## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

| Filing Status<br>Check only<br>one box. | If yo    | Single  Married filing jointly<br>bu checked the MFS box, enter the<br>son is a child but not your depende | name of           | ed filing separately your spouse. If you |            | _           |           | •               | _          |                                 |               |                              |
|-----------------------------------------|----------|------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------|------------|-------------|-----------|-----------------|------------|---------------------------------|---------------|------------------------------|
| Your first name                         | and m    | iddle initial                                                                                              | Last na           | me                                       |            |             |           |                 | Yo         | ur so                           | cial securit  | y number                     |
| KRUTHIKA                                | A        |                                                                                                            | AGAR              | RWAL                                     |            |             |           |                 | 02         | 27-!                            | 55-341        | 3                            |
| If joint return, s                      | pouse's  | s first name and middle initial                                                                            | Last na           | me                                       |            |             |           |                 | Sp         | ouse's                          | s social sec  | curity number                |
|                                         | •        | er and street). If you have a P.O. box, se<br>VIEW AVE                                                     | ee instruction    | ons.                                     |            |             |           | Apt. no. 234    | Ch         | neck h                          | nere if you,  | •                            |
| City, town, or p                        | ost offi | ce. If you have a foreign address, also o                                                                  | complete s        | paces below.                             | Sta        |             |           | code            |            |                                 | 0,            | itly, want \$3<br>Checking a |
| CENTENN:                                |          |                                                                                                            |                   |                                          | C          |             |           | 0111            | bo         | x belo                          | ow will not   | change                       |
| Foreign country                         | y name   |                                                                                                            | F                 | Foreign province/stat                    | e/coun     | ty          | Fo        | reign postal co | de you     | ur tax                          | or refund.    | Spouse                       |
| At any time du                          | ring 20  | 020, did you receive, sell, send, ex                                                                       | change, c         | or otherwise acquir                      | e any      | financial i | nterest i | n any virtual   | currer     | ıcy?                            | Yes           | ⊠ No                         |
| Standard<br>Deduction                   |          | neone can claim:                                                                                           | •                 |                                          |            |             | ent       |                 |            |                                 |               |                              |
| Age/Blindness                           | You      | : Were born before January 2,                                                                              | 1956              | Are blind S                              | pouse      | e: 🗌 Wa     | s born b  | efore Janua     | ry 2, 19   | 956                             | ☐ Is bli      | ind                          |
| Dependents                              | s (see   | instructions):                                                                                             |                   | (2) Social secur                         | ity        | (3) Relat   | ionship   | (4) 🗸           | if qualifi | ies for                         | r (see instru | ctions):                     |
| If more                                 |          | irst name Last name                                                                                        |                   | number to you                            |            |             | ou        | Child tax credi |            | edit Credit for other dependent |               |                              |
| than four                               |          |                                                                                                            |                   |                                          |            |             |           |                 |            |                                 |               |                              |
| dependents, see instruction             |          |                                                                                                            |                   |                                          |            |             |           |                 |            |                                 |               |                              |
| and check                               |          |                                                                                                            |                   |                                          |            |             |           |                 |            |                                 |               |                              |
| here ▶                                  |          |                                                                                                            |                   |                                          |            |             |           |                 |            |                                 | [             |                              |
|                                         | 1        | Wages, salaries, tips, etc. Attach                                                                         | Form(s)           | W-2                                      |            |             |           |                 |            | 1                               | 8             | 82,732.                      |
| Attach<br>Sch. B if                     | 2a       | Tax-exempt interest                                                                                        | 2a                |                                          | b 7        | axable int  | erest     |                 |            | 2b                              |               |                              |
| required.                               | 3a       | Qualified dividends                                                                                        | 3a                |                                          | <b>b</b> ( | Ordinary di | vidends   |                 |            | 3b                              |               |                              |
|                                         | 4a       | IRA distributions                                                                                          | 4a                |                                          | b 7        | axable an   | nount .   |                 |            | 4b                              |               |                              |
|                                         | 5a       | Pensions and annuities                                                                                     | 5a                |                                          | b 7        | axable an   | nount .   |                 |            | 5b                              |               |                              |
| Standard                                | 6a       | Social security benefits                                                                                   | 6a                |                                          | b 7        | axable an   | nount .   |                 |            | 6b                              |               |                              |
| Deduction for— Single or                | 7        | Capital gain or (loss). Attach Sch                                                                         | edule D if        | f required. If not re                    | quirec     | l, check he | ere .     | •               | · 🗌        | 7                               |               |                              |
| Married filing                          | 8        | Other income from Schedule 1, li                                                                           | ne 9 .            |                                          |            |             |           |                 |            | 8                               | -             | -5,905.                      |
| separately,<br>\$12,400                 | 9        | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7                                                                         | , and 8. T        | his is your <b>total in</b>              | come       |             |           |                 |            | 9                               | 7             | 76,827.                      |
| Married filing                          | 10       | Adjustments to income:                                                                                     |                   |                                          |            |             |           |                 |            |                                 |               |                              |
| jointly or<br>Qualifying                | а        | From Schedule 1, line 22                                                                                   |                   |                                          |            |             | 10a       | 1,8             | 375.       |                                 |               |                              |
| widow(er),<br>\$24,800                  | b        | Charitable contributions if you tak                                                                        | e the star        | ndard deduction. Se                      | ee inst    | ructions    | 10b       |                 |            |                                 |               |                              |
| Head of                                 | С        | Add lines 10a and 10b. These are                                                                           | e your <b>tot</b> | tal adjustments to                       | inco       | me          |           |                 |            | 10c                             | ;             | 1,875.                       |
| household,<br>\$18,650                  | 11       | Subtract line 10c from line 9. This                                                                        | s is your a       | adjusted gross in                        | come       |             |           |                 |            | 11                              | 7             | 74,952.                      |
| If you checked                          | 12       | Standard deduction or itemized                                                                             | d deduct          | ions (from Schedu                        | le A)      |             |           |                 |            | 12                              | ]             | 12,400.                      |
| any box under Standard                  | 13       | Qualified business income deduc                                                                            | ction. Atta       | ach Form 8995 or F                       | orm 8      | 3995-A .    |           |                 |            | 13                              |               |                              |
| Deduction, see instructions.            | 14       | Add lines 12 and 13                                                                                        |                   |                                          |            |             |           |                 |            | 14                              | 1             | 12,400.                      |
| See manuchons.                          | 15       | Taxable income. Subtract line 1                                                                            | 4 from lin        | e 11. If zero or les                     | s, ente    | er -0       |           |                 |            | 15                              | 1 6           | 52,552.                      |

