Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Single or Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 8 -379 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 73,773 • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 9 73,773 b Charitable contributions if you take the standard deduction. See instructions 10b 327 10b	E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	20	OMB No. 1545	-0074	IRS Use	Only∙	–Do not w	rite or staple	in this space.
FNU AJIT RANA 866-36-3761 If join tretum, spouse's first name and middle initial Last name Spouse's social security number CHETANA CUURAJ 531-97-5294 Home address fummber and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign City, towr, or post effice. If you have a foreign address, also complete spaces below. State 21P code Gity, towr, or post effice. If you have a foreign address, also complete spaces below. CA 94538 Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse itemizes on a separate return or you were a dual-status allen Dependents Secons itemizes on a separate return or you were a dual-status allen Dependents (90 social security (91 Relationship (94 yr 41 quiffes for (see instructions): If more transmutices (91 Social security (92 Social security (94 Relationship (94 yr 41 quiffes for (see instructions): If more transmutices (91 Social security (91 Relationship (94 yr 41 quiffes for (see instructions): 1 77 4, 152. Attach 3a b Driver income from Schedule 1, line 9 3a b 3b <td>Check only</td> <td>lf yc</td> <td>ou checked the MFS box, enter the n</td> <td>ame of</td> <td>-</td> <td></td> <td>,</td> <td></td> <td></td> <td></td> <td>,</td> <td></td> <td>, ,</td> <td>. , . ,</td>	Check only	lf yc	ou checked the MFS box, enter the n	ame of	-		,				,		, ,	. , . ,
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4610 MARGERY DR Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Foreign country name Foreign province/state/country Foreign postal code You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You repouse as a dependent You Spouse Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name (2) Social security (3) Relationship (4) 4/ fir qualifies for (see instructons): If more than four dependents, see instructions Interest Interest 2b Attach Za Xax-exempt interest 2a Interest 2b Standard Dequilied dividends Sa Dordinary dividends 3b Interest 3b If more than four dependents Interest Interest Interest Zb Zb Sch Bif equired. A Interest	CHETANA			GURU	JRAJ							531-	97-529	4
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code 94538 spouse if filing jointy, want S3 to go to this fund. Checking a box below will not change box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code Yes No At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Socue itemizes on a separate return or you were a dual-status alien Age/Blindness You: Yes No Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (f) First name Last name (g) Social security (g) Relationship (g) V' I qualifies for (see instructions): Chid tax credit Credit for other dependents see instructions	Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				A	Apt. no.		Preside	ntial Electi	on Campaign
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If more than four dependents, see instructions and check Last name number to you Child tax credit Credit for other dependents, see instructions and check here b </td <td>Dependent</td> <td>s (see</td> <td></td> <td></td> <td>(2) S</td> <td>- ocial securit</td> <td>v</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>r (see instru</td> <td>uctions):</td>	Dependent	s (see			(2) S	- ocial securit	v						r (see instru	uctions):
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see instructions. 14 24,000. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 15 48,646.	Standard	13	Qualified business income deduct	ion. Atta	ach Form	8995 or Fo	orm 8	995-A				13		
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14												
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020	D)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	5,440.
	17	Amount from Schedule 2, lin	ie3						17	
	18	Add lines 16 and 17							18	5,440.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin						+	20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	5,440.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	653.
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	6,093.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	11,6	578.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	11,678.
• If you have a	26	2020 estimated tax payment						[26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			^{No} .	27				
If you have	28	Additional child tax credit. A	ttach Schedule 8	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30	2,0)72.		
	31	Amount from Schedule 3, lin	ie 13			31				
	32	Add lines 27 through 31. The	ese are your tota	al other paym	ents and refund	able crec	lits	. 🕨	32	2,072.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	13,750.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amo	unt you ov	verpaid		34	7,657.
noruna	35a	Amount of line 34 you want			is attached, che	eck here)		35a	7,657.
Direct deposit?	►b	Routing number 0 4 4			► c Type:		ig 🗌 Sa	vings		
See instructions.	►d	Account number 7 8 8	3 8 0 0	58						
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax . ト	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								
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instru	uctions for det	ails.					
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party		you want to allow another				_	7			
Designee		structions				. 🕨 🗋	Yes. Com	•		🗙 No
		signee's ne ►		Phone no.				al identific (PIN) 🕨	cation	
0:		der penalties of perjury, I declare t	hat I have examine			bodulos an		, ,	ho hos	t of my knowlodge and
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If the I	RS ser	nt you an Identity
	k	5								N, enter it here
Joint return?					SOFTWARE '		IGINEER	(see ir	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	ation				nt your spouse an action PIN, enter it here
your records.					HOME MAKE	'R		(see in	· .	
	Ph	one no. (202)957-674	3	Email address	AJITRANA5		COM			
		eparer's name	Preparer's signat		10 T TIVAINAD	Date		TIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLA			02082	703	Self-employed
Preparer		n's name GLOBAL TAX		IGEN DROAL	COL III IADDAI		, 2021 E	_		678)965-9522
Use Only		m's address ► 2530 Pebbl		n Cummin	a GA 30041				EIN F	· · · · · · · · · · · · · · · · · · ·
Co to wave in a		1040 for instructions and the late			-		100/04 550	1		Form 1040 (2020)
GO IO WWW.IIS.go	JV/FOM	11040 IOF INSTRUCTIONS and the late	st mornation.		BAA	REV 07	/28/21 PRO			Form 1040 (2020)

