

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name

MUBASHIR T MOHAMMED

Social security number

855-86-5832

Spouse's name

Spouse's social security number

## Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	65,413.
2	Total tax	2	7,456.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	8,462.
4	Amount you want refunded to you	4	1,006.
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.

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

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

6	5	8	3	2
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 as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶  Date ▶ 05/12/2021

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

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

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

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

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

## Practitioner PIN Method Returns Only—continue below

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

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

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

 Don't enter all zeros

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

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

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial MUBASHIR T		Last name MOHAMMED		Your social security number 855-86-5832	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 501 WESTBY DR NE				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Minneapolis			State MN	ZIP code 55432	
Foreign country name		Foreign province/state/county		Foreign postal code	

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 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 Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

**Dependents** (see instructions):

If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.  <b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <b>Standard Deduction</b> , see instructions.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2		<b>1</b>	70,000.
	<b>2a</b>	Tax-exempt interest		<b>2b</b>	
	<b>3a</b>	Qualified dividends		<b>3b</b>	0.
	<b>4a</b>	IRA distributions		<b>4b</b>	
	<b>5a</b>	Pensions and annuities		<b>5b</b>	
	<b>6a</b>	Social security benefits		<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		<b>7</b>	1,573.
	<b>8</b>	Other income from Schedule 1, line 9		<b>8</b>	-5,860.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> ▶		<b>9</b>	65,713.
	<b>10</b>	Adjustments to income:			
	<b>a</b>	From Schedule 1, line 22	<b>10a</b>		
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>	300.	
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> ▶	<b>10c</b>	300.	
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> ▶	<b>11</b>	65,413.	
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>12</b>	12,400.	
<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A	<b>13</b>			
<b>14</b>	Add lines 12 and 13	<b>14</b>	12,400.		
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-	<b>15</b>	53,013.		

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	7,456.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,456.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	7,456.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	7,456.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	8,462.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,462.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	8,462.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	1,006.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,006.
b	Routing number 091000019		
d	Account number 2838982722		
	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

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

Refund

Direct deposit? See instructions.

Amount You Owe

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature 	Date 05/12/2021	Your occupation NETWORK ARCHITECT	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 05/11/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN 30-1017196

**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](http://www.irs.gov/Form1040) for instructions and the latest information.

**2020**  
Attachment  
Sequence No. **01**

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

Your social security number  
855-86-5832

MUBASHIR T MOHAMMED

**Part 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	-5,860.
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	-5,860.

**Part II Adjustments to Income**

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 . . . . . ▶ _____		
	c 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 <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	22	

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

BAA

REV 04/20/21 PRO

Schedule 1 (Form 1040) 2020

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

MUBASHIR T MOHAMMED

Your social security number

855-86-5832

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  **Yes**  **No**  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	51,185.	63,519.	13,913.	1,579.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	4.	10.		-6.
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 1,573.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	1,573.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( )
<p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

MUBASHIR T MOHAMMED

Social security number or taxpayer identification number  
855-86-5832

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	06/09/20	07/07/20	51,185.	63,519.	EW	13,913.	1,579.
<b>2 Totals.</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶			51,185.	63,519.		13,913.	1,579.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

# Sales and Other Dispositions of Capital Assets

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

**2020**  
Attachment  
Sequence No. **12A**

Name(s) shown on return

MUBASHIR T MOHAMMED

Social security number or taxpayer identification number

855-86-5832

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	05/14/20	06/02/20	4.	10.			-6.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ▶				4.	10.			-6.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

MUBASHIR T MOHAMMED

Your social security number  
855-86-5832

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099?  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)  
**A** SUBEDARI WARANGAL TELANGANA IN 506001  
**B**  
**C**

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.		QJV
			Fair Rental Days	Personal Use Days	
<b>A</b>	3		340	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties:	A	B	C
<b>3</b> Rents received	<b>3</b>	350.		
<b>4</b> Royalties received	<b>4</b>			

Expenses:		A	B	C
<b>5</b> Advertising	<b>5</b>			
<b>6</b> Auto and travel (see instructions)	<b>6</b>			
<b>7</b> Cleaning and maintenance	<b>7</b>	550.		
<b>8</b> Commissions	<b>8</b>			
<b>9</b> Insurance	<b>9</b>			
<b>10</b> Legal and other professional fees	<b>10</b>			
<b>11</b> Management fees	<b>11</b>	900.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest	<b>13</b>			
<b>14</b> Repairs	<b>14</b>	2,130.		
<b>15</b> Supplies	<b>15</b>	1,530.		
<b>16</b> Taxes	<b>16</b>			
<b>17</b> Utilities	<b>17</b>	1,100.		
<b>18</b> Depreciation expense or depletion	<b>18</b>			
<b>19</b> Other (list) ▶	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19	<b>20</b>	6,210.		