| Form 1040 (2020                                           | ))              |                                                             |                    |                    |                  |                         |              | Page <b>2</b>             |
|-----------------------------------------------------------|-----------------|-------------------------------------------------------------|--------------------|--------------------|------------------|-------------------------|--------------|---------------------------|
|                                                           | 16              | Tax (see instructions). Check if any from Form              | ı(s): <b>1</b> 881 | 4 <b>2</b> 🗌 4972  | 3 🗌              |                         | 16           | 9,557.                    |
|                                                           | 17              |                                                             |                    |                    |                  | _                       |              |                           |
|                                                           | 18              | Add lines 16 and 17                                         |                    |                    |                  |                         | 18           | 9,557.                    |
|                                                           | 19              | Child tax credit or credit for other dependent              | ts                 |                    |                  |                         | 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,             |                    |                    |                  |                         | 22           | 9,557.                    |
|                                                           | 23              | Other taxes, including self-employment tax,                 |                    |                    |                  |                         | 23           | 0.                        |
|                                                           | 24              | Add lines 22 and 23. This is your <b>total tax</b>          |                    | •                  |                  |                         | 24           | 9,557.                    |
|                                                           | 25              | Federal income tax withheld from:                           |                    |                    |                  |                         |              | 2,733.1                   |
|                                                           | a               | Form(s) W-2                                                 |                    |                    | <b>25a</b>   1   | 4,162                   |              |                           |
|                                                           | b               | Form(s) 1099                                                |                    |                    | 25b              | 1,102                   | ·            |                           |
|                                                           | c               | Other forms (see instructions)                              |                    |                    | 25c              |                         |              |                           |
|                                                           | d               | Add lines 25a through 25c                                   |                    |                    |                  |                         | 25d          | 14,162.                   |
|                                                           |                 | 2020 estimated tax payments and amount a                    |                    |                    |                  |                         |              | 14,102.                   |
| <ul> <li>If you have a L<br/>qualifying child,</li> </ul> | 26              | Earned income credit (EIC)                                  |                    |                    | 27               |                         | 20           |                           |
| attach Sch. EIC.                                          | <u>27</u><br>28 | Additional child tax credit. Attach Schedule                |                    |                    | 28               |                         |              |                           |
| If you have<br>nontaxable                                 |                 |                                                             |                    |                    |                  |                         |              |                           |
| combat pay,                                               | 29              | American opportunity credit from Form 8863                  | -                  |                    | 29               |                         |              |                           |
| see instructions.                                         | 30              | Recovery rebate credit. See instructions .                  |                    |                    | 30               |                         | _            |                           |
|                                                           | 31              | Amount from Schedule 3, line 13                             |                    |                    | 31               |                         |              |                           |
|                                                           | 32              | Add lines 27 through 31. These are your total               |                    |                    |                  |                         | 32           | 14 160                    |
|                                                           | 33              | Add lines 25d, 26, and 32. These are your to                | > 33               | 14,162.            |                  |                         |              |                           |
| Refund                                                    | 34              | If line 33 is more than line 24, subtract line 2            |                    |                    | •                | _                       | 34           | 4,605.                    |
|                                                           | 35a             | Amount of line 34 you want <b>refunded to you</b>           | 35a                | 4,605.             |                  |                         |              |                           |
| Direct deposit? See instructions.                         | ►b              | Routing number 0 1 1 4 0 0 4                                | ıs                 |                    |                  |                         |              |                           |
|                                                           | ►d              | Account number 3 8 8 0 0 3 9                                |                    |                    |                  |                         |              |                           |
|                                                           | 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<br>For details on                                 |                 | Note: Schedule H and Schedule SE filers,                    | •                  |                    | of the taxes you | u owe fo                | or           |                           |
| how to pay, see                                           |                 | 2020. See Schedule 3, line 12e, and its instri              |                    |                    | 1 1              |                         |              |                           |
| instructions.                                             | 38              | Estimated tax penalty (see instructions) .                  |                    |                    | 38               |                         |              |                           |
| Third Party                                               |                 | you want to allow another person to disc                    |                    |                    |                  |                         |              | <b>V</b>                  |
| Designee                                                  |                 | structions                                                  |                    |                    |                  | •                       |              | ⊠ No                      |
|                                                           |                 | signee's<br>me ▶                                            | Phone no. ▶        |                    |                  | rsonaı ide<br>nber (PIN | entification |                           |
| Cian                                                      |                 | der penalties of perjury, I declare that I have examine     |                    | l accompanying sch |                  |                         | <i>'</i>     | st of my knowledge and    |
| Sign                                                      |                 | ief, they are true, correct, and complete. Declaration      |                    |                    |                  |                         |              |                           |
| Here                                                      | Yo              | ur signature                                                | Date               | Your occupation    |                  | If                      | the IRS se   | nt you an Identity        |
|                                                           | k               |                                                             |                    |                    |                  |                         |              | IN, enter it here         |
| Joint return?                                             | <b>L</b>        |                                                             |                    | SOFTWARE 1         | ENGINEER         | (s                      | ee inst.)    |                           |
| See instructions.<br>Keep a copy for                      | Sp              | ouse's signature. If a joint return, <b>both</b> must sign. | Date               | Spouse's occupat   | ion              |                         |              | nt your spouse an         |
| your records.                                             | ,               |                                                             |                    |                    |                  |                         | ee inst.) ►  | ection PIN, enter it here |
|                                                           |                 | one no. (603)417-9322                                       | Email address      | KRUTHIKAAGARI      | JAT A∩1@CMATT    |                         | ,,           |                           |
|                                                           |                 | eparer's name Preparer's signat                             |                    | KKUIHIKAAGAKI      | Date             | PTIN                    |              | Check if:                 |
| Paid                                                      |                 | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA                     |                    | מווסיית ייתודת או  |                  |                         | 82703        | Self-employed             |
| Preparer                                                  |                 |                                                             | NADAG MAN          | GUFIA IALLAM       | 100/23/2021      |                         |              |                           |
| Use Only                                                  |                 |                                                             | n Cummin           | ~ (7) 20041        |                  |                         |              | 678)965-9522              |
|                                                           |                 | m's address ▶ 2530 Pebble Creek I                           | ii CuiiiiIn        |                    |                  |                         | irm's EIN 🕨  |                           |
| Go to www.irs.go                                          | ov/Forn         | n1040 for instructions and the latest information.          |                    | BAA                | REV 05/29/21 PI  | 20                      |              | Form <b>1040</b> (2020)   |