_

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

2020 Attachment Sequence No. **01** Your social security number

866-36-3761

Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR
FNU AJIT RANA	& CHETANA GURURAJ
Part Additi	onal Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	4,621.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,000.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-379.
Par	line 8		577.
10		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	327.
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	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
For Pa	on Form 1040, 1040-SR, or 1040-NR, line 10a	22 Schedul	327. e 1 (Form 1040) 2020
		Sonodui	

SCHEDULE	2
(Form 1040)	

Additional Taxes

OMB No. 1545-0074

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

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

2020 Attachment Sequence No. 02

HEDULE 2
rm 1040)
artmont of the Treasury

Department of the Treasury Internal Revenue Service

				curity number
FNU	AJIT RANA & CHETANA GURURAJ	8	66-36	-3761
Pa	rt I 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	
Par	t II Other Taxes			
4	Self-employment tax. Attach Schedule SE		4	653.
5	Unreported social security and Medicare tax from Form: $\mathbf{a} \Box 4137$ $\mathbf{b} \Box 89$	919.	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-fav accounts. Attach Form 5329 if required		6	
7a	Household employment taxes. Attach Schedule H		7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 54 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 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		10	653.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 07/28/21 PRC)	Schedule	e 2 (Form 1040) 2020

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074	ł
2020	

Attachment

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

Department of the Treasury Internal Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Internal F	Revenue Service (99) Attach to	Form 10	040, 1040-SR, 1040-NR, or	r 1041;	; partnerships generally must file I	orm 10	65. Sequence No. 09
Name o	f proprietor					Social s	ecurity number (SSN)
FNU	AJIT RANA					866-	36-3761
Α	Principal business or profession	on, inclu	ding product or service (se	e instru	uctions)	B Enter	code from instructions
	DoorDash, Inc.						▶ 4 5 4 3 9 0
С	Business name. If no separate	busine	ss name, leave blank.			D Emplo	oyer ID number (EIN) (see instr.)
	DoorDash, Inc.						
E	Business address (including s	uite or r	oom no.) ► 303 2nd	Stre	et Suite 800		
	City, town or post office, state	, and Z	IP code SAN FRAN	CISC	CO, CA 94107		
F		K Cash			Other (specify) ►		
G	Did you "materially participate	" in the	operation of this business	during	2020? If "No," see instructions for li	mit on lo	sses . 🗙 Yes 🗌 No
н							
I .					n(s) 1099? See instructions		
J	If "Yes," did you or will you file	e require	ed Form(s) 1099?				🗙 Yes 🗌 No
Part	Income						
1	Gross receipts or sales. See in	nstructio	ons for line 1 and check the	box if	this income was reported to you on		
					1	1	4,621.
2							
3							4,621.
4	- ·	,					
5							4,621.
6			•		refund (see instructions)		
7						7	4,621.
Part			or business use of you		-		
8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see			19	Pension and profit-sharing plans	19	
