Form 8879
(Rev. January 2021)
Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879.
 Co to www.im.gov/Eorm 8970 for the latest information

► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name Social security number VINODH KUMAR TANJORE MOHAN KUMAR 770-19-8010 Spouse's name Spouse's social security number VAISHNAVI KRISHNAMURTHY VENKAT 728-15-6037 Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.) Part I 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. Adjusted gross income 1 102,558. 1 2 2 8,997. 3 3 10,241. 4 4 2,444. 5 Amount you owe 5 .

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

Under penalties of 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.

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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 – Don't Submit This Form to the IRS Un		
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Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 8 -7,450 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 102,808 Married filing jointy or Qualifying widow(er), \$24,800 10 Adjustments to income: 9 102,808 b Charitable contributions if you take the standard deduction. See instructions 10a 10b 250. • Head of household, \$18,650 C Add lines 10a and 10b. These are your total adjustments to income 10c 250. 11 102,558. 11 102,558. 11 102,558. If you checked any box under Standard Deduction, see instructions, see instructions, see instructions, 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 24,800. 14 24,800. 14 24,800.	Deduction for-	7	Capital gain or (loss). Attach Sched	dule D if	f required.	If not requi	ired	, check here				7			
\$12,400 9 Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income 9 102, 808. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10a • Married filing jointly or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10a 10b 250. • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income • • • • • • • • • • • • • • • • • • •		8	Other income from Schedule 1, line	e9.								. 8		-7,450.	
 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard deduction or itemized deduction. (from Schedule A) Ida Ida Ida Ida Idb Idb<!--</td--><td></td><td>9</td><td>Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a</td><td>and 8. T</td><td>his is you</td><td>r total inco</td><td>me</td><td></td><td></td><td></td><td></td><td>▶ 9</td><td>1</td><td>02,808.</td>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is you	r total inco	me					▶ 9	1	02,808.	
Qualifying widow(er), \$22,800 a From Schedule 1, line 22 102 b Charitable contributions if you take the standard deduction. See instructions 10b 250. • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 10c 250. 11 102,558. 12 Standard deduction or itemized deductions (from Schedule A) 11 102,558. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 24,800. 14 24,800.	Married filing	10	Adjustments to income:												
widow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b 250. Head of household, \$14 C Add lines 10a and 10b. These are your total adjustments to income III 10c 250. 11 Subtract line 10c from line 9. This is your adjusted gross income III 110c 250. 11 Subtract line 10c from line 9. This is your adjusted gross income III 102,558. 12 Standard deduction or itemized deductions (from Schedule A) III 122 Qualified business income deduction. Attach Form 8995 or Form 8995-A III 113 Deduction, see instructions. 14 24,800.		а	From Schedule 1, line 22						a						
 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions, see instructions. Add lines 10a and 10b. These are your total adjustments to income	widow(er),	b	Charitable contributions if you take	the star	ndard dedu	uction. See	instr	ructions 10	b		25	0.			
\$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 102,558. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 24,800. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 24,800.	Head of	с	Add lines 10a and 10b. These are	your tot	al adjusti	ments to ir	ncor	ne				▶ 10	c	250.	
 If you checked any box under Standard Deduction, see instructions. 14 Add lines 12 and 13 		11							▶ 11	1	02,558.				
any box under Standard13Qualified business income deduction. Attach Form 8995 or Form 8995-A13Deduction, see instructions.14Add lines 12 and 131424,800.	 If you checked 	12	Standard deduction or itemized	deduct	ions (from	Schedule	A)					. 12	2	24,800.	
Deduction, see instructions. 14 Add lines 12 and 13 13 14 24,800		13							. 13						
	Deduction,	14	Add lines 12 and 13						. 14	۱ <u> </u>	24,800.				
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		15	Taxable income. Subtract line 14	from lin	e 11. lf ze	ro or less, e	ente	r-0				. 15	5	77,758.	

