## **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

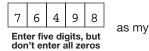
Submission Identification Number (SID)

Taxpayer's name	Social security number
WAJEED AHAMAD	755-97-6498
Spouse's name	Spouse's social security number
SOBIA AHAMAD	736-83-2715
Part I Tax Return Information – Tax Year Ending December 31, 2020 (End	nter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
<b>1</b> Adjusted gross income	<b>1</b> 64,152.
<b>2</b> Total tax	<b>2</b> 4,300.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 3,738.
4 Amount you want refunded to you	4
5 Amount you owe	<b>5</b> 562.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	nd keep a copy of your return)

Under penalties of periury. 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

				ERO firm name		E
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	



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

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.

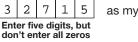
Your signature

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

X lauthorize GLOBAL TAXES LLC ERO firm name

to enter or generate my PIN

Date



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 ►	Da	ate 🕨	•			 				
Practitione	r PIN Method Returns Only—continue	belo	<b>w</b>							
Part III Certification and Authenticatio	n – Practitioner PIN Method Only					 				
ERO's EFIN/PIN. Enter your six-digit EFIN follow	ed by your five-digit self-selected PIN.	5	8		 8 nter a	 	9	8	9	

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 🕨	O's signature ► Date ►							
Don	ERO Must Retain This Form — 't Submit This Form to the IRS Unlo							
E. D. J. D. J. K. A. I. N. K.	Farme 9970 (Days 01 0001)							

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

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form 1040-V 2020

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service



# Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

(99)

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment. 1555

562.