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2020
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

KRUTHIKA AGARWAL

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

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01 Your social security number

027-55-3413

| Par | t I Additional Income                                                                                                            |     |         |
|-----|----------------------------------------------------------------------------------------------------------------------------------|-----|---------|
| 1   | Taxable refunds, credits, or offsets of state and local income taxes                                                             | 1   |         |
| 2a  | 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   | -5,905. |
| 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,                                                     |     | F 00F   |
| Par | t II Adjustments to Income                                                                                                       | 9   | -5,905. |
|     |                                                                                                                                  |     |         |
| 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  | IRA deduction                                                                                                                    | 19  |         |
| 20  | Student loan interest deduction                                                                                                  | 20  |         |
| 21  | Tuition and fees deduction. Attach Form 8917                                                                                     | 21  | 1,875.  |
| 22  | 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 | 22  | 1,875.  |
|     |                                                                                                                                  |     | ±,0,5.  |

#### **SCHEDULE E**

Department of the Treasury

Internal Revenue Service (99)

(Form 1040)

#### **Supplemental Income and Loss**

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

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

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

OMB No. 1545-0074

Attachment Sequence No. **13** 

Name(s) shown on return

Your social security number

|        | HIKA AGARWAL                       |                                                                  |                |            |            |            |               |              | 27-55-      |         |            |
|--------|------------------------------------|------------------------------------------------------------------|----------------|------------|------------|------------|---------------|--------------|-------------|---------|------------|
| Part   | Income or Loss                     | From Rental Real Estate and Ro                                   | yaltie         | s Note     | : If you a | re in th   | e business o  | f rent       | ing persor  | al pro  | perty, use |
|        | Schedule C. See i                  | nstructions. If you are an individual, repo                      | ort farı       | m rental i | ncome o    | r loss fr  | om Form 48    | <b>35</b> or | n page 2, I | ine 40. |            |
| A Did  | d you make any paymer              | nts in 2020 that would require you to                            | file F         | orm(s) 1   | 099? Se    | e instr    | uctions .     |              |             |         | es 🛛 No    |
| B If " | Yes," did you or will yo           | ou file required Form(s) 1099?                                   |                |            |            |            |               |              |             |         | es 🗌 No    |
| 1a     | Physical address of e              | each property (street, city, state, ZIF                          | , code         | e)         |            |            |               |              |             |         |            |
| Α      | H-NO: 5-7-90 C                     | OOLILANE COOLILANE WATER                                         | R TAI          | NK KOT     | HAGDE      | M, T       | ELANGAN       | A IN         | 50710       | )1      |            |
| В      |                                    |                                                                  |                |            |            |            |               |              |             |         |            |
| С      |                                    |                                                                  |                |            |            |            |               |              |             |         |            |
| 1b     | Type of Property                   | 2 For each rental real estate prop                               | erty I         | isted      |            | Fair       | Rental        | Per          | sonal Us    | se      | QJV        |
|        | (from list below)                  | above, report the number of fair<br>personal use days. Check the | ir rent        | al and     |            |            | ays           |              | Days        |         | QUI        |
| Α      | 3                                  | if you meet the requirements to                                  | ) file a       | sa         | Α          |            | 365           |              | 0           |         |            |
| В      |                                    | qualified joint venture. See inst                                | ructio         | ns.        | В          |            |               |              |             |         |            |
| С      |                                    |                                                                  |                |            | С          |            |               |              |             |         |            |
| Type o | of Property:                       |                                                                  |                |            |            |            |               |              |             |         |            |
|        | gle Family Residence               | 3 Vacation/Short-Term Rental                                     | 5 La           | nd         | 7          | ' Self-    | Rental        |              |             |         |            |
|        | ti-Family Residence                |                                                                  | 6 Ro           | yalties    | 8          | Othe Other | r (describe)  | )            |             |         |            |
| Incom  | ie:                                | Properties:                                                      |                |            | Α          |            | В             | 3            |             |         | С          |
| 3      |                                    |                                                                  | 3              |            | 5          | 580.       |               |              |             |         |            |
| 4      | Royalties received .               |                                                                  | 4              |            |            |            |               |              |             |         |            |