40	instructions).	9		20	Rent or lease (see instructions):		
10	Commissions and fees .	10		a	Vehicles, machinery, and equipment		
11	Contract labor (see instructions)	11		b	Other business property		
12 13	Depletion	12		21	Repairs and maintenance		
15	expense deduction (not			22	Supplies (not included in Part III)		
	included in Part III) (see			23	Taxes and licenses	23	
	instructions).	13		24	Travel and meals:	04-	
14	Employee benefit programs	44		a .		24a	
15	(other than on line 19).	14 15		b	Deductible meals (see	046	
15 16	Insurance (other than health) Interest (see instructions):	15		25	instructions)	24b 25	
	Mortgage (paid to banks, etc.)	16a			Utilities		
a b	Other	16b		26 27a	Other expenses (from line 48) .		
17	Legal and professional services	17		b	Reserved for future use		
28	* ·		business use of home. Add		B through 27a	28	
29					· · · · · · · · · · · · ·	29	4,621.
30	• • • •				nses elsewhere. Attach Form 8829		
	unless using the simplified me	2		, exbe			
	Simplified method filers only			(a) you	ır home:		
	and (b) the part of your home	used for	r business:		. Use the Simplified		
	Method Worksheet in the instr			ter on l	ine 30	30	
31	Net profit or (loss). Subtract						
	• If a profit, enter on both S	chedule	e 1 (Form 1040), line 3, an	nd on S	Schedule SE, line 2. (If you		
	checked the box on line 1, see					31	4,621.
	• If a loss, you must go to lin						
32	If you have a loss, check the b	box that	describes your investment	in this	activity. See instructions.		
	• If you checked 32a, enter t	the loss	on both Schedule 1 (For	m 104(0), line 3, and on Schedule	-	_
	SE, line 2. (If you checked the					32a [
	Form 1041, line 3.					32b	Some investment is not at risk.
	• If you checked 32b, you mu	ist attac	ch Form 6198. Your loss ma	ay be l	imited.		at non.

REV 07/28/21 PRO

Schedu	le C (Form 1040) 2020						Page 2
Part	III Cost of Go	ds Sold (see instructions)					
33	Method(s) used to value closing invento	∕: a □ Cost b □	Lower of cost or market	c 🗌 Other (a	tach ex	planation)	
34	-	in determining quantities, costs, o		ning and closing invent		Yes	🗌 No
35	Inventory at beginnin	of year. If different from last year's	s closing inventory, attach	explanation	35		
36	Purchases less cost	f items withdrawn for personal use			36		
37	Cost of labor. Do not	nclude any amounts paid to yourse	əlf		37		
38	Materials and supplie				38		
39	Other costs				39		
40	Add lines 35 through	39			40		
41	Inventory at end of ye	ar			41		
42	Cost of goods sold.	Subtract line 41 from line 40. Enter	the result here and on line	e4	42		
Part	IV Information	on Your Vehicle. Complete equired to file Form 4562 fo	e this part only if you	are claiming car o			
43 44		miles you drove your vehicle durin	g 2020, enter the number	of miles you used you	vehicle	for:	
а		b Community (a		с	Other		
45	Was your vehicle ava	able for personal use during off-du	ty hours?			🗌 Yes	No No
46	Do you (or your spou	e) have another vehicle available fo	or personal use?			🗌 Yes	No No
47a	Do you have evidenc	to support your deduction?				🗌 Yes	No No
	If "Yes," is the evider					🗌 Yes	No
Part	V Other Expe	ises. List below business e	xpenses not included	d on lines 8–26 or l	ine 30		
48	Total other expense	Enter here and on line 27a			48		