<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b>	<b>21</b>	-5,860.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	<b>22</b>	( -5,860. )	( )	( )

<b>23a</b> Total of all amounts reported on line 3 for all rental properties	<b>23a</b>	350.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties	<b>23e</b>	6,210.		

**24** **Income.** Add positive amounts shown on line 21. **Do not** include any losses **24**

**25** **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** ( 5,860. )

**26** **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 **26** -5,860.



**2020 Form M1, Individual Income Tax**

**MUBASHIR T** Your First Name and Initial      **MOHAMMED** Your Last Name      **855865832** Your Social Security Number (SSN)      **02261991** Your Date of Birth  
 If a Joint Return, Spouse's First Name and Initial      Spouse's Last Name      Spouse's Social Security Number      Spouse's Date of Birth  
**501 WESTBY DR NE** Current Home Address      **MINNEAPOLIS** City      **MN** State      **55432** ZIP Code  
 Check if Address is:  New  Foreign

**2020 Federal Filing Status (place an X in one box):**

(1) Single     (2) Married Filing Jointly     (3) Married Filing Separately     (4) Head of Household     (5) Qualifying Widow(er)  
 Spouse Name \_\_\_\_\_  
 Spouse SSN \_\_\_\_\_

**Dependents (see instructions):**

Dependent 1 First Name _____	Dependent 1 Last Name _____	Dependent 1 SSN _____	Dependent 1 Relationship to You _____
Dependent 2 First Name _____	Dependent 2 Last Name _____	Dependent 2 SSN _____	Dependent 2 Relationship to You _____
Dependent 3 First Name _____	Dependent 3 Last Name _____	Dependent 3 SSN _____	Dependent 3 Relationship to You _____

**State Elections Campaign Fund**

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

**Political Party Code Numbers:**

Republican—11	Independence—13	Green—15	Legal Marijuana Now—17
Democratic/Farmer-Labor—12	Grassroots/Legalize Cannabis—14	Libertarian—16	General Campaign Fund—99

Your Code \_\_\_\_\_ Spouse's Code \_\_\_\_\_

**From Your Federal Return (see instructions)**

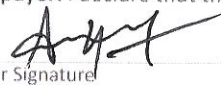
<u>70000</u> A. Wages, salaries, tips, etc.	<u>0</u> B. IRA, pensions, and annuities	<u>0</u> C. Unemployment	<u>53013</u> D. Federal taxable income
--	---	-----------------------------	---

<b>1</b> Federal adjusted gross income (from line 11 of federal Form 1040 and 1040-SR) .....	<b>1</b> ■	<u>65413</u>
<b>2</b> Additions to Minnesota income from line 17 of Schedule M1M (see instructions; enclose Schedule M1M) .....	<b>2</b> ■	<u>300</u>
<b>3</b> Add lines 1 and 2. ....	<b>3</b>	<u>65713</u>
<b>4</b> Itemized deductions (from Schedule M1SA) or your standard deduction (see instructions) .....	<b>4</b> ■	<u>12400</u>
<b>5</b> Exemptions (determine from instructions) .....	<b>5</b> ■	_____
<b>6</b> State income tax refund from line 1 of federal Schedule 1 .....	<b>6</b> ■	_____
<b>7</b> Other subtractions from Minnesota income from line 47 of Schedule M1M (see instructions; enclose Schedule M1M) .....	<b>7</b> ■	_____
<b>8</b> Total subtractions. Add lines 4 through 7. ....	<b>8</b>	<u>12400</u>
<b>9</b> Minnesota taxable income. Subtract line 8 from line 3. If zero or less, leave blank. ....	<b>9</b>	<u>53313</u>
<b>10</b> Tax from the table in the Form M1 instructions .....	<b>10</b>	<u>3237</u>
<b>11</b> Alternative minimum tax (enclose Schedule M1MT) .....	<b>11</b> ■	_____