| Exper  |                                    |                                                                  |                |            |            |            |               |              |             |         |            |
| 5      | •                                  |                                                                  | 5              |            |            |            |               |              |             |         |            |
| 6      | ,                                  | nstructions)                                                     | 6              |            |            |            |               |              |             |         |            |
| 7      | •                                  | ance                                                             | 7              |            | 1,2        | 250.       |               |              |             |         |            |
| 8      |                                    |                                                                  | 8              |            |            |            |               |              |             |         |            |
| 9      |                                    |                                                                  | 9              |            |            |            |               |              |             |         |            |
| 10     |                                    | ssional fees                                                     | 10             |            | 1,1        | L10.       |               |              |             |         |            |
| 11     | •                                  |                                                                  | 11             |            |            |            |               |              |             |         |            |
| 12     |                                    | d to banks, etc. (see instructions)                              | 12             |            |            |            |               |              |             |         |            |
| 13     |                                    |                                                                  | 13             |            |            | 4-0        |               |              |             |         |            |
| 14     | •                                  |                                                                  | 14             |            |            | 150.       |               |              |             |         |            |
| 15     |                                    |                                                                  | 15             |            | ⊥,5        | 560.       |               |              |             |         |            |
| 16     |                                    |                                                                  | 16             |            |            | 115        |               |              |             |         |            |
| 17     |                                    |                                                                  | 17             |            | ⊥,⊥        | L15.       |               |              |             |         |            |
| 18     |                                    | or depletion                                                     | 18             |            |            |            |               |              |             |         |            |
| 19     | Other (list)  Tatal expanses Add I | inco E through 10                                                | 19             |            |            | 105        |               |              |             |         |            |
| 20     | •                                  | ines 5 through 19                                                | 20             | -          | 0,4        | 185.       |               |              |             |         |            |
| 21     |                                    | line 3 (rents) and/or 4 (royalties). If                          |                |            |            |            |               |              |             |         |            |
|        | file <b>Form 6198</b>              | nstructions to find out if you must                              | 21             |            | -5,9       | 205        |               |              |             |         |            |
| 22     |                                    | estate loss after limitation, if any,                            | -1             |            | ٠,٠        |            |               |              |             |         |            |
| ~~     | on <b>Form 8582</b> (see ins       |                                                                  | 22             | (          | -5,9       | 05 1       | (             |              | )(          |         | ١          |
| 23a    |                                    | eported on line 3 for all rental prope                           |                |            |            | 23a        | \             | 5            | 80.         |         | ,          |
| b      |                                    | eported on line 4 for all royalty prope                          |                |            |            | 23b        |               |              |             |         |            |
| c      |                                    | eported on line 12 for all properties                            |                |            |            | 23c        |               |              |             |         |            |
| d      |                                    | eported on line 18 for all properties                            |                |            |            | 23d        |               |              |             |         |            |
| e      |                                    | eported on line 20 for all properties                            |                |            |            | 23e        |               | 6,4          | 85.         |         |            |
| 24     |                                    | e amounts shown on line 21. <b>Do no</b>                         | <b>t</b> inclı |            |            |            |               |              | 24          |         |            |
| 25     | •                                  | sses from line 21 and rental real estate                         |                | •          |            | nter tota  | al losses her | е.           | 25 (        |         | 5,905.)    |
| 26     |                                    | ate and royalty income or (loss).                                |                |            |            |            |               |              |             |         | /          |
| 20     |                                    | V, and line 40 on page 2 do not a                                |                |            |            |            |               |              |             |         |            |
|        |                                    | 0), line 5. Otherwise, include this ar                           |                |            |            |            |               |              | 26          |         | -5,905.    |