(Form 1	(Form 1040) (From rental real estate, royalties, partnerships, S co					corpor	ations, e	states,	trusts, REM	ICs, et	c.)	002	0	
Department of the Treasury					0, 1040-SR, 1040-NR, or 1041.						Attachment			
Internal F	· · · · · · · · · · · · · · · · · · ·					nstructions and the latest information.					Sec	Sequence No. 13		
Name(s)	shown on return									Your	social secu	rity numb	er	
			IETANA GURURAJ								5-36-37	-		
Part			s From Rental Real E		-		-				• •	• • •	, use	
			instructions. If you are a								-			
			nts in 2020 that would			. ,								
B If "			ou file required Form(🗌	Yes	No	
_1a			each property (street,			,								
A	PRAKASH N	AGAR ,	BEGUMPET HYDER	ABAD TELAN	IGAN	A IN	500016	5						
B														
<u>C</u>									- · · ·			_		
1b	Type of Pro		2 For each rental above, report th	real estate prop	perty li	isted			Rental		onal Use	C	٥JV	
	(from list be	elow)	personal use da	ays. Check the	QJV b	ox only		L	ays		Days			
	3		if you meet the qualified joint ve	requirements to	o file a	sa			365		0		╡───	
	+				luctio	115.	B						╡───	
C	(December 1						С						<u> </u>	
	of Property:		0.) (a patienz (Chart	Tarra Daratal	5 5	a al	-		Devetel					
	gle Family Resid		3 Vacation/Short 4 Commercial	-Term Rental				7 Self-l						
Incom	ti-Family Reside	ence		Properties:	0 R0	yalties	A	3 Othe	r (describe) B			С		
3		1		•	3			650.	D			0		
4			· · · · · · · ·		4		(550.						
Expen		iveu .			-									
5					5									
6	-		nstructions)		6									
7		•			7		F	500.						
8					8			500.						
9					9									
10			essional fees		10									
11	•				11		F	500.						
12			id to banks, etc. (see		12									
13					13									
14					14		1,1	150.						
15	•				15			.000						
16	Taxes				16									
17	Utilities				17		2,5	500.						
18	Depreciation e	xpense	e or depletion		18									
19	Other (list) 🕨				19									
20	Total expense	s. Add	lines 5 through 19 .		20		5,6	650.						
21	Subtract line 2	0 from	line 3 (rents) and/or 4	4 (royalties). If									_	
	result is a (loss	s), see	instructions to find ou	ut if you must										
	file Form 6198	3			21		-5,0	000.						
22			l estate loss after limi											
		-	structions)		22	(-5,0	00.)	()()	
23a			eported on line 3 for a					23a		65	0.			
b			eported on line 4 for a					23b						
c			eported on line 12 for			• •		23c						
d			eported on line 18 for			• •		23d						
e			eported on line 20 for					23e		5,65				
24			e amounts shown on					• •			24	-	<u> </u>	
25			sses from line 21 and r								25 (5,	000.)	
26			ate and royalty inco											
			V, and line 40 on pa 40), line 5. Otherwise,								26	_ F	,000.	
	UCHEQUIE I (FC	JIII 104	τ_{0} , inte 0. Otherwise,	monute tills af	nount		uai ui i	m 10 4 1	un paye Z	· · ·	<u>~</u> U	- 5	,000.	

Supplemental Income and Loss

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Schedule E (Form 1040) 2020

OMB No. 1545-0074

SCHE	DULE	SE
(Form	1040)	