REV 05/29/21 PRO

INTERNAL REVENUE SERVICE P.O. BOX 802501 CINCINNATI, OH 45280-2501

WAJEED AHAMAD SOBIA AHAMAD 1450 KINGSWOOD DR 464 ROSEVILLE CA 95678

Filing Status       Single       Married filing jointly       Married filing separately (MFS)       Head of household (HOH)       Qualifying widow(er) (QW)         Check only       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 or box.       Prove scale security number         WAJEED       It and name       Your scale security number         Your, spouse's first name and middle initial       Last name       Spouse's social security number         YOUR, or post office. If you have a Dreign address, also complete spaces below.       Apt. no.       464         Chy, tow, or post office. If you have a foreign address, also complete spaces below.       State       2IP code         Chy, tow, or post office. If you have a foreign address, also complete spaces below.       State       2IP code         Foreign province/state/county       Foreign province/state/county       Foreign postal code       your tax or refund.         Postandard       Someone can claim:       You as a dependent       You       Spouse       You       Spouse         Age/Blindhess       You:       Were born before January 2, 1956       It bild       Spouse       No       Spouse       No         Standard       If First name       Last name       You is spouse as a dependent       Import       You       Spouse	E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	0	OMB No. 1545	-0074	IRS Us	se Only	—Do not w	rite or staple	in this space.
WAJEED       AHAMAD       755-97-6498         If join return, spouse is first name and middle initial       Last name       Spouse's social security number         SOBIA       AHAMAD       736-87-715         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         City, tow, or post office. If you have a foreign address, also complete spaces below.       State       ZP code       box seevoull not change         Foreign country name       Foreign province/state/country       Foreign postal code       you tax or retund.       box below will not change         Standard       Someone can claim:       You as a dependent       You re spouse as a dependent       You for retund.       Spouse:       No         Standard       Someone can claim:       You as a dependent       You re spouse as a dependent       You       Spouse:       No         Standard       Someone can claim:       You as a dependent       You re spouse as a dependent       You       You       Spouse:       No         Dependents       (see instructions):       (g) Social socurity       (g) Relationship       (a) I for it qualifies for (see instructions):       Travesampt interest       2a       b       0.         If more than four dependents, see instructions:       I       69, 080.       3a<	Check only	lf yo	ou checked the MFS box, enter the n	ame of										
If joint return, spouse's first name and middle initial SOBIA       Last name AHAMAD       736-83-2715         Home address furnber and streetj, If you have a P.O. box, see instructions.       Apt. no. 464       Presidential Election Campaign City, town, or post office. If you have a foreign address, also complete spaces below.       Apt. no. 464       Presidential Election Campaign complete spaces below.         Ros evil 10 e       Now, or post office. If you have a foreign address, also complete spaces below.       State       2 PF code code will not change your tax or refund.         Foreign country name       Foreign province/state/country       Foreign postal code       Yes X No         Standard Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Yes X No         Standard Deductions;       Ware born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents; (see instructions);       (i) Ficst name       (i) Social security to you       (ii) Relationship; to you       (ii) Ficst name       1       69,080.         Attach here b       1       Mages, salaries, tips, etc. Attach Form(s) W-2       b       taxable interest       2       0.         Attach here b       1       Wages, salaries, tips, etc. Attach Form(s) W-2       b       taxable interest       2       0.         Standard required       3a	Your first name	and m	iddle initial	Last na	ime							Your so	cial securi	ty number
SOBIA       AHAMAD       736-83-2715         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Apt. no.         1450 KINGSWOOD DR       CA       Deficient address, also complete spaces below.       State       ZIP cods       spouse if filing jointly, want S3         Rosev111e       Foreign country name       Foreign province/state/county       Foreign postal code       vol this fund. Checking a box below will not change your it as or refund.         You       Spouse itemizes on a separate return or you were a dual-status alien       Someone can claim:       You as a dependent       You       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Wares born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       Gen Instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ¥ /f qualifies for see instructions):       (1) 69,080.         If more       1       Capital gain or (loss). Attach Form(s) W-2       1       69,080.       3a       6.         Standard       2a       Tax-exempt interest       2a       2a       2a,00.       3a       6.         Dependents       6a       Inda couliffed dividends       3a	WAJEED			AHAN	1AD							755-	97-649	8
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no. 464       Presidential Election Campaign Check here if you, or your stogen filling jointly, want S3 to go to this fund. Checking a go to this fund. Checking a you tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code (A       95 67 8 go to this fund. Checking a you tax or refund.         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes X No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       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;       [1] First name       Last name       Immediate       Immediate       Immediate         and check, here F       1       69,080.       Staade       Immediate       Immediate       Immediate         frequired       1       Grain of (0sc), Attach Schedule D if required. If not required, check here       Immediate       Immediate       Immediate         Standard       Sa Qualified dividends       Sa	lf joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse	's social se	curity number
1450 KINGSWOOD DR       464       Check here if you, or your         City, twom, or post office. If you have a foreign address, also complete spaces below.       State       2P code       spouse if filling jointly, want \$3         Roseville       CA       95678       box below will not change         Foreign country mame       Foreign province/statk/country       Foreign postal code       your tax or refund.         You a spouse if miles jointly, want \$3       box below will not change       your tax or refund.       You a spouse         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       You as pouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       You Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) 4' if qualifies for (see instructions):       Credit to other dependents         if more       (1) First name       Last name       Definition       Definition       Definition         4a b       Tax-exempt interest       2a       Definition       Definition       Definition	SOBIA			AHAN	1AD							736-	83-271	5
Cuty, with, or post office. If you have a holegin address, also bothplete spaces below.       State       2P dode       to go to this fund, checking a         Rose evil 11e       CA       95678       Foreign province/state/county       Foreign post office.       Voi       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 ryou 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 ryou spouse as a dependent       You go use as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Credit for other dependents         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (1) First name       Last name       (2) Social security       (3) Relationship       (4) /f qualifies for (see instructions;       Credit for other dependents         and check       Tax-exempt interest       2a       b       Taxable amount       3b       6.         Standard       Qualified dividends       3a				instructi	ons.					•				
Rosev:111e       CA       95678       box below will not change         Foreign pounce/state/county       Foreign province/state/county       Foreign postal code       your tax or refund.         You       Spouse       Someone can claim:       You as a dependent       Your spouse as a dependent         Deduction       Spouse itemizes on a separate return or you were a dual-status alien       Add on 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         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         If more than four dependents, see instructions:       (1) First name       1       Chait tax credit       Credit for other dependents         see instructions	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below		Sta	te	ZIP co	de				
Foreign country name       Foreign province/state/county       Foreign postal code       your tax or refund.         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       Your spouse as a dependent       Your spouse       No         Deduction       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):       (2) Social security       (3) Relationship       (4) If requires for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       Immber	Rosevil	le					CZ	ł	956	78		•		•
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       Yes       No         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) If qualifies for (see instructions):         If more than four       (1) First name       Last name       Immber       <	Foreign country	/ name			Foreign provi	nce/state/	count	y	Foreig	n postal	code			0
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (a) Pelationship       (b) Pirst name       (c) Periodities for Geee instructions):       (c) Provide the dependents         If more than four       (b) First name       Last name       (c) Policity       (c													🗌 You	Spouse
Deduction       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):       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       number       (3) Relationship       (4) ✓ if qualifies for (see instructions):         and check	At any time du	ring 20	020, did you receive, sell, send, excl	nange, d	or otherwise	acquire	any	financial intere	est in a	ny virtu	ual cu	rrency?	Ves	X No
Dependents       (see instructions):       (1) First name       Last name       (2) Social security number       (3) Relationship to you       (4) ✓ if qualifies for (see instructions):         If more than four dependents, see instructions       (1) First name       Last name       Image: Child tax credit       Credit for other dependents         see instructions       Image: Child tax credit       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see instructions       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         see and credit ling       Image: Credit for other dependents       Image: Credit for other dependents	Deduction		Spouse itemizes on a separate retur	n or you	u were a dua	al-status	alien		rn hefr			2 1956	le h	lind
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       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       69,080.         Attach       2a       b       Tax-exempt interest       2b       0.         Sch. Bi f       quilified dividends       3a       6.       b       Ordinary dividends       3b       6.         Sch. Bi f       quilified dividends       3a       6.       b       Ordinary dividends       3b       6.         Standard Deduction for-       6a       Scial security benefits       5a       b       Taxable amount       5b       5b         Standard Diduction for-       6a       Scial security benefits       6a       b       Taxable amount       7       236.         Standard Diduction for-       8       Other income from Schedule 1, line 9				550 L	1							-		-
If more       10 more	-						/		np					
dependents, see instructions and check here       Image: searce of the sea		(1) 1	Easthanie					,		Ormo		cuit		
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Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b       0.         Sch. B if       3a       Qualified dividends       3a       6.       b       Ordinary dividends       3b       6.         4a       IRA distributions       4a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b       5b         Standard       Deduction for       6a       Social security benefits       6a       b       Taxable amount       6b         Standard       Deduction for       6a       Social security benefits       6a       b       Taxable amount       7       236.         Married filing separately, \$12,400       Other income from Schedule 1, line 9       Standard deduction.       b       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       64, 352.         • Married filing jointly or Qualifying widow(en), \$24,800       C       Add lines 10a and 10b. These are your total adjustments to income       10a       10c       200.         • Head of household, \$11       Subtract line 10c from line 9. This is your adjusted gross income       11       64, 152.       11       64, 152.         • If you checked any box under Stand														
Attach       2a       Tax-exempt interest       2a       b       Taxable interest       2b       0.         Sch. B if       3a       Qualified dividends       3a       6.       b       Ordinary dividends       3b       6.         3a       6.       b       Ordinary dividends       4b       4b       4b       4b         5a       Pensions and annuities       5a       5a       b       Taxable amount       4b       4b         5a       Pensions and annuities       5a       6a       b       Taxable amount       5b       5b         Standard       Deduction for       6a       Social security benefits       6a       b       Taxable amount       7       236.         Married filing separately, Si12,400       Other income from Schedule 1, line 9       Standard deduction. See instructions       7       236.       8       -4,970.         Married filing jointly or Qualifying widow(en), \$24,800       Other income:       9       64,352.       9       64,352.         • Head of household, 1       Ine 22       Standard deduction. See instructions       10a       10c       200.         • Head of household, 518,650       Subtract line 10c from line 9. This is your adjusted gross income       11       64,152.		1	Wages salaries tips etc. Attach F	Form(s)	W-2							. 1		<u> </u>
Sch. B if required.       3a       G.       3a       G.       b       Ordinary dividends       3b       G.         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard       Ga       Social security benefits       6a       b       Taxable amount       7         9       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       236.         8       Other income from Schedule 1, line 9       .       .       .       8         9       64, 352.       9       64, 352.       9       64, 352.         9       64, 352.       9       64, 352.       9       64, 352.         9       64, 352.       10       Adjustments to income:       10a       10b       200.         9       64, 152.       10       Add lines 10a and 10b. These are your total adjustments to income       11       64, 152.         9       64, 152.       11       Subtract line 10c from line 9. This is your adjusted gross income       11       64, 15	Attach	<u> </u>		111		Í	hТ	axable interes	+		-			
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       6b       7       236.         8       Other income from Schedule 1, line 9       5       7       236.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       236.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       64, 352.         10       Adjustments to income:       10a       10b       200.         9       Add lines 10a and 10b. These are your total adjustments to income       10b       200.         11       Subtract line 10c from line 9. This is your adjusted gross income       11       64, 152.         14       Add lines 12 and 13       14       24,800.       14       24,800.			· ·			6.				• •	•		-	
Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         Single or Married filing separately, \$12,400       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       236.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -4,970.         • Married filing jointly or Qualifying widow(er), \$24,800       9       64,352.       9         • Married filing jointly or Qualifying widow(er), \$24,800       Capital contributions if you take the standard deduction. See instructions       10a       10b       200.         • Married filing jointly or Qualifying widow(er), \$24,800       Capital gain of 10b. These are your total adjustments to income:       10b       200.       10c       200.         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       64,152.         • If you checked ary box under standard deduction or itemized deductions (from Schedule A)       12       24,800.       12         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       24,800.	required.							-				. 4b	,	
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       >       >       7       236.         * Single or Married filing separately, \$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       >       >       8       -4,970.         9       64,352.       9       64,352.       9       64,352.       9       64,352.         • Married filing jointly or Qualifying widow(er), \$24,800       •       Errom Schedule 1, line 22       •       10a       10a       10b       200.         • Head of household, \$18,650       •       •       Add lines 10a and 10b. These are your total adjustments to income       •       •       10c       200.         11       Subtract line 10c from line 9. This is your adjusted gross income       •       •       11       64,152.         •       I1       Subtract line 10c from line 9. This is your adjusted gross income       •       •       12       24,800.         •       I1       64,152.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       •       13       14       24,800.		5a	Pensions and annuities	5a			bТ	axable amoun	t			. 5b	,	
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing separately, \$12,400</li> <li>Married filing jointly or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>Ino</li> <l< td=""><td>Standard</td><td>6a</td><td>Social security benefits</td><td>6a</td><td></td><td></td><td>bТ</td><td>axable amoun</td><td>t</td><td></td><td></td><td>. 6b</td><td>,</td><td></td></l<></ul>	Standard	6a	Social security benefits	6a			bТ	axable amoun	t			. 6b	,	
Married filing separately, \$12,400       8       -4,970.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       64,352.         9       64,352.         9       64,352.         9       64,352.         9       64,352.         9       64,352.         9       64,352.         9       64,352.         9       64,352.         9       64,352.         9       64,352.         9       64,352.         9       64,352.         9       64,352.         10a       10a         10a       200.         10a       200.         10b       200.         11       64,152.         12       Standard deduction or itemized deductions (from Schedule A)       11       64,152.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         14       24,800.		7	Capital gain or (loss). Attach Sche	dule D i	f required. It	f not req	uired	, check here				7		236.
\$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       64, 352.         • 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       10b       200.         • Head of household, \$18,650       • Add lines 10a and 10b. These are your total adjustments to income       • • • • • • • • • • • • • • • • • • •		8	Other income from Schedule 1, lin	e9.								. 8		-4,970.
<ul> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard deduction or itemized deduction. (from Schedule A)</li> <li>Ida</li> <li>Ida</li> <li>Ida</li> <li>Ida</li> <li>Ida</li> <li>Idb</li> <li>Idb<td></td><td>9</td><td>Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,</td><td>and 8. 1</td><td>This is your t</td><td>total inc</td><td>ome</td><td></td><td></td><td></td><td></td><td>▶ 9</td><td></td><td></td></li></ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is your t	total inc	ome					▶ 9		
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b       200.         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       .       .       .       .       .       .       10c       200.         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       .       .       .       .       .       .       .       11       64,152.         • If you checked any box under Standard       12       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       . </td <td></td> <td>10</td> <td>Adjustments to income:</td> <td></td>		10	Adjustments to income:											
widow(er), \$24,800       b       Charitable contributions if you take the standard deduction. See instructions       10b       200.         Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       .		а	From Schedule 1, line 22					10	a					
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions, see instructions, see instructions, see instructions.</li> <li>Add lines 10a and 10b. These are your total adjustments to income</li></ul>	widow(er),	b							b		20	0.		
\$18,650       11       Subtract line for from line 9. This is your adjusted gross income       11       64,152.         • If you checked any box under Standard       13       Standard deduction or itemized deductions (from Schedule A)       12       24,800.         14       Add lines 12 and 13       Add lines 12 and 13       14       24,800.		с	Add lines 10a and 10b. These are	your <b>to</b> f	tal adjustm	ents to i	ncor	me				► 10¢	c	200.
<ul> <li>If you checked any box under Standard Deduction, see instructions, see instructions.</li> <li>14 Add lines 12 and 13</li></ul>		11	Subtract line 10c from line 9. This	is your a	adjusted gi	ross inco	ome					▶ 11		64,152.
any box under Standard13Qualified business income deduction. Attach Form 8995 or Form 8995-A13Deduction, see instructions.14Add lines 12 and 131424,800.	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	ions (from S	Schedule	e A)					. 12		24,800.
Deduction, see instructions.         14         Add lines 12 and 13         13         14         24,800		13	Qualified business income deduct	ion. Atta	ach Form 89	995 or Fo	orm 8	995-A				. 13		
15         Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14	Add lines 12 and 13									. 14		24,800.
		15	Taxable income. Subtract line 14	from lin	ne 11. If zero	o or less,	ente	r-0				. 15		39,352.