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

Tuition and Fees Deduction

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

Attachment Sequence No. **60** 

Department of the Treasury Internal Revenue Service

KRUTHIKA AGARWAL

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

Your social security number 027-55-3413



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.

|   |                                          | the Instructions for Forms 1040 and 1040-SR.                                                                                                                    | ,     |                                                                          | ` | ,                                                  |
|---|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------|---|----------------------------------------------------|
| 1 | (a) Studen                               | t's name (as shown on page 1 of your tax return)  Last name                                                                                                     |       | (b) Student's social secunumber (as shown on pa<br>1 of your tax return) | , | (c) Adjusted qualified expenses (see instructions) |
|   | KRUTHIKA                                 | AGARWAL                                                                                                                                                         |       | 027-55-3413                                                              |   | 1,875.                                             |
|   |                                          |                                                                                                                                                                 |       |                                                                          |   |                                                    |
| 2 | Add the amounts or                       | n line 1, column (c), and enter the total                                                                                                                       |       |                                                                          | 2 | 1,875.                                             |
| 3 | Enter the amount from 1040-SR            | rom your <b>"total income"</b> line of Form 1040 or                                                                                                             | 3     | 76,827.                                                                  | - |                                                    |
| 4 | (Form 1040), lines 23                    | e total of the amounts on your 2018 Schedule 1<br>3 through 33, plus any write-in adjustments you<br>ed line next to Schedule 1 (Form 1040), line 36.           |       |                                                                          |   |                                                    |
|   | Schedule 1 (Form 10 write-in adjustments | D: Enter the total of the amounts on your 2019 040 or 1040-SR), lines 10 through 20, plus any syou entered on the dotted line next to 040 or 1040-SR), line 22. |       |                                                                          |   |                                                    |
|   |                                          | e www.irs.gov/Form8917 to find out if the line r 2019 have changed                                                                                              | 4     |                                                                          |   |                                                    |
| 5 |                                          | line 3.* If the result is more than \$80,000 (\$160 the deduction for tuition and fees                                                                          |       |                                                                          | 5 | 76,827.                                            |
|   | , ,                                      | n 2555, 2555-EZ, or 4563, or you're excluding ind<br>t of Your Income on the Amount of Your Deducti<br>ine 5.                                                   |       |                                                                          |   |                                                    |
| 6 | Tuition and fees d filing jointly)?      | eduction. Is the amount on line 5 more than \$6                                                                                                                 | 65,00 | 0 (\$130,000 if married                                                  |   |                                                    |
|   | X Yes. Enter the s                       | maller of line 2, or \$2,000.                                                                                                                                   |       |                                                                          |   |                                                    |
|   | No. Enter the s                          | maller of line 2, or \$4,000.                                                                                                                                   |       |                                                                          | 6 | 1,875.                                             |