- 12 Add lines 10 and 11 ..... 12 3237
- 13 **Full-year residents:** Enter the amount from line 12 on line 13. Skip lines 13a and 13b.  
**Part-year residents and nonresidents:** From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR) ..... 13 3237
- 13a ■ 0 13b ■ 0
- 14 Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)  
 (a) Schedule M1HOME  (b) Schedule M1529  (c) Schedule M1LS ..... 14 ■ \_\_\_\_\_
- 15 Tax before credits. Add lines 13 and 14 ..... 15 3237
- 16 Amount from line 17 of Schedule M1C, *Nonrefundable Credits* (enclose Schedule M1C) ..... 16 ■ \_\_\_\_\_
- 17 Subtract line 16 from line 15 (if result is zero or less, leave blank) ..... 17 3237
- 18 Nongame Wildlife Fund contribution (see instructions)  
This will reduce your refund or increase the amount you owe .....  18 ■ \_\_\_\_\_
- 19 Add lines 17 and 18 ..... 19 3237
- 20 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report  
Minnesota withholding from Forms W-2, 1099, and W-2G (do not send) ..... 20 ■ 3526
- 21 Minnesota estimated tax and extension payments made for 2020 ..... 21 ■ \_\_\_\_\_
- 22 Amount from line 9 of Schedule M1REF, *Refundable Credits* (see instructions; enclose Schedule M1REF) ..... 22 ■ \_\_\_\_\_
- 23 Total payments. Add lines 20 through 22 ..... 23 3526
- 24 **REFUND.** If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).  
For direct deposit, complete line 25 ..... 24 ■ 289
- 25 Direct deposit of your refund (you must use an account not associated with a foreign bank):  
 Checking  Savings \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_
- 26 **AMOUNT YOU OWE.** If line 19 is more than line 23, subtract line 23 from line 19 (see instructions) ..... 26 ■ \_\_\_\_\_
- 27 Penalty amount from Schedule M15 (see instructions). Also subtract  
this amount from line 24 or add it to line 26 (enclose Schedule M15) ..... 27 ■ \_\_\_\_\_
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 28 and 29.
- 28 Amount from line 24 you want sent to you ..... 28 ■ \_\_\_\_\_
- 29 Amount from line 24 you want applied to your 2021 estimated tax ..... 29 ■ \_\_\_\_\_

Taxpayer: I declare that this return is correct and complete to the best of my knowledge and belief.

  
 Your Signature  
 4256337938  
 Daytime Phone  
 SYAM PRIYA RAM SAGAR GUPTA TALLAM  
 Paid Preparer's Signature  
 6789659522  
 Preparer's Daytime Phone

Spouse's Signature (If Filing Jointly) \_\_\_\_\_  
 Date (MM/DD/YYYY) 05/12/2021  
 MUBASHIR224@GMAIL.COM  
 Email Address  
 05112021  
 Date (MM/DD/YYYY)  
 SYAM@GTAXFILE.COM  
 Preparer's Email Address  
 P02082703  
 PTIN or VITA/TCE # (required)

- I do not want my paid preparer to file my return electronically.
- I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

Include a copy of your 2020 federal return and schedules.

Mail to: Minnesota Individual Income Tax, St. Paul, MN 55145-0010



# 2020 Schedule M1M, Income Additions and Subtractions

Complete this schedule to determine line 2 and line 7 of Form M1.

MUBASHIR T Your First Name and Initial      MOHAMMED Your Last Name      855865832 Your Social Security Number