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): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	4,300.
	17	Amount from Schedule 2, lin	ie3						17	
	18	Add lines 16 and 17							18	4,300.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	4,300.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 🕨	24	4,300.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	3	,738.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	3,738.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return .				26	
qualifying child,	27	Earned income credit (EIC)			. Nọ .	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	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				
	31	Amount from Schedule 3, lin	ie 13			31				
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refund	able cr	edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 🕨	33	3,738.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	unt you	overpaid		34	
neiuliu	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	is attached, che	eck here	e		35a	
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Type:	Chec	king 🗌 S	Savings		
See instructions.	►d	Account number X X X	X X X X	X X X X	x x x x x	X X	x	-		
	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 vou owe	now			. ►	37	562.
You Owe		Note: Schedule H and Sch		-						
For details on		2020. See Schedule 3, line 1			•	0				
how to pay, see instructions.	38	Estimated tax penalty (see ir	nstructions) .		🕨	38				
Third Party	Do	you want to allow another				? See				
Designee	ins	structions					Yes. Co	mplete	below.	× No
		signee's		Phone				nal ident		
		me 🕨		no. 🕨				er (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here			piete. Deciaration				an informatio			, 0
	YO	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?					SOFTWARE	ENGI	NEER	(see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse an
Keep a copy for your records.	,				_				2	ection PIN, enter it here
your records.					HOME MAKE				inst.) 🕨	
		one no. (916)798-177		Email address	WAJID.AHAN	-	MAIL.CO			
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer				RAM SAGAR	GUPTA TALLAN	4 07/	01/2021	P0208		Self-employed
Use Only		m's name ► GLOBAL TAX								678)965-9522
	Fir	m's address ► 2530 Pebb	le Creek L	n Cumming	g GA 30041			Firm	's EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV	05/29/21 PRO			Form <b>1040</b> (2020)