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

Form **1040** (2020)

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2	4972	3			16	8,938.
	17	Amount from Schedule 2, lir	ie3							17	
	18	Add lines 16 and 17								18	8,938.
	19	Child tax credit or credit for	other dependen	ts						19	500.
	20	Amount from Schedule 3, lir	ie7							20	
	21	Add lines 19 and 20								21	500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	8,438.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	0				23	559.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	8,997.
	25	Federal income tax withheld	from:								
	а	Form(s) W-2					25a	9	,123		
	b	Form(s) 1099					25b	1	,118		
	с	Other forms (see instructions	s)				25c				
	d	Add lines 25a through 25c								25d	10,241.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returr	ı				26	
qualifying child,	27	Earned income credit (EIC)			^N	٩ö	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8			29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .				30	1	,200		
	31	Amount from Schedule 3, lir	ie 13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	l refunda	ble cre	edits	. 🕨	32	1,200.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	11,441.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is th	he amour	nt you d	overpaid		34	2,444.
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attacl	hed, cheo	ck here			35a	2,444.
Direct deposit?	►b	Routing number 2 1 1			► c Ty		Check		Savings	;	
See instructions.	►d	Account number 1 9 6	1 3 8 9	2							
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax .	. 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				. 🕨	37	
You Owe		Note: Schedule H and Sch	edule SE filers.	line 37 may r	not repres	sent all c	of the t	axes vou	owe for	r I	
For details on how to pay, see		2020. See Schedule 3, line 1					-	, ,			
instructions.	38	Estimated tax penalty (see ir	nstructions) .			. 🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with t	the IRS?	See				
Designee	ins	tructions						Yes. Co	omplete	below.	🗙 No
		signee's		Phone						tification	
		ne 🕨		no. 🕨					per (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date	Your occ	,					nt you an Identity
	. 10	ur signature		Date		Supation					IN, enter it here
Joint return?					PROG	RAMMER	ર		(se	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's	s occupati	on				nt your spouse an
Keep a copy for your records.	,									e inst.) 🕨	ection PIN, enter it here
2				Fue elle elebrere	HOME	MAKER			(50		
		one no. eparer's name	Preparer's signat	Email address			Date		PTIN		Check if:
Paid					OTTOM A	ייאד ד אויי		2/2021		0 0 7 0 0	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA	таптам	03/1	2/2021	P0208		
Use Only		m's name ► GLOBAL TA		n (1)	~ ~ ~ ^	20041					678)965-9522
		m's address ► 2530 Pebb			-					m's EIN 🖡	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	AA	REV	03/06/21 PRC)		Form 1040 (2020

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

	EDULE 1 1040)	Additional Income and Adjustments to Income	е		//B No. 1545-0074			
Departm	nent of the Treasury Revenue Service	Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information		At	2020 tachment equence No. 01			
	· /	rm 1040, 1040-SR, or 1040-NR N KUMAR & V KRISHNAMURTHY VENKAT		social security numbe				
Par	rt I Additio	onal Income	I					
1	Taxable refu	unds, credits, or offsets of state and local income taxes		1				
2a	Alimony rec	eived		2a				
b	Date of origi	inal divorce or separation agreement (see instructions)						
3		come or (loss). Attach Schedule C		3				
4	Other gains	or (losses). Attach Form 4797		4				
5	Rental real e	state, royalties, partnerships, S corporations, trusts, etc. Attach Sche	dule E	5	-7,450.			
6	Farm incom	e or (loss). Attach Schedule F		6				
7	Unemploym	nent compensation		7				
8	Other incom	ne. List type and amount ►		8				
9		nes 1 through 8. Enter here and on Form 1040, 1040-SR, or 104		9	-7,450.			
Par	t II Adjust	ments to Income			·			
10	Educator ex	penses		10				
11	Certain busi	ness expenses of reservists, performing artists, and fee-basis gover	nment	11				
12	Health savir	ngs account deduction. Attach Form 8889		12				
13	Moving exp	enses for members of the Armed Forces. Attach Form 3903		13				
14	Deductible	part of self-employment tax. Attach Schedule SE		14				
15	Self-employ	ved SEP, SIMPLE, and qualified plans		15				
16	Self-employ	red health insurance deduction		16				
17	Penalty on e	early withdrawal of savings		17				
18a	Alimony pai	d		18a				
b	Recipient's	SSN						
С	Date of origi	inal divorce or separation agreement (see instructions)						
19		on		19				
20	Student loa	n interest deduction		20				

 20
 Student loan interest deduction
 20

 21
 Tuition and fees deduction. Attach Form 8917
 21

 22
 Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a
 21

 22

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

 BAA
 REV 03/06/21 PRO

 Schedule 1 (Form 1040) 2020

SCHE	DULE 2
(Form	1040)