## Additions to Income

- 1 Interest from municipal bonds of another state or its governmental units included on line 2a of federal Form 1040 ..... 1 ■ \_\_\_\_\_
- 2 Federally tax-exempt dividends from mutual funds investing in bonds of another state or its governmental units included on line 2a of federal Form 1040 ..... 2 ■ \_\_\_\_\_
- 3 Federal bonus depreciation addition (*determine from worksheet in the instructions*) ..... 3 ■ \_\_\_\_\_
- 4 Section 179 Addition (*see instructions*) ..... 4 ■ \_\_\_\_\_
- 5 State taxes passed through to you (*see instructions*) ..... 5 ■ \_\_\_\_\_
- 6 Expenses deducted on your federal return attributable to income not taxed by Minnesota (*other than interest or mutual fund dividends from U.S. bonds*) ..... 6 ■ \_\_\_\_\_
- 7 Foreign-derived intangible income deduction under section (*see instructions*) ..... 7 ■ \_\_\_\_\_
- 8 Suspended loss from bonus depreciation (*see instructions and worksheets*) ..... 8 ■ \_\_\_\_\_
- 9 Capital gain portion of a lump-sum distribution (*from line 6 of federal Form 4972; enclose Form 4972*) ... 9 ■ \_\_\_\_\_
- 10 Net operating loss carryover adjustment (*see instructions*) ..... 10 ■ \_\_\_\_\_
- 11 Addition from line 7 of Schedule M1HOME (*enclose Schedule M1HOME*) ..... 11 ■ \_\_\_\_\_
- 12 Accelerated recognition of nonresident installment sales (*enclose Schedule M1AR*) ..... 12 ■ \_\_\_\_\_
- 13 Distributions from higher education savings accounts used for K-12 tuition (*see instructions*) ..... 13 ■ \_\_\_\_\_
- 14 This line intentionally left blank ..... 14 ■ \_\_\_\_\_
- 15 This line intentionally left blank ..... 15 ■ \_\_\_\_\_
- 16 Addition from line 32 of Schedule M1NC ..... 16 ■ \_\_\_\_\_ 300
- 17 Add lines 1 through 16. Enter the total here and on line 2 of Form M1 ..... 17 \_\_\_\_\_ 300

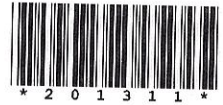
## Subtractions from Income

- 18 Net interest or mutual fund dividends from U.S. bonds (*see instructions*) ..... 18 ■ \_\_\_\_\_
- 19 Education expenses you paid for your qualifying children in grades K-12 (*see instructions*)  
Enter the name and grade of each child on the line below: ..... 19 ■ \_\_\_\_\_
- 20 If you are not filing Schedule M1SA, and your charitable contributions were more than \$500, see instructions ..... 20 ■ \_\_\_\_\_
- 21 Federal bonus depreciation subtraction (*see instructions and worksheet*) ..... 21 ■ \_\_\_\_\_
- 22 Section 179 Expensing Subtraction (*see instructions*) ..... 22 ■ \_\_\_\_\_



23	Subtraction for persons age 65 or older, or permanently and totally disabled ( <i>enclose Schedule M1R</i> ) . . .	23	■	_____
24	Railroad Retirement Board benefits ( <i>see instructions</i> ) . . . . .	24	■	_____
25	If you are a resident of Michigan or North Dakota filing Form M1 only to receive a refund of all Minnesota tax withheld, enter the amount from line 1 of Form M1. If the amount is zero or less, enter 0 . . . . .	25	■	_____
	• Place an X in one box to indicate the reciprocity state of which you were a resident during 2020 . . . . .			
			<input type="checkbox"/>	Michigan
			<input type="checkbox"/>	North Dakota
26	Subtraction of reservation income for American Indians ( <i>see instructions</i> ) . . . . .	26	■	_____
27	Federal active duty military pay received for services performed while a Minnesota resident, to the extent the income is federally taxable. If you received a military pension, see line 32 . . . . .	27	■	_____
28	<b>Minnesota National Guard members and reservists:</b> See instructions . . . . .	28	■	_____
29	<b>Residents of another state:</b> Enter your federal active service military pay, to the extent the income is federally taxable. If you received a military pension, see line 32. . . . .	29	■	_____
30	Organ Donor Subtraction ( <i>see instructions</i> ) . . . . .	30	■	_____
31	Disallowed section 280E expenses of medical cannabis manufacturers ( <i>see instructions</i> ) . . . . .	31	■	_____
32	Subtraction for military pensions or other military retirement pay ( <i>see instructions</i> ) . . . . .	32	■	_____
33	Gain from the sale of farm property ( <i>see instructions</i> ) . . . . .	33	■	_____
34	Post-service education awards received for service in an AmeriCorps National Service program . . . . .	34	■	_____
35	Net operating loss carryover adjustment ( <i>see instructions</i> ) . . . . .	35	■	_____
36	Prior addback of reacquisition of indebtedness income ( <i>see instructions</i> ) . . . . .	36	■	_____
37	Subtraction for railroad maintenance expenses . . . . .	37	■	_____
38	Subtraction for contributions to a qualified education savings plan ( <i>enclose Schedule M1529</i> ) . . . . .	38	■	_____
39	Social Security benefit subtraction ( <i>determine from worksheet in instructions</i> ) . . . . .	39	■	_____
40	Subtraction for interest earned from a designated first-time homebuyer savings account ( <i>enclose Schedule M1HOME</i> ) . . . . .	40	■	_____
41	Subtraction for discharge of indebtedness of educational loans ( <i>see instructions</i> ) . . . . .	41	■	_____
42	Income from prior-year partnership sale ( <i>see instructions</i> ) ( <i>see instructions</i> ). . . . .	42	■	_____
43	Deferred foreign income recognized under section 965 of the Internal Revenue Code . . . . .	43	■	_____
44	Global intangible low-taxed income included in gross income under section 951A of the Internal Revenue Code. . . . .	44	■	_____
45	Subtraction from line 32 of Schedule M1NC. Enter as a positive number. . . . .	45	■	_____
46	This line intentionally left blank . . . . .	46	■	_____
47	Add lines 18-46. Enter the total here and on line 7 of Form M1. . . . .	47	■	_____