BAA

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

## Additional Income and Adjustments to Income

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

OMB No. 1545-0074

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
WAJEED & SOBIA AHAMAD	755-97-6498
Part I Additional Income	

I UI	Additional moome		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	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	-4,970.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		0	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	1 1	4 070
Par	line 8	9	-4,970.
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	
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		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 Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 05/29/21 PRO	Schedul	e 1 (Form 1040) 2020

## SCHEDULE D

(Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

20

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

Attachment Sequence No. **12** 

20

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

WAJEED & SOBIA AHAMAD

Your social security number

755-97-6498

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? 
Yes X 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)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	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.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	1,190.	1,190.		0.	0.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions		-	-	6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	., .		7	0.

#### 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		(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and	
	le dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum		combine the result with column (g)	
8a	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.						
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked	650.	414.			236.	
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked						
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.						
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	. ,	11		
12	dule(s) K-1	12					
<b>13</b> Capital gain distributions. See the instructions							
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover</b>							
45	Worksheet in the instructions				14	( )	
15	<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back						

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	236.
	• 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.		
	• 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.		
	• 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.		
17	Are lines 15 and 16 <b>both</b> gains?		
	<ul> <li>Yes. Go to line 18.</li> <li>No. Skip lines 18 through 21, and go to line 22.</li> </ul>		
18	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	18	
19	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	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</li> </ul>		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	<b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 05/29/21 PRO

Schedule D (Form 1040) 2020

Form	8949
Form	0010

Department of the Treasury

Internal Revenue Service

## **Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

20

(0)

► Go to 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.

d 10 of Schedule D. Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
WAJEED & SOBIA AHAMAD	755-97-6498

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.

X (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

<b>1</b> (a) Description of property	(b) (c) Date sold or		Proceeds	<b>(e)</b> Cost or other basis. See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)	
ROBINHOOD SECURITIES LLC	12/04/20	12/10/20	1,190.	1,190.	W	0.	0.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your 1e 2 (if Box B	1,190.	1,190.		0.	0.	

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.