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



208453 11555

DR 8453 (10/06/20) COLORADO DEPARTMENT OF REVENUE Denver CO 80261-0005 Tax.Colorado.gov Page 1 of 1

# 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. Spouse SSN or ITIN (If Joint Return) Taxpayer SSN or ITIN Submission ID 027-55-3413 Taxpayer Last Name Taxpayer First Name Middle Initial AGARWAL KRUTHIKA Spouse Last Name (If Joint Return) Spouse First Name (If Joint Return) Street Address Phone Number 7505 E PEAKVIEW AVE APT 234 (603)417-9322State Zip CENTENNIAL CO80111 Part I — Tax Return Information 76827 1. Total Income, line 9 from your federal Form 1040 1 \$ 62552 2 2. Taxable Income, line 15 on federal Form 1040 \$ 2846 3. Colorado Tax, line 19 on Colorado Form 104 3 \$ 3675 4. Colorado Tax Withheld, line 20 on Colorado Form 104 \$ 4 829 5 Refund, line 32 Colorado Form 104 \$ **6.** Amount You Owe, line 37 on Colorado Form 104 6 | \$ 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, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations. Signature Date Spouse's Signature (If Joint Return, Both Must Sign) 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 and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period. ERO's Signature Preparer Identification Number or Your SSN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 Date (MM/DD/YY) Check if also Preparer | x |

06/25/21





DR 0104 (10/19/20)
COLORADO DEPARTMENT OF REVENUE
Tax. Colorado.gov
Page 1 of 4
(0013)

### 2020 Colorado Individual Income Tax Return

| non-res                                                         | or Nonresident (or resider<br>ident combination)<br>nclude DR 0104PN | nt, part- | year,           |       | Ма      | rk if Abro          | ad or    | due     | date – see                   | e instru | ictions     |
|-----------------------------------------------------------------|----------------------------------------------------------------------|-----------|-----------------|-------|---------|---------------------|----------|---------|------------------------------|----------|-------------|
| Your Last Name                                                  |                                                                      | Your Fi   | irst Nam        | е     |         |                     |          |         |                              | Mid      | dle Initial |
| AGARWAL                                                         |                                                                      | KRUT      | THIKA           |       |         |                     |          |         |                              |          |             |
| Date of Birth (MM/DD/YYYY)                                      | SSN or ITIN                                                          | Deceas    | sed             |       |         |                     |          |         |                              |          |             |
| 11/05/1993                                                      | 027-55-3413                                                          |           |                 | 1     | the DF  | R 0102 ar           | nd dea   | ath ce  | refund, you<br>ertificate wi | th your  |             |
| Enter the following information                                 | n from your current                                                  | State o   | of Issue        |       | Last 4  | characters of       | of ID no | umber   | Date of Issu                 | ance     |             |
| driver license or state identific                               |                                                                      |           |                 |       |         |                     |          |         |                              |          |             |
| If Joint, Spouse's Last Name                                    |                                                                      | Spouse    | e's First I     | Name  | 9       |                     |          |         |                              | Mid      | dle Initial |
|                                                                 |                                                                      |           |                 |       |         |                     |          |         |                              |          |             |
| Spouse's Date of Birth (MM/DD/YYYY)                             | Spouse's SSN or ITIN                                                 | Deceas    | sed             |       |         |                     |          |         | refund, you                  |          |             |
| Enter the following information current driver license or state | n from your spouse's identification card.                            | State o   | of Issue        |       | Last 4  | characters o        | of ID no | umber   | Date of Issu                 | ance     |             |
| Mailing Address                                                 |                                                                      |           |                 |       |         |                     |          | Pho     | ne Number                    |          |             |
| 7505 E PEAKVIEW AVE A                                           | PT 234                                                               |           |                 |       |         |                     |          | (6)     | 03)417-9                     | 322      |             |
| City                                                            |                                                                      |           | State           | Zip   | Code    |                     | Fc       | reign ( | Country (if ap               | plicable | )           |
| CENTENNIAL                                                      |                                                                      |           | CO              | 80    | 111     |                     |          |         |                              |          |             |
|                                                                 |                                                                      |           |                 |       |         |                     |          | Ro      | ound To The                  | Neares   | t Dollar    |
| Enter Federal Taxable Inc.     or 1040 SR line 15               | ome from your federal ind                                            | come t    | ax forn         | n: 10 | 040 lir | ne 15<br>● <i>'</i> | 1        |         |                              | 625      | 52 00       |
| Include W-2s and 1099s with                                     | CO withholding.                                                      |           |                 |       |         |                     |          |         |                              |          |             |
|                                                                 | Additions to                                                         |           |                 |       |         |                     |          |         |                              |          |             |
| 2. State Addback, enter the s                                   |                                                                      |           | າ your f        | fede  | ral for |                     |          |         |                              |          | 0.0         |
| 1040 or 1040 SR schedule                                        | e A, line 5a (see instruction                                        | ons)      |                 |       |         | • 2                 | ۷        |         |                              |          | 0 0         |
| 3. Business Interest Expense                                    | e Deduction Addback (se                                              | e instr   | <u>uctio</u> ns | s)    |         | • ;                 | 3        |         |                              |          | 0 0         |