Part I

Department of the Treasury

Additional Taxes

OMB No. 1545-0074 2020

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

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

	nal Revenue Se				Go	to	www.irs.gov/Form1
Nar	me(s) showr	n on Fo	rm 104	0, 10	40-	SF	R, or 1040-NR
V	TANJORE	MOHA	N KUN	/IAR	& `	V	KRISHNAMURTHY

 Sequence No. 02
Attachment

wn on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	al security number
RE MOHA	N KUMAR & V KRISHNAMURTHY VENKAT	770	0-19-8010
Tax			

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	
Pa	rt II Other Taxes	•	
	Solf-omployment tax. Attach Schodule SE	1	

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: $\mathbf{a} \square 4137$ $\mathbf{b} \square 8919$.	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	559.
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a 🗌 Form 8959 b 🗌 Form 8960		
	c 🗌 Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A 9		
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	559.

For Paperwork Reduction Act Notice, see your tax return instructions. REV 03/06/21 PRO Schedule 2 (Form 1040) 2020 BAA

SCHE					Supple									No. 1545-0074
(FOIIII I	040)	(From	renta	I real estate,		-		-) 2	2020				
	ent of the Treasury				Attach to F				,				Attac	hment
	Revenue Service (99) shown on return			Go to www.i	rs.gov/Sch	eduleE to	or inst	ructions	and th	e latest	information.		Sequ ocial securi	ience No. 13
. ,	NJORE MOHA	NT IZTIM		יסדמע עז			ידי איזד						-19-801	
Part				m Rental Re				s Not	a. If you	are in th	o husiness of	-		-
Fait				ctions. If you			-		-			-	• •	
	you make any													
	Yes," did you o													Yes 🗌 No
1a	Physical addr	ess of e	each	property (str	reet. citv. s	state. ZIF	code) 2)					· · 🗆	
Α	NANGANALL							/						
В														
С														
1b	Type of Prop	perty	2	For each re	ntal real es	state prop	oerty l	isted		Fair	Rental	Perso	nal Use	QJV
	(from list be	elow)		above, repo personal us	ort the num	ber of fa	ir rent	al and		0	Days	D	ays	QUV
Α	3			if you meet	the require	ements to	o file a	sa	Α		365		0	
В				qualified joi	nt venture.	See inst	ructio	ns.	В					
C									С					
	of Property:													
-	gle Family Resid		-	Vacation/S		Rental				7 Self-				
-	ti-Family Reside	ence	4	Commercia			6 Ro	yalties		8 Othe	r (describe)			
Incom	-					perties:			Α	150	В			C
3	Rents received						3			450.				
	Royalties recei	ived .					4							
Expen 5							5							
6	Auto and trave						6							
7	Cleaning and r						7			700.				
8	Commissions.						8			700.				
9	Insurance						9							
10	Legal and othe						10							
11	Management f						11			900.				
12	Mortgage inter						12							
13	Other interest.						13		2,	500.				
14	Repairs						14		1,	400.				
15	Supplies						15		1,	200.				
16							16							
17						· ·	17		1,	200.				
18	Depreciation e	xpense	e or d	epletion .			18							
19	Other (list) ►						19			0.0.0				
20	Total expenses			-			20		7,	900.				
21	Subtract line 2													
	result is a (loss file Form 6198						21		-7	450.				
22	Deductible ren						21		' '	130.				
~~	on Form 8582						22	(-7.4	450.)	()	
23a	Total of all amo									23a	1	450	•	
b	Total of all amo									23b				
C	Total of all amo				-					23c				
d	Total of all amo					-				23d				
е	Total of all amo					•				23e		7,900		
24	Income. Add	positive	e amo	ounts shown	n on line 2 ⁻	1. <mark>Do no</mark>	t inclu	ide any	losses			. 2	4	
25	Losses. Add ro	oyalty los	sses f	from line 21 a	and rental r	eal estate	losse	s from li	ne 22. E	Enter tota	al losses here	e. 2	5 (7,450.
26	Total rental re	eal esta	ate a	nd royalty i	ncome or	loss).	Comb	ine line	s 24 ar	nd 25. E	inter the res	ult		
	here. If Parts													
	Schedule 1 (Fo	orm 104	40), lir	ne 5. Otherw	ise, includ	de this ar	nount	in the t	otal on	line 41	on page 2	. 2	6	-7,450.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