**You must include this schedule with your Form M1.**



# 2020 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

<u>MUBASHIR T</u> Your First Name and Initial	<u>MOHAMMED</u> Last Name	<u>855865832</u> Your Social Security Number
<u> </u> If a Joint Return, Spouse's First Name and Initial	<u> </u> Spouse's Last Name	<u> </u> Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF that shows Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

**1** Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the Form W-2 is for: • you, enter 1 • spouse, enter 2	If Retirement Plan box is checked, mark an X below.	Employer's seven-digit Minnesota Tax ID Number	State wages, tips, etc. <i>(round to nearest whole dollar)</i>	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 <u>1</u>	b1 <input type="checkbox"/>	c1 MN <u>3390237</u>	d1 <u>70000</u>	e1 <u>3526</u>
a2 _____	b2 <input type="checkbox"/>	c2 MN _____	d2 _____	e2 _____
a3 _____	b3 <input type="checkbox"/>	c3 MN _____	d3 _____	e3 _____
a4 _____	b4 <input type="checkbox"/>	c4 MN _____	d4 _____	e4 _____
a5 _____	b5 <input type="checkbox"/>	c5 MN _____	d5 _____	e5 _____

Subtotal for additional Forms W-2 (from line 5 on page 2) ..... \_\_\_\_\_

**Total Minnesota tax withheld on all Forms W-2 (add amounts in line 1, column E) ..... 1 ■ 3526**

**2** Minnesota tax withheld on Forms 1099, W-2G, and 1042-S. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the Form 1099, W-2G, or 1042-S is for: • you, enter 1 • spouse, enter 2	Payer's seven-digit Minnesota Tax ID Number (if unknown, contact the payer)	Income amount (see the table on the back for amounts to include)	Minnesota tax withheld <i>(round to nearest whole dollar)</i>
a1 _____	b1 MN _____	c1 _____	d1 _____
a2 _____	b2 MN _____	c2 _____	d2 _____
a3 _____	b3 MN _____	c3 _____	d3 _____
a4 _____	b4 MN _____	c4 _____	d4 _____

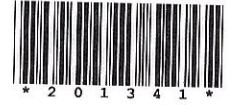
Subtotal for additional 1099, W-2G, and 1042-S (from line 6 on page 2) ..... \_\_\_\_\_

**Total Minnesota tax withheld on all 1099, W-2G, and 1042-S (add amounts in line 2, column D) ..... 2 ■ \_\_\_\_\_**

**3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries (from line 7 on page 2) ..... 3 ■ \_\_\_\_\_**

**4 Total.** Add the Minnesota tax withheld on lines 1, 2, and 3.  
Enter the total here and on line 20 of Form M1 ..... **4 ■ 3526**

**Include this schedule with your Form M1.  
If required, include Schedules KPI, KS, and KF.**



# 2020 Schedule M1NC, Federal Adjustments

Minnesota has not adopted the federal law changes enacted after December 31, 2018, that affect federal adjusted gross income for tax year 2020. This schedule allows for any necessary adjustments required to file a state tax return.

