 14,162. |
| b  | Form(s) 1099  | 25b |         |
| c  | Other forms (see instructions)  | 25c |         |
| d  | Add lines 25a through 25c   | 25d | 14,162. |
| 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  |         |
| 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  |         |
| 33 | Add lines 25d, 26, and 32. These are your <b>total payments</b>   | 33  | 14,162. |

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

Refund

|     |   |     |        |
|-----|---|-----|--------|
| 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | 34  | 4,605. |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 4,605. |
| b   | Routing number 011400495  |     |        |
| c   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings                               |     |        |
| d   | Account number 388003969336   |     |        |
| 36  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>  | 36  |        |

Amount You Owe

For details on how to pay, see instructions.

|  |  |    |  |
|--|--|----|--|
| 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<br><b>SOFTWARE 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<br><b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b> | Preparer's signature<br><b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b> | Date<br><b>05/04/2021</b> | PTIN<br><b>P02082703</b> | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name <b>GLOBAL TAXES LLC</b>                         | Firm's address <b>2530 Pebble Creek Ln Cumming GA 30041</b>      |                           |                          | Phone no. <b>(678)965-9522</b>                      |
| Firm's EIN <b>30-1017196</b>                                |  |                           |                          |   |

**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  
**KRUTHIKA AGARWAL**

Your social security number  
**027-55-3413**

**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>  | -5,905. |
| <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>  | -5,905. |

**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>  | 1,875. |
| <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>  | 1,875. |

**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

KRUTHIKA AGARWAL

027-55-3413

**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>  | H-NO: 5-7-90 COOLILANE COOLILANE WATER TANK KOTHAGDEM, TELANGANA IN 507101 |  |                         |                          |                          |
| <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)

| <b>Income:</b>   |   | <b>Properties:</b> |  | <b>A</b>    | <b>B</b> | <b>C</b> |
|------------------|---|--------------------|--|-------------|----------|----------|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>           |  | 580.        |          |          |
| <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>           |  | 1,250.      |          |          |
| <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>          |  | 1,110.      |          |          |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>          |  |             |          |          |
| <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>          |  | 1,450.      |          |          |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>          |  | 1,560.      |          |          |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>          |  |             |          |          |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>          |  | 1,115.      |          |          |
| <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>          |  | 6,485.      |          |          |
| <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>          |  | -5,905.     |          |          |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b>          |  | ( -5,905. ) | ( )      | ( )      |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>         |  |             | 580.     |          |
| <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>         |  |             | 6,485.   |          |
| <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>          |  | ( 5,905. )  |          |          |
| <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>          |  |             |          | -5,905.  |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

## Tuition and Fees Deduction

OMB No. 1545-0074

▶ **Attach to Form 1040 or 1040-SR.**  
▶ **Go to [www.irs.gov/Form8917](http://www.irs.gov/Form8917) for the latest information.**

Attachment  
Sequence No. **60**

|  |   |
|--|---|
| Name(s) shown on return<br><b>KRUTHIKA AGARWAL</b> | Your social security number<br><b>027-55-3413</b> |
|--|---|



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

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

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

| 1  | (a) Student's name (as shown on page 1 of your tax return)  | (b) Student's social security number (as shown on page 1 of your tax return) | (c) Adjusted qualified expenses (see instructions) |
|--|---|--|--|
|  | First name <span style="float: right;">Last name</span><br><b>KRUTHIKA</b> <span style="float: right;"><b>AGARWAL</b></span>  | <b>027-55-3413</b>   | <b>1,875.</b>                                      |
| <b>2</b>   | Add the amounts on line 1, column (c), and enter the total . . . . .  |  | <b>2</b> <b>1,875.</b>                             |
| <b>3</b>   | Enter the amount from your <b>"total income"</b> line of Form 1040 or 1040-SR . . . . .   | <b>3</b> <b>76,827.</b>  |  |
| <b>4</b>   | <ul style="list-style-type: none"> <li>• For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36.</li> <li>• For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.</li> <li>• For later years: See <a href="http://www.irs.gov/Form8917">www.irs.gov/Form8917</a> to find out if the line references above for 2019 have changed . . . . .</li> </ul> | <b>4</b>   |  |
| <b>5</b>   | Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), <b>stop</b> ; you can't take the deduction for tuition and fees . . . . .  |  | <b>5</b> <b>76,827.</b>                            |
| * If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5. |   |  |  |
| <b>6</b>   | <p><b>Tuition and fees deduction.</b> Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Enter the smaller of line 2, or \$2,000.    } . . . . .</p> <p><input type="checkbox"/> <b>No.</b> Enter the smaller of line 2, or \$4,000.    }</p>   |  | <b>6</b> <b>1,875.</b>                             |