88 Form Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

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

OMB No. 1545-0074 2020 Attachment Sequence No. 52

Name(s) shown on Form 1040. 1040-SR, or 1040-NR	Social security number of HSA
	beneficiary. If both spouses
VINODH KUMAR TANJORE MOHAN KUMAR	have HSAs, see instructions ► 770-19-8010

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

Part	I HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.			
	See instructions	Se	lf-only	Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter	3		
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4		
5	Subtract line 4 from line 3. If zero or less, enter -0	5		
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6		
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		0.
8	Add lines 6 and 7	8		0.
9	Employer contributions made to your HSAs for 2020			
10	Qualified HSA funding distributions 10			
11	Add lines 9 and 10	11		
12 13	Subtract line 11 from line 8. If zero or less, enter -0	12 13		0.
15	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	15		0.
Part		rate l	HSAs.	complete
	a separate Part II for each spouse.		,	- F
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
с	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b		
Part		ons b		
18	Last-month rule	18		0.
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20		0.
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			

For Paperwork Reduction Act Notice, see your tax return instructions.	PRO
1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the b	эх .

21

	B867 Paid Preparer's Due Diligence Checklist	I	OMB	No. 1545	5-0074
Form	Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status		2	02	0
	hent of the Treasury Revenue Service Service Go to www.irs.gov/Form8867 for instructions and the latest information.	10-SS.	Attach Seque	nment ence No.	70
		r identif	l fication n	umber	
V T.	ANJORE MOHAN KUMAR & V KRISHNAMURTHY VENKAT 770-	-19-8	010		
	reparer's name and PTIN				
SYA	M PRIYA RAM SAGAR GUPTA TALLAM P020	8270	3		
Part					
Please	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and co	mplete	the rel	ated P	arts I–V
	e benefit(s) claimed (check all that apply).		AOTC		НОН
1	Did you complete the return based on information for tax year 2020 provided by the taxpay reasonably obtained by you?	ər or	Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the s information, and all related forms and schedules for each credit claimed?	or the	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do bo the following.	th of			
	 Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's respons determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. 	es to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH status and to figure the amount(s) of any credit(s)		×		
4	Did any information provided by the taxpayer or a third party for use in preparing the return information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "No," go to question 5.)	ſes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			$\overline{\Box}$	
b	Did you contemporaneously document your inquiries? (Documentation should include the ques				
~	you asked, whom you asked, when you asked, the information that was provided, and the impact information had on your preparation of the return.)	t the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheet(s), a record of how, when, and from whom the information used to prepare 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided b taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to f	[:] any Form y the	×		
	the amount(s) of the credit(s)	•	×		
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his return is selected for audit?	s/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?		X		
-	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	-			
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete				
	correct Schedule C (Form 1040)?				
For Pa	perwork Reduction Act Notice, see separate instructions. REV 03/06/21 PRO		Fo	orm 88	67 (2020)

Form 8	867 (2020)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar			
Dout	statement to the return?			
Part 13	Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC) Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu	-	Yes	/.) No
10	tuition and related expenses for the claimed AOTC?			
Part			o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta	-	Yes	No
Part	and provided more than half of the cost of keeping up a home for the year for a qualifying person? Eligibility Certification			
	 You will have complied with all due diligence requirements for claiming the applicable credit(s) a status on the return of the taxpayer identified above if you: A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's response in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit() 	nses on	the ret	urn or
	status and to figure the amount(s) of the credit(s); B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;			
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	•	2	
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount			
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for eac	ch failu	re to
15	Do you certify that all of the answers on this Form 8867 are to the best of your knowledge true correct	t and	Yes	No

15	Do you certify	that	all	of t	he a	ansv	vers	s on	thi:	s F	Forn	n 8	867	are	e, to	the	bes [.]	t of	your	' kno	owl	edg	ie, 1	true	, C	orre	əct	, a	nd	Yes		No
	complete?																													X		
																		F	REV 03	/06/21	1 PRC	C							F	orm 88	67	(2020)