MUBASHIR T  
Your First Name and Initial

MOHAMMED  
Last Name

855865832  
Social Security Number

Read the instructions before you complete this schedule.

Enter amounts as a positive or negative.  
Round amounts to the nearest whole dollar.

## Adjustments to federal adjusted gross income (FAGI)

- 1 Home mortgage debt cancelled in 2020 and excluded from federal income ..... 1 ■ \_\_\_\_\_
- 2 Tuition and fees deduction from line 21 of federal Schedule 1. .... 2 ■ \_\_\_\_\_
- 3 Distributions from higher education savings accounts used for apprenticeship programs or student loan payments. 3 ■ \_\_\_\_\_
- 4 Distributions from IRAs and defined contribution plans related to Coronavirus to be repaid over extended time. 4 ■ \_\_\_\_\_
- 5 Certain retirement account withdrawals excluded from income ..... 5 ■ \_\_\_\_\_
- 6 Charitable contribution deduction for filers who claim the federal standard deduction ..... 6 ■ 300
- 7 Unemployment compensation excluded from income ..... 7 ■ \_\_\_\_\_
- 8 This line intentionally left blank. .... 8 ■ \_\_\_\_\_
- 9 Paycheck Protection Program loan forgiveness ..... 9 ■ \_\_\_\_\_
- 10 Exclusion for certain employer payments of student loans. .... 10 ■ \_\_\_\_\_
- 11 Employee Retention Credit under the CARES Act ..... 11 ■ \_\_\_\_\_
- 12 Employee Retention Credit for employers affected by qualified disasters. .... 12 ■ \_\_\_\_\_
- 13 NOL carryovers and suspension of 80% Limit. .... 13 ■ \_\_\_\_\_
- 14 Modification of excess loss limitation or excess business loss ..... 14 ■ \_\_\_\_\_
- 15 Subpart F Income Adjustment ..... 15 ■ \_\_\_\_\_
- 16 Modification of business interest limitation ..... 16 ■ \_\_\_\_\_
- 17 Qualified Improvement Property technical fix ..... 17 ■ \_\_\_\_\_
- 18 Employer credit for paid medical leave and Employer payroll credit for required paid family leave ..... 18 ■ \_\_\_\_\_
- 19 TCDTR basis and depreciation provisions ..... 19 ■ \_\_\_\_\_
- 20 Credit provisions impacting basis and depreciation ..... 20 ■ \_\_\_\_\_
- 21 Credit provisions impacting business expenses ..... 21 ■ \_\_\_\_\_
- 22 Other adjustments to federal adjusted gross income ..... 22 ■ \_\_\_\_\_
- 23 TCDTR20 basis and depreciation provisions ..... 23 ■ \_\_\_\_\_



24	Loans, grants, and loan repayment assistance under the CARES Act excluded from income (see instructions) . . .	24 ■	_____
25	Temporary Allowance of Full Deduction for Business Meals (see instructions) . . . . .	25 ■	_____
26	This line intentionally left blank . . . . .	26 ■	_____
27	This line intentionally left blank . . . . .	27 ■	_____
28	This line intentionally left blank . . . . .	28 ■	_____
29	This line intentionally left blank . . . . .	29 ■	_____
30	This line intentionally left blank . . . . .	30 ■	_____
31	If you have an amount on lines 1 through 30, and an adjustment to income subject to a rule involving adjusted gross income such as an IRA deduction, Social Security income, rental real estate loss, or student loan interest, see instructions . . . . .	31 ■	_____
32	Add lines 1-31. If the result is positive, enter it on Form M1M, line 16. If the amount is negative, enter it as a positive number on Form M1M, line 45 . . . . .	32 ■	_____ 300
33	Line 1 of Form M1. . . . .	33 ■	_____ 65413
34	Minnesota adjusted gross income. Add lines 32 and 33, then see instructions . . . . .	34 ■	_____ 65713

You must include this schedule when you file Form M1.