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



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State of Colorado Individual Income Tax Declaration for Electronic Filing
Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

Table with taxpayer information including SSN, names (AGARWAL, KRUTHIKA), address (7505 E PEAKVIEW AVE APT 234), and phone number ((603) 417-9322).

Part I — Tax Return Information

Table with 6 rows of tax return information: Total Income (76827), Taxable Income (62552), Colorado Tax (2846), Colorado Tax Withheld (3675), Refund (829), and Amount You Owe.

Part II — Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2020 Federal/Colorado income tax returns...

Signature lines for Taxpayer and Spouse.

Part III — Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here [ ]

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2020 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2020 Federal/Colorado income tax returns...

ERO's Signature (SYAM PRIYA RAM SAGAR GUPTA TALLAM) and Preparer Identification Number (P02082703).

Check if also Preparer [X] and Date (05/04/21).



200104 11555



DR 0104 (10/19/20)  
COLORADO DEPARTMENT OF REVENUE  
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## 2020 Colorado Individual Income Tax Return

Full-Year     Part-Year or Nonresident (or resident, part-year, non-resident combination)     Mark if Abroad on due date – see instructions  
\*Must include DR 0104PN

|  |                      |   |                                 |                  |
|--|----------------------|---|---------------------------------|------------------|
| Your Last Name   |                      | Your First Name   |                                 | Middle Initial   |
| AGARWAL  |                      | KRUTHIKA  |                                 |                  |
| Date of Birth (MM/DD/YYYY)   | SSN or ITIN          | Deceased <input type="checkbox"/>   |                                 |                  |
| 11/05/1993   | 027-55-3413          | <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return. |                                 |                  |
| Enter the following information from your current driver license or state identification card.                                       |                      | State of Issue  | Last 4 characters of ID number  | Date of Issuance |
|  |                      |   |                                 |                  |
| If Joint, Spouse's Last Name   |                      | Spouse's First Name   |                                 | Middle Initial   |
|  |                      |   |                                 |                  |
| Spouse's Date of Birth (MM/DD/YYYY)  | Spouse's SSN or ITIN | Deceased <input type="checkbox"/>   |                                 |                  |
|  |                      | <input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return. |                                 |                  |
| Enter the following information from your spouse's current driver license or state identification card.                              |                      | State of Issue  | Last 4 characters of ID number  | Date of Issuance |
|  |                      |   |                                 |                  |
| Mailing Address  |                      |   | Phone Number                    |                  |
| 7505 E PEAKVIEW AVE APT 234  |                      |   | (603) 417-9322                  |                  |
| City   | State                | Zip Code  | Foreign Country (if applicable) |                  |
| CENTENNIAL   | CO                   | 80111   |                                 |                  |
| <b>Round To The Nearest Dollar</b>   |                      |   |                                 |                  |
| 1. Enter Federal Taxable Income from your federal income tax form: 1040 line 15 or 1040 SR line 15                                   |                      |   | • 1                             | 62552 00         |
| Include W-2s and 1099s with CO withholding.  |                      |   |                                 |                  |
| <b>Additions to Federal Taxable Income</b>   |                      |   |                                 |                  |
| 2. State Addback, enter the state income tax deduction from your federal form 1040 or 1040 SR schedule A, line 5a (see instructions) |                      |   | • 2                             | 00               |
| 3. Business Interest Expense Deduction Addback (see instructions)  |                      |   | • 3                             | 00               |