21555

### DR 0104 (10/19/20) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov

Page 2 of 4

| 200104                    | 21555                            | Page 2 of 4                               |                      |      |
|---------------------------|----------------------------------|-------------------------------------------|----------------------|------|
| Name                      |                                  |                                           | SSN or ITIN          |      |
| KRUTHIKA AGARV            | -<br>м д. Т.                     |                                           | 027-55-3413          |      |
|                           | V2.1.1                           |                                           | 027 33 3113          |      |
| 4. Farana Barina          |                                  | (Caran)                                   |                      | 0.0  |
| 4. Excess Busines         | ss Loss Addback (see instruct    | tions) • 4                                |                      | 0.0  |
| E Not Operating I         | and Addhack (and instruction     | ns) • 5                                   |                      | 0.0  |
| 5. Net Operating L        | Loss Addback (see instruction    | • 5                                       |                      | 00   |
| 6 Other Additions         | s, explain (see instructions)    | • 6                                       |                      | 0.0  |
| Explain:                  | , explain (see instructions)     | • •                                       |                      | 0 0  |
|                           |                                  |                                           |                      |      |
|                           |                                  |                                           |                      |      |
|                           |                                  |                                           |                      |      |
|                           |                                  |                                           |                      |      |
|                           |                                  |                                           | 6255                 | 2    |
| 7. Subtotal, sum o        | of lines 1 through 6             | 7                                         | 0255                 | 0 0  |
|                           |                                  | Colorado Subtractions                     |                      |      |
| 8. Subtractions from      | m the DR 0104AD Schedule         | , line 20, you must submit the            |                      |      |
| DR 0104AD sch             | nedule with your return.         | • 8                                       |                      | 0.0  |
|                           |                                  |                                           | 6255                 | 2    |
|                           | ole Income, subtract line 8 fro  |                                           |                      | 00   |
|                           |                                  | Book for full-year tax table and part-yea | r DR 0104PN Schedule |      |
|                           | om tax table or the DR 0104F     | · ·                                       | 284                  | 6    |
|                           | I with your return if applicable |                                           | <b>)</b>             | 0.0  |
|                           |                                  | MT line 8, you must submit the            |                      | 0.0  |
| DR 0104AMT w              | ith your return.                 | • 11                                      |                      | 0.0  |
| 42 Decembers of pr        | rior year aradita                | . 40                                      |                      | 0 0  |
| 12. Recapture of pr       | ior year credits                 | • 12                                      |                      | 00   |
| 13 Subtotal sum o         | of lines 10 through 12           | 13                                        | 284                  | 6 00 |
|                           |                                  | line 43, the sum of lines 14, 15, and 16  | <b>,</b>             | 00   |
|                           | line 13, you must submit the [   |                                           |                      | 0 0  |
|                           | dable Enterprise Zone credits    |                                           |                      |      |
|                           |                                  | 14, 15, and 16 cannot exceed line 13,     |                      |      |
|                           | it the DR 1366 with your retur   |                                           | 5                    | 0.0  |
|                           |                                  | ne sum of lines 14, 15, and 16 cannot     |                      |      |
|                           | you must submit the DR 1330      |                                           | <b>s</b>             | 0.0  |
|                           |                                  | -                                         | 284                  | 6    |
|                           |                                  | Subtract that sum from line 13. 17        | ,                    | 0.0  |
|                           | ed on the DR 0104US schedu       | ıle line 7, you must submit               |                      |      |
| the DR 0104US             | S with your return.              | • 18                                      | В                    | 0.0  |
|                           |                                  |                                           | 284                  | 6    |
|                           | ax, sum of lines 17 and 18       | 19                                        | 201                  | 0.0  |
|                           |                                  | 99s, you must submit the W-2s             | 367                  | 5    |
| and/or 1099s cl           | aiming Colorado withholding      | with your return. • 20                    | 0                    | 0.0  |
| 04 Dalam                  | and a Tau Court for any          |                                           |                      |      |
|                           | nated Tax Carryforward           | • 21                                      |                      | 0.0  |
|                           | Payments, enter the sum of the   |                                           |                      |      |
| remitted for this         | тах усаг                         | • 22                                      | 4                    | 0.0  |
| 23 Extension Down         | nent remitted with the DD 015    | SQ 1 - 22                                 |                      | 0.0  |
| 23. Extension Payn        | nent remitted with the DR 015    | 58-I • <b>2</b> 3                         |                      | 0.0  |
| O4 Othor Description      |                                  | DD 0400 DD 4070 6                         |                      |      |
| <b>24.</b> Other Prepayme | ents:                            | □ • DR 0108 □ • DR 1079 • <b>2</b> 4      | •                    | 0.0  |
|                           |                                  |                                           |                      | 0    |