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

Form 8949 (2020)	Attachment Sequence No. 12A	Page <b>2</b>
------------------	-----------------------------	---------------

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side WAJEED & SOBIA AHAMAD

Social security number or taxpayer identification number 755-97-6498

Before you check Box D, E, or F 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 II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

**(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property	(b) (c) Date acquired disposed of		Proceeds	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e)	If you enter an enter a c See the sep	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	combine the result with column (g)	
ROBINHOOD SECURITIES LLC	08/02/18	02/06/20	650.	414.			236.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), <b>lir</b>	lude on your <b>1e 9</b> (if <b>Box E</b>	650.	414.			236.	

Note: If you checked Box D 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	Е
(Form 1040)	

Department of the Treasury

### **Supplemental Income and Loss**

OMB No. 1545-0074

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

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

20 20 Attachment Sequence No. 13

Internal Revenue Service (99)	► Go to www.irs.gov/ScheduleE for instructions and the latest information.	Attachment Sequence No. <b>13</b>
Name(s) shown on return	You	r social security number
WAJEED & SOBIA	A AHAMAD 75	5-97-6498
Part I Income	or Loss From Rental Real Estate and Royalties Note: If you are in the business of rentin	ng personal property, use
Schedule	e 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 add	ress of each property (street, city, state, ZIP code)	
A BHARAT V	IHAR ROAD RISHIKESH UTTARAKHAND IN 249201	

С						
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 QJV box only		Fair Rental Days	Personal Use Days	QJV
Α	3	if you meet the requirements to file as a	Α	320	0	
В		qualified joint venture. See instructions.	В			
С			С			

Type of Property:

В

1 Sing	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd 7	Self-	Rental			
2 Mul	ti-Family Residence	4 Commercial	6 Rc	6 Royalties 8 Other (describe)					
Incom	ie:	Properties:		A		В			С
3	Rents received		3	3	50.				
4	Royalties received .		4						
Expen									
5			5						
6	,	structions)	6						
7		ance	7	6	30.				
8			8						
9			9						
10		sional fees	10						
11			11	7	00.				
12		to banks, etc. (see instructions)	12						
13			13						
14			14		30.				
15			15	1,1	00.				
16			16						
17			17	1,4	60.				
18		or depletion	18						
19	Other (list)								
20		nes 5 through 19 ......	20	5,3	20.				
21		ine 3 (rents) and/or 4 (royalties). If							
		nstructions to find out if you must							
			21	-4,9	70.				
22		estate loss after limitation, if any,				,	,	,	,
	-	structions)	22				)	(	)
23a		ported on line 3 for all rental prop			23a	35	50.		
b		ported on line 4 for all royalty pro			23b				
C	Total of all amounts reported on line 12 for all properties								
d						5,32			
e					23e		20. 24		
24 25		amounts shown on line 21. Do n			· ·		24 25	(	4 070 )
25		ses from line 21 and rental real estat				-	20	(	4,970.)
26		te and royalty income or (loss).							
		/, and line 40 on page 2 do not					26		-4,970.
		0), line 5. Otherwise, include this a			116 41	un page 2 .	20		-=,970.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