Self-Employment Tax

OMB No. 1545-0074 2 ((

20

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

	Revenue Service (99)	information.	Att Se	achment quence No. 17
Name o	of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) Social secu	rity number of person	-	
FNU		nployment income	866	-36-3761
Part	Self-Employment Tax			
	If your only income subject to self-employment tax is church employee income , see ne definition of church employee income.	instructions for how	to rep	oort your income
A	If you are a minister, member of a religious order, or Christian Science practitioner a			•
Skin li	\$400 or more of other net earnings from self-employment, check here and continue v ines 1a and 1b if you use the farm optional method in Part II. See instructions.	WILLIFAILT	• •	••••
•	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule			
	box 14, code A		1a	
	If you received social security retirement or disability benefits, enter the amount of Con Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065)		1b ()
Skip li	ine 2 if you use the nonfarm optional method in Part II. See instructions.			
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, c farming). See instructions for other income to report or if you are a minister or member of		2	4,621.
3	Combine lines 1a, 1b, and 2	[3	4,621.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amour	nt from line 3 .	4a	4,267.
	Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1	o, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 her		4b	
С	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment t less than \$400 and you had church employee income , enter -0- and continue		4c	4,267.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income			
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0		5b	0.
6	Add lines 4c and 5b		6	4,267.
7	Maximum amount of combined wages and self-employment earnings subject to soc the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020	ial security tax or	7	137,700
8a b	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11	74,152.		
	Wages subject to social security tax from Form 8919, line 10 8c	+		
c d	Add lines 8a, 8b, and 8c . <td></td> <td>8d</td> <td>74,152.</td>		8d	74,152.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line		9	63,548.
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)		10	529.
11	Multiply line 6 by 2.9% (0.029)		11	124.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 10		12	653.
13	Deduction for one-half of self-employment tax.			
	Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040),			
	line 14	327.		
Part	II Optional Methods To Figure Net Earnings (see instructions)			
	Optional Method. You may use this method only if (a) your gross farm income ¹ v 0, or (b) your net farm profits ² were less than \$6,107.	vasn't more than		
14	Maximum income for optional methods		14	5,640
15	Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$5,6 this amount on line 4b above		15	
and al	arm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were loo less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from east \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five t	self-employment		
16	Subtract line 15 from line 14		16	
17	Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) of line 16. Also, include this amount on line 4b above		17	
¹ From		and Sch. K-1 (Form 106		14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount ⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C. you would have entered on line 1b had you not used the optional method. REV 07/28/21 PRO

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

Schedule SE (Form 1040) 2020 Attachment Sequence No. 17		7	Page 2
Part	III Maximum Deferral of Self-Employment Tax Payments		1
If line	4c is zero, skip lines 18 through 20, and enter -0- on line 21.		
18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	0.
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31,		
	2020	20	
21	Combine lines 19 and 20	21	
lf line	5b is zero, skip line 22 and enter -0- on line 23.		
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020.	22	
23	Multiply line 22 by 92.35% (0.9235)	23	0.
24	Add lines 21 and 23	24	0.
25	Enter the smaller of line 9 or line 24	25	0.
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form		
	1040)	26	0.
		Schedule SF (I	Form 1040) 2020

BAA REV 07/28/21 PRO

Schedule SE (Form 1040) 2020

Arizona Form

E-file Signature Authorization

2020

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

Your First Name and Initial	Last Name	`	Your Social Security Number*			
FNU	AJIT RANA	Enter	866 36 3761			
Your Spouse's First Name and Initial (if filed joint)	Last Name	your SSN(s).	Spouse's Social Security No.*			
CHETANA	GURURAJ	0011(3).	531 97 5294			
*Do						

PART 1 – PURPOSE

• To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.

• To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFO	RMATION		PART 3 – FINANCIAL INSTITUTION INFORMATION				
			Must be present when requ	esting direct debit or deposit.			
1 Arizona Adjusted Gross Income	73,446 00		Foreign Account Depos	it/Debit: See instructions below.			
2 Balance Of Tax	1,259 00		TYPE OF ACCOUNT				
3 Arizona Income Tax Withheld	2,002 00		🛛 Checking 🔲 Savings	0 4 4 0 0 0 0 3 7			
Check box 4 <u>or</u> box 5:			ACCOUNT NUMBER				
4 REFUND: Enter the amount of	^f refund	743 00	7 8 8 3 8 0 0 5 8				
5 AMOUNT YOU OWE: Enter th	e amount owed	00		\$			