Form	3582	Passive Activity Loss Limitations		0	MB No. 1545-1008
		See separate instructions.			2020
	ent of the Treasury	Attach to Form 1040, 1040-SR, or 1041.		A	ttachment
	Revenue Service (99)	► Go to <i>www.irs.gov/Form</i> 8582 for instructions and the latest information.		_	equence No. 858
) shown on return			ifying n	
1		N KUMAR & V KRISHNAMURTHY VENKAT)-19-	-8010
Part		assive Activity Loss			
		Complete Worksheets 1, 2, and 3 before completing Part I.			
		Activities With Active Participation (For the definition of active participation or Rental Real Estate Activities in the instructions.)	n, see		
1a	Activities with	net income (enter the amount from Worksheet 1, column (a)) . 1a	Ο.		
b	Activities with	net loss (enter the amount from Worksheet 1, column (b)) 1b (7	450.)		
с	Prior years' ur	allowed losses (enter the amount from Worksheet 1, column (c)))		
d	-	a 1a, 1b, and 1c		1d	-7,450.
Comn		zation Deductions From Rental Real Estate Activities			
2a		evitalization deductions from Worksheet 2, column (a) 2a ()		
b		allowed commercial revitalization deductions from Worksheet 2,	/		
	column (b)	2b ()		
с	Add lines 2a a		,	2c	()
-	her Passive Ac		<u> </u>		<u> </u>
3a		net income (enter the amount from Worksheet 3, column (a)) . 3a			
b		net loss (enter the amount from Worksheet 3, column (b)) 3b ()		
c		allowed losses (enter the amount from Worksheet 3, column (c)) 3c ()		
d	-	3 3a, 3b, and 3c	/	3d	
				00	
4		3 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with ses are allowed, including any prior year unallowed losses entered on line 1c, 2b,	-		
		ses on the forms and schedules normally used	01 30.	4	-7,450.
	If line 4 is a los	-	• •	-	7,430.
	11 11110 4 15 a 10.	 Line To is a loss, go to Fait it. Line 2c is a loss (and line 1d is zero or more), skip Part II and go to P 	ort III		
		 Line 2c is a loss (and line 1d is zero of more), skip r art in and go to r Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II 		nd ao i	to lino 15
Couti	ne If your filing	status is married filing separately and you lived with your spouse at any time di		-	
		ead, go to line 15.	ing the	year,	do not complete
Part		Allowance for Rental Real Estate Activities With Active Participation			
Fart		-			
		ter all numbers in Part II as positive amounts. See instructions for an example.		-	
5		Iller of the loss on line 1d or the loss on line 4		5	7,450.
6			000.		
7			.008		
		is greater than or equal to line 6, skip lines 8 and 9, enter -0- on			
_		vise, go to line 8.			
8	Subtract line 7		992.		
9		by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instr		9	19,996.
10		Iler of line 5 or line 9		10	7,450.
		oss, go to Part III. Otherwise, go to line 15.			
Part		Allowance for Commercial Revitalization Deductions From Rental Re			ctivities
		ter all numbers in Part III as positive amounts. See the example for Part II in the ir		ns.	
11		reduced by the amount, if any, on line 10. If married filing separately, see instruct		11	
12		from line 4		12	
13		2 by the amount on line 10		13	
14		Ilest of line 2c (treated as a positive amount), line 11, or line 13		14	
Part	IV Total Lo	osses Allowed			
15	Add the incom	ne, if any, on lines 1a and 3a and enter the total		15	0.
16	Total losses a	allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instru	uctions		
	to find out how	v to report the losses on your tax return	<u> </u>	16	7,450.
For Pa		tion Act Notice, see instructions. BAA REV 03/06/21 P			Form 8582 (2020)
		waa			

Caution: The worksheets must be filed with your tax return. Keep a copy for your records. Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

	Currer	nt year	Prior years	Overall ga	ain or loss
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
NANGANALLUR	0.	7,450.			7,450.
Tatal Fatan an Fame 0500 lines to the					
Total. Enter on Form 8582, lines 1a, 1b, and 1c	0.	7,450.			

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and			
2b			

Worksheet 3-For Form 8582, Lines 3a, 3b, and 3c (see instructions)

	Currer	nt year	Prior years	Overall gain or loss			
Name of activity	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss		
Total. Enter on Form 8582, lines 3a, 3b, and 3c							

Worksheet 4-Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)		(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
NANGANALLUR	E Ln 22	7,450.	1.00000000	7,450.	0.
					r
Total		7,450.	1.00	7,450.	0.

Worksheet 5—Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

REV 03/06/21 PRO