	_	FORM
2020	California e-file Signature Authorization for Individuals	8879
Your name	Your SSN o	or ITIN
WAJEED AH		
Spouse's/RDP's na	ime Spouse's/RI	DP's SSN or ITIN
SOBIA AHA		-2715
	turn Information (whole dollars only)	
	usted Gross Income (AGI). See instructions	
<ol> <li>Amount You (</li> <li>Refund or No</li> </ol>	Owe. See instructions       2         Amount Due. See instructions       3	<b>2</b> 425
	yer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)	<u> </u>
year ending Dece to my electronic in tax identification income tax return and on form FTB agrees with the d agent to authorize return to the Fran <b>provider, and/or</b> does not receive read and consent	f perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and st mber 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the in return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security in number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit irect deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other an electronic funds withdrawal or refund is delayed, I authorize the FTB to disclose to my ERO, transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I un full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I at the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.	nformation I provided number or individual lines of my electronic s shown on my return refund amount on line 3 her spouse/RDP as an transmit my complete <b>D, intermediate service</b> derstand that if the FTB cknowledge that I have
( )	check one box only	
I authorize	GLOBAL TAXES LLC to enter my PIN	7 6 4 9 8
	ERO firm name	Do not enter all zeros
as my signa	ture on my 2020 e-filed California individual income tax return.	
I will enter r	ny PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>only</b> if you are enterin d using the Practitioner PIN method. The ERO must complete Part III below.	ng your own PIN and your
I will enter r return is file	ny PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>only</b> if you are enterin	
I will enter r return is file Your signature	ny PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>only</b> if you are enterind using the Practitioner PIN method. The ERO must complete Part III below.	
I will enter r return is file Your signature Spouse's/RDP's	ny PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>only</b> if you are enterind using the Practitioner PIN method. The ERO must complete Part III below.  Date  PIN: check one box only	
☐ I will enter r return is file Your signature <b>Spouse's/RDP's</b> ☐ I authorize	ny PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>only</b> if you are enterined using the Practitioner PIN method. The ERO must complete Part III below.  Date  Date  PIN: check one box only  GLOBAL TAXES LLC  to enter my PIN  ERO firm name	
<ul> <li>□ I will enter r return is file</li> <li>Your signature</li> <li>Spouse's/RDP's</li> <li>☑ I authorize as my signa</li> <li>□ I will enter</li> </ul>	ny PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>only</b> if you are enterined using the Practitioner PIN method. The ERO must complete Part III below.	3 2 7 1 5 Do not enter all zeros
<ul> <li>I will enter r return is file</li> <li>Your signature</li> <li>Spouse's/RDP's</li> <li>I authorize as my signa</li> <li>I will enter and your return and your your your your your your your your</li></ul>	ny PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>only</b> if you are enterined using the Practitioner PIN method. The ERO must complete Part III below.	3     2     7     1     5       Do not enter all zeros       re entering your own PIN
<ul> <li>☐ I will enter r return is file</li> <li>Your signature</li> <li>Spouse's/RDP's</li> <li>☑ I authorize _ as my signa</li> <li>☐ I will enter and your ref</li> <li>Spouse's/RDP's s</li> </ul>	ny PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>only</b> if you are enterined using the Practitioner PIN method. The ERO must complete Part III below.	3     2     7     1     5       Do not enter all zeros       re entering your own PIN
<ul> <li>☐ I will enter r return is file</li> <li>Your signature</li> <li>Spouse's/RDP's</li> <li>☑ I authorize _ as my signa</li> <li>☐ I will enter and your ref</li> <li>Spouse's/RDP's s</li> </ul>	ny PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>only</b> if you are enterined using the Practitioner PIN method. The ERO must complete Part III below.	3     2     7     1     5       Do not enter all zeros       re entering your own PIN
<ul> <li>☐ I will enter r return is file</li> <li>Your signature</li> <li>Spouse's/RDP's</li> <li>☑ I authorize as my signa</li> <li>☐ I will enter and your ret</li> <li>Spouse's/RDP's s</li> <li>Part III Certi</li> </ul>	ny PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>only</b> if you are enterined using the Practitioner PIN method. The ERO must complete Part III below.	3       2       7       1       5         Do not enter all zeros         re entering your own PIN
<ul> <li>□ I will enter r return is file</li> <li>Your signature</li> <li>Spouse's/RDP's</li> <li>☑ I authorize as my signa</li> <li>□ I will enter and your ret</li> <li>Spouse's/RDP's s</li> <li>Part III Certi</li> <li>ERO's EFIN/PIN.</li> <li>I certify that the a</li> </ul>	ny PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>only</b> if you are enterined using the Practitioner PIN method. The ERO must complete Part III below.	3       2       7       1       5         Do not enter all zeros         re entering your own PIN         9       8       9         ayer(\$) indicated above. I
<ul> <li>☐ I will enter r return is file</li> <li>Your signature</li> <li>Spouse's/RDP's</li> <li>☑ I authorize as my signa</li> <li>☐ I will enter and your ref</li> <li>Spouse's/RDP's s</li> <li>Part III Certi</li> <li>ERO's EFIN/PIN.</li> <li>I certify that the a confirm that I am e-file Providers.</li> </ul>	ny PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>only</b> if you are enterined using the Practitioner PIN method. The ERO must complete Part III below. 	3       2       7       1       5         Do not enter all zeros         re entering your own PIN         9       8       9         ayer(\$) indicated above. I
<ul> <li>☐ I will enter r return is file</li> <li>Your signature</li> <li>Spouse's/RDP's</li> <li>☑ I authorize as my signa</li> <li>☐ I will enter and your ref</li> <li>Spouse's/RDP's s</li> <li>Part III Certi</li> <li>ERO's EFIN/PIN.</li> <li>I certify that the a confirm that I am e-file Providers.</li> </ul>	ny PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>only</b> if you are enterined using the Practitioner PIN method. The ERO must complete Part III below. Date  PIN: check one box only GLOBAL TAXES LLC to enter my PIN ERO firm name ture on my 2020 e-filed California individual income tax return. my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box <b>only</b> if you are urn is filed using the Practitioner PIN method. The ERO must complete Part III below. ignature  Practitioner PIN Method Returns Only continue below fication and Authentication — Practitioner PIN Method Only Enter your six-digit EFIN followed by your five-digit self-selected PIN. by PIN signature on the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020	3       2       7       1       5         Do not enter all zeros         re entering your own PIN         9       8       9         ayer(\$) indicated above. I

DO NOT MAIL THIS FORM TO THE FTB

# 2020 California Resident Income Tax Return

	APE		ATTACH FEDERAL RETURN	
755-97-6498 AHAM WAJEED AHA SOBIA AHA			20	
1450 KINGSWOOD DR ROSEVILLE	CA 95678	APT	464	
03-16-1986 03-29-1	989			

		Enter your county at time of filing (see instructions)
ö	$oldsymbol{igo}$	PLACER
lenc		If your address above is the same as your principal/physical residence address at the time of filing, check this box 🖲 🗙
esid		If not, enter below your principal/physical residence address at the time of filing.
Ř		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	۲	
Prir		City State ZIP code
	ullet	$\fbox{\begin{tabular}{ c c c c } \hline \hline & & \\ \hline \hline & & \\ \hline & & \\ \hline & & \\ \hline & & \\ \hline \hline & & \\ \hline & & \\ \hline \hline & & \\ \hline \hline \\ \hline & & \\ \hline \hline \\ \hline \\$
		If your California filing status is different from your federal filing status, check the box here
Filing Status	1	Single <b>4</b> Head of household (with qualifying person). See instructions.
	2	×       Married/RDP filing jointly. See inst.       5       Qualifying widow(er). Enter year spouse/RDP died.
Filit		See instructions.
	_	
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst • 6
	. Fo	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.
s	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked
tion		box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. $\bigcirc 7$ 2 X \$124 = $\bigcirc$ \$ 248
Exemptions	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2
ĔX	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
		if both are 65 or older, enter 2
		REV 05/29/21 PRO
		175 3101204 Form 540 2020 Side 1