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2021, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2020. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

ERE	→		
SE SIGN HERE	→	YOUR PEN AND INK SIGNATURE	DATE
PLEASE		SPOUSE'S PEN AND INK SIGNATURE	DATE

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• Entic the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse) If completing times 8, and 176, also completing times 42. 9 Dependents: Under age of 17. Tbb	ō			_	turn. Enter spouse'	s name and Sc	cial Secur	ity Numb	er above.					
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[Your I	our Name (as shown on page 1)			Your Social Security Number				
	FNU	AJIT RANA & CHETANA GURURAJ		866-36-3761					
		Other Orders there from her and Order to Adverte to Adverte Order Income					00		
	36	Other Subtractions from Income. Complete Adjustments to Arizona Gross Incom							
	37	Subtract line 36 from line 35 and enter the difference				73,446			
suo	38	Age 65 or over: Multiply the number in box 8 by \$2,100					00		
Ipti	39	Blind: Multiply the number in box 9 by \$1,500					00		
Exemptions	40	Other Exemptions. See instructions40E Multiply the number in box 40E by			00				
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000					00		
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less the							
	43	Deductions: Check box and enter amount. See instructions				24,800			
	44	If you checked box 43 S and claim charitable deductions, check 44 C Complete p	bage 3. See inst	uctions	44		00		
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "	D"		45	48,646			
of Tax	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tab	les		46	1,259	00		
of	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31			47		00		
Balance	48	Subtotal of tax: Add lines 46 and 47 and enter the total			48	1,259	00		
Sala	49	Dependent Tax Credit. See instructions			49		00		
	50	Family income tax credit (from the worksheet - see instructions)			50		00		
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61			51		00		
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and	51 is greater that	n line 48, enter "0" .	52	1,259			
	53	2020 AZ income tax withheld		<u></u>	53	2,002	00		
and	54	2020 AZ estimated tax payments 54a 00 Claim of Right 54b		00 Add 54a and s	54b 54c		00		
Total Payments and Refundable Credits	55	2020 AZ extension payment (Form 204)			55		00		
yme able	56	Increased Excise Tax Credit (from the worksheet - see instructions)			56		00		
al Pa unda	57	Property Tax Credit from Arizona Form 140PTC			57		00		
Tota Ref	58	Other refundable credits: Check the box(es) and enter the total amount		308-I 58 2	349 58		00		
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total	l		59	2,002	00		
or ent	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of	of tax due. Skip lir	nes 61, 62 and 63	60		00		
Tax Due or Overpayment	61	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter a		743	00				
ax E	62	Amount of line 61 to be applied to 2021 estimated tax					00		
٦ó	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference				743	00		
fts	64		Arizona Wildlife		00				
Ğ			Political Gift		00				
tary			/eterans' Donations		00				
Voluntary Gifts		Overtainable Otata Davis	Spay/Neuter of Anim		00				
×	75		2 Libertarian						
₹		Estimated payment penalty					00		
enalty	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included					100		
ď		Add lines 64 through 74 and 76; enter the total.	78		00				
		REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80				743			
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a for					100		
u d d		C Checking or ROUTING NUMBER			7				
Refu		98 S □ Savings 0 4 4 0 0 0 0 3 7 7 8 8 3 8 0 0	58						
- A	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of							
		and include with your return			80		00		
	ι	Jnder penalties of perjury, I declare that I have read this return and any document	s with it, and to	the best of my l	knowled	ge and belief, they a	are		
	t	rue, correct and complete. Declaration of preparer (other than taxpayer) is based	on all informat	on of which prep	parer has	s any knowledge.			
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Ш		2530 Pebble Creek Ln	-	30-10		6			
Ч		AID PREPARER'S STREET ADDRESS		PAID PRE			-		
	(Cumming GA 30041		(678)	965-	9522			
		PAID PREPARER'S CITY STATE ZIP CO	DDE			PHONE NUMBER	-		
	-								

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).