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|   |      |             |
|---|------|-------------|
| Name  |      | SSN or ITIN |
| KRUTHIKA AGARWAL  |      | 027-55-3413 |
| 4. Excess Business Loss Addback (see instructions)  | • 4  | 00          |
| 5. Net Operating Loss Addback (see instructions)  | • 5  | 00          |
| 6. Other Additions, explain (see instructions)  | • 6  | 00          |
| Explain:  |      |             |
| 7. Subtotal, sum of lines 1 through 6   | 7    | 62552 00    |
| <b>Colorado Subtractions</b>  |      |             |
| 8. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return.  | • 8  | 00          |
| 9. Colorado Taxable Income, subtract line 8 from line 7   | • 9  | 62552 00    |
| <b>Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule</b>  |      |             |
| 10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.   | • 10 | 2846 00     |
| 11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.  | • 11 | 00          |
| 12. Recapture of prior year credits   | • 12 | 00          |
| 13. Subtotal, sum of lines 10 through 12  | 13   | 2846 00     |
| 14. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 0104CR with your return.  | • 14 | 00          |
| 15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 87, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1366 with your return. | • 15 | 00          |
| 16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1330 with your return.   | • 16 | 00          |
| 17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.  | 17   | 2846 00     |
| 18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.  | • 18 | 00          |
| 19. Net Colorado Tax, sum of lines 17 and 18  | 19   | 2846 00     |
| 20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.   | • 20 | 3675 00     |
| 21. Prior-year Estimated Tax Carryforward   | • 21 | 00          |
| 22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year  | • 22 | 00          |
| 23. Extension Payment remitted with the DR 0158-I   | • 23 | 00          |
| 24. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 24   |      | 00          |



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Table with 2 columns: Name (KRUTHIKA AGARWAL) and SSN or ITIN (027-55-3413)

Table with 3 columns: Description, Amount, and Balance. Rows 25-31 detailing tax credits and overpayment.

If you have an overpayment on line 32 below and would like to donate all or a portion of your overpayment to a qualified Colorado charity, include Form DR 0104CH to contribute.

Table with 3 columns: Description, Amount, and Balance. Row 32: Refund, subtract line 31 from line 30 (see instructions) 829 00

Direct Deposit

Routing Number: 011400495, Type: [X] Checking, [ ] Savings, [ ] CollegeInvest 529
Account Number: 388003969336

For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInvest.org or call 800-448-2424.

Table with 3 columns: Description, Amount, and Balance. Rows 33-37 detailing net tax due and delinquent payments.

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.



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|   |  |                       |              |
|---|--|-----------------------|--------------|
| Name  |  | SSN or ITIN           |              |
| KRUTHIKA AGARWAL  |  | 027-55-3413           |              |
| <b>Third Party Designee</b>   |  |                       |              |
| Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions. |  |                       |              |
| <input checked="" type="radio"/> No <input type="radio"/> Yes. Complete the following:  |  |                       |              |
| Designee's Name   |  | Phone Number          |              |
| ●   |  | ●                     |              |
| <b>Sign Below</b> Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.       |  |                       |              |
| Your Signature  |  | Date (MM/DD/YY)       |              |
|   |  |                       |              |
| Spouse's Signature. If joint return, BOTH must sign.  |  | Date (MM/DD/YY)       |              |
|   |  |                       |              |
| Paid Preparer's Name  |  | Paid Preparer's Phone |              |
| GLOBAL TAXES LLC  |  | ( 678 ) 965-9522      |              |
| Paid Preparer's Address   |  | City                  | State    Zip |
| 2530 PEBBLE CREEK LN  |  | CUMMING               | GA    30041  |

**File and pay at: [Colorado.gov/RevenueOnline](http://Colorado.gov/RevenueOnline)**

|   |  |
|---|--|
| <p>If you are filing this return <b>with</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE<br/>Denver, CO 80261-0006</p> | <p>If you are filing this return <b>without</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE<br/>Denver, CO 80261-0005</p> |
| <p>These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.</p>                                  |  |