Υοι	ır na	ıme: Z	AHAM	AD				Y	our SSN	or ITIN:	755	-97	-6498						
	10	Depend	lents: I		ot inclu Depend	-	urself o	r your s	spouse/R		endent 2					D	ependent 3		
		First	Name	$oldsymbol{igodol}$	Deheun					• Deh							epenuent o		
S		Last I	Name	$ \bigcirc $						•									
ptior		SSN.																	
Exemptions		Depe	ictions. ndent's						]							' L \ [			
		to you	onship u	ig)										1		Ľ			
	Tot	al depen	dent ex	kemp	otions .							• 1		X \$	383 = (	•	\$		
	11	Exem	ption a	mou	nt: Add	l line 7	throug	jh line 1	0. Transf	fer this an	nount to	line 3	2		•	11 \$	6	2	48
	12	State	wages	from	n your f	ederal			•	10			690	080	00				
																Γ		 64152	
Taxable Income	13 14				-					n 1040 or nt from S				(	• 13			 01102	• <u>00</u>
	15									 he result i					• 14				• 00
	16	See in	istructi	ons .						irom Sche					15			64152	. 00
	10														• 16			200	. 00
	17	Califo	rnia ad	juste	d gros	s incor	ne. Cor	nbine li	ne 15 an	d line 16 .					• 17			64352	. 00
Ĕ	18	Enter the Your California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; <b>OR</b>																	
		larger of       Your California standard deduction shown below for your filing status:         • Single or Married/RDP filing separately.       \$4,601																	
		Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$9,20									,202 ● <b>18</b>	<b>ا</b> (		 9202	. 00				
	19	If Married/RDP filing separately or the box on line 6 is checked, <b>STOP</b> . <b>19</b> Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0-													55150	. 00			
		If less	s than z	ero,	enter -(	J								(	• 19				.00
	31	Tax C	heck th	ne ho	ox if fro	m.	×	Tax Tab	le	Ta	ix Rate S	Sched	ule						
	51	<i>τα</i> λ. Ο	IIGGK LI			•		FTB 38(	00	F	TB 3803				• 31			1178	. 00
	32								5	our federa				(	• 32			 248	. 00
Тах	22	. ,	,												0	Γ		930	.00
	33									0					0				
	34	Tax. S	ee inst	ructi	ons. Ch	ieck th	e box i	f from:	• :	Schedule	G-1 ●		FTB 587	70A	• 34				<u>00</u>
	35	Add li	ne 33 a	and li	ne 34.									(	• 35			930	. 00
its	40	Nonro	fundah	le Cl	hild and	1 Dene	ndent (	are Evr	nenses C	redit. See	instruct	ione			● <u>4</u> ∩				. 00
Special Credits						- Dehe			5011363 0										
ecial	43		credit ı							_ code ( □			nd amoı		• 43			 	. 00
Sp	44		credit							_ code (		a	nd amou	ınt	• 44	L			<b>.</b> 00
		RE Side 2	V 05/29/2 Form					1	75	31	02204	4							

You	r nar	ne: AHAMAD	Your SSN or ITIN:	755-97-6498				
S	45	To claim more than two credits. See instr	uctions. Attach Schedule	e P (540)	. • 45			. 00
Credit	46	Nonrefundable Renter's Credit. See instru	. • 46			. 00		
Special Credits	47	Add line 40 through line 46. These are yo	ur total credits		. • 47			. 00
Spe	48	Subtract line 47 from line 35. If less than	zero, enter -0		. • 48		930	. 00
	61	Alternative Minimum Tax. Attach Schedul	, , ,		Г			• 00
axes	62	Mental Health Services Tax. See instruction	. ● 62 _			• 00		
Other Taxes	63	Other taxes and credit recapture. See inst	ructions		. ● 63			. 00
ð	64	Excess Advance Premium Assistance Sul	osidy (APAS) repayment.	. See instructions	. ● 64			. 00
	65	Add line 48, line 61, line 62, line 63, and	line 64. This is your total	tax	. ● 65		930	. 00
	71	California income tax withheld. See instru	ictions		• 71		1355	. 00
	72	2020 CA estimated tax and other paymen			Γ			. 00
	73	Withholding (Form 592-B and/or 593). So	Γ			. 00		
nts	74	Excess SDI (or VPDI) withheld. See instru						. 00
ayments		Earned Income Tax Credit (EITC)	Γ			. 00		
<b>B</b>	75				Γ			. 00
	76	Young Child Tax Credit (YCTC). See instru			Γ			
	77 78	Net Premium Assistance Subsidy (PAS). Add line 71 through line 77. These are yo	- F			• 00		
		See instructions			. • 78		1355	<b>.</b> 00
Тах	91	Use Tax. Do not leave blank. See instruct	ions	• 91		0 .00		
Use Tax		If line 91 is zero, check if: X No	use tax is owed.	You paid your use ta	ax obligation di	rectly to CDTFA.		
	92	Individual Shared Responsibility (ISR) Pe	nalty. See instructions	92		. 00		
ISR Penaltv		• X Full-year health care coverage.		•••				
Due	93	Payments balance. If line 78 is more than	line 91 subtract line 91	from line 78	. • 93		1355	. 00
¢Τax	94	<b>Use Tax balance.</b> If line 91 is more than			Γ			. 00
id Ta)	95	Payments after Individual Shared Responsubtract line 92 from line 93	. • 95		1355	. 00		
Overpaid Tax/Tax Due	96	Individual Shared Responsibility Penalty	Balance. If line 92 is mor	re than line 93, then	- _			• 00 • 00
0		subtract line 93 from line 92			. • 96 🗆		]	∎ <u>[UU</u> ]
			175 3103	3204	-	Form 540 2020	Side 3	