DR 0104 (10/19/20)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 3 of 4

| Name                                                                                                                                                                                                                                                                                     | SSN or ITIN                     |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------|
| KRUTHIKA AGARWAL                                                                                                                                                                                                                                                                         | 027-55-3413                     |                  |
| <ul><li>25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.</li></ul>                                                                                                                                                       | 25                              | 0 0              |
| <ul><li>26. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.</li></ul>                                                                                                                                                                   | 26                              | 0 0 0            |
| <ul><li>27. Refundable Credits from the DR 0104CR line 9, you must submit the DR 0104CR with your return.</li></ul>                                                                                                                                                                      | 27                              | 0 0              |
| ,                                                                                                                                                                                                                                                                                        | 36                              | <sup>75</sup> 00 |
| <ul><li>29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, or 1040 SR line 11</li></ul>                                                                                                                                                                  | 7499                            | 00               |
| <b>30.</b> Overpayment, if line 28 is greater than line 19 then subtract line 19 from line 28                                                                                                                                                                                            | 82                              | 29 00            |
| 31. Estimated Tax Credit Carryforward to 2021 first quarter, if any.                                                                                                                                                                                                                     | 31                              | 0 0              |
| Colorado charity, include Form DR 0104CH to contribute.  32. Refund, subtract line 31 from line 30 (see instructions)                                                                                                                                                                    | <b>32</b>                       | 29 00            |
| Direct Routing Number 0 1 1 4 0 0 4 9 5 Type: X Checking                                                                                                                                                                                                                                 | Savings CollegeInve             | st 529           |
| Deposit Account Number 3 8 8 0 0 3 9 6 9 3 3 6                                                                                                                                                                                                                                           | nvest.org or call 800-448-2424. |                  |
| 33. Net Tax Due, subtract line 28 from line 19                                                                                                                                                                                                                                           | 33                              | 0 0              |
| 34. Delinquent Payment Penalty (see instructions)                                                                                                                                                                                                                                        | 34                              | 0 0              |
| 35. Delinquent Payment Interest (see instructions)  • 3                                                                                                                                                                                                                                  | 35                              | 0 0              |
| <ul><li>36. Estimated Tax Penalty, you must submit the DR 0204 with your return.</li><li>(see instructions)</li><li>3</li></ul>                                                                                                                                                          | 36                              | 0 0              |
| 37. Amount You Owe, sum of lines 33 through 36                                                                                                                                                                                                                                           | 37                              |                  |
| The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect to electronically. |                                 |                  |



200104 41555

#### DR 0104 (10/19/20) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov

Page 4 of 4

| Name                                                                                                                                                  |                                                        |             | SSN or ITIN     |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------|-----------------|--|--|--|--|--|
| KRUTHIKA AGARWAL                                                                                                                                      |                                                        |             | 027-55-3413     |  |  |  |  |  |
|                                                                                                                                                       | Third Party Designee                                   |             |                 |  |  |  |  |  |
| Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions. |                                                        |             |                 |  |  |  |  |  |
| Designee's Name                                                                                                                                       |                                                        | Phone N     | lumber          |  |  |  |  |  |
| •                                                                                                                                                     |                                                        | •           |                 |  |  |  |  |  |
| Sign Below Under penalties of perjury, I declare that to the                                                                                          | ne best of my knowledge and belief, this return is tru | ue, 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 Prep   | parer'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

If you are filing this return **with** a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE

Denver, CO 80261-0006

If you are filing this return  $\mbox{\it without}$  a check or

payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE

Denver, CO 80261-0005

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.

REV 04/06/21 PRO