You	ır nar	me: AHAMAD Your SSN or ITIN: 755-97-6498	
Overpaid Tax/Tax Due	97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95 ( 97	. 00
ax/Ta	98	Amount of line 97 you want applied to your <b>2021</b> estimated tax	. 00
paid T	99	Overpaid tax available this year. Subtract line 98 from line 97	. 00
Over	100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65 ( 100	. 00
		<u>Code</u> <u>Amount</u>	
		California Seniors Special Fund. See instructions	. 00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	. 00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	. 00
		California Breast Cancer Research Voluntary Tax Contribution Fund	. 00
		California Firefighters' Memorial Voluntary Tax Contribution Fund	. 00
		Emergency Food for Families Voluntary Tax Contribution Fund	. 00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	. 00
		California Sea Otter Voluntary Tax Contribution Fund	. 00
suc		California Cancer Research Voluntary Tax Contribution Fund	. 00
Contributions		School Supplies for Homeless Children Fund	. 00
Cont		State Parks Protection Fund/Parks Pass Purchase	. 00
		Protect Our Coast and Oceans Voluntary Tax Contribution Fund	. 00
		Keep Arts in Schools Voluntary Tax Contribution Fund	. 00
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	. 00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	. 00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	. 00
		Rape Kit Backlog Voluntary Tax Contribution Fund	. 00
		Schools Not Prisons Voluntary Tax Contribution Fund • 443	. 00
		Suicide Prevention Voluntary Tax Contribution Fund	. 00
	110	Add code 400 through code 444. This is your total contribution • <b>110</b>	. 00

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You	r nan	ne:	AHAMAD		Your SSN	or ITIN:	755-97-	-64	98					
Amount You Owe	111	Mail	UNT YOU OWE. If y to: FRANCHISE 1 Online – Go to ftb.c	TAX BOARD, PO	BOX 942867,	SACRAME				Г	e instruc	ctions. Do	not send cash	ı. 00
Interest and Penalties	112 113	12 Interest, late return penalties, and late payment penalties       112         13 Underpayment of estimated tax.										.00		
Penal		Chec	ck the box:	FTB 5805 attac	ched	FTB 580	5F attached			113				.00
-	114	Total	amount due. See i	nstructions. Enc	lose, but <b>do no</b>	o <b>t</b> staple, a	ny payment .			114				. 00
	115	REF	UND OR NO AMOU	NT DUE. Subtrac	ct the sum of li	ne 110, lir	ie 112 and lir	ne 11	3 from line 99	See in	structio	ons.		
		Mail	to: FRANCHISE TA	X BOARD, PO B	OX 942840, S <i>i</i>	ACRAMEN	TO CA 94240	-000	1	115			425	. 00
Refund and Direct Deposit		See i All o		you verified the	routing and ac d (line 115) is a	<b>count nur</b> authorized	<b>nbers?</b> Use v	vhole	e dollars only.		wn belo	W:	·	p.
and D			Routing number	× Checking	<ul> <li>Account r</li> <li>9330136</li> </ul>			]				Direct de	posit amount 425	. 00
und a				Savings						L				
Ref		The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:								elow:				
								<b>117</b>	Direct de	posit amount				
			[	Savings						L				.00
			See the instructions	,		1.2	, I					al informa		
ftb.c	a.gov	v/forn	your privacy rights, <b>ns</b> and search for <b>1</b> s of perjury, I decla	131. To request t	this notice by n	nail, call 80	0.852.5711.			•				ιv
kno	vledg signat	e and	l belief, it is true, co	prrect, and comple	ete.	Date	sidding dooor		Spouse's/RDP's					-
										-				
			Your email addr	ress. Enter only one	e email address.						(	Prefer	red phone numb	er
Si	gn											91679	81771	
	ere		Paid preparer's sig	nature (declaration	n of preparer is	based on a	Ill information	of wl	hich preparer ha	as any k	nowled	ge)		
-	unlaw		SYAM PRIYA	A RAM SAGA	R GUPTA 7	TALLAM								
	rge a use's/		Firm's name (or yo	ours, if self-employe	ed)									
RDF		GLOBAL TAXES LLC								P020827	03			
-	t tax		Firm's address								]	● Firm's FEIN	1	
retui (See	rn?	2530 PEBBLE CREEK LN CUMMING GA 30041								3010171	96			
`	uctior	ns)	Do you want to allow another person to discuss this tax return with us? See instructions								•	Yes	× No	
			Print Third Party D	esignee's Name								Telephone	Number	
			REV 05/29/21 PRO					_						
					175	310	5204	Γ			For	m 540	2020 Side 5	

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CA (540)

#### California Adjustments — Residents 2020

-	ortant: Attach this schedule benind Form 54	40, Side 5 as a supporting Califor	nia				
	e(s) as shown on tax return				or ITIN		
	EED & SOBIA AHAMAD				5976		
	t I Income Adjustment Schedule ion A – Income from federal Form 1040 or 1040-SF	2		A Federal Amounts (taxable amounts from your federal tax return)	B	Subtractions See instructions	<b>C</b> Additions See instructions
1	Wages, salaries, tips, etc. See instructions before n		1 (				•
2				~			
2	Ordinary dividends. See instructions. <b>a</b> •	2 б. 31	h (	<u> </u>	$\overline{\bullet}$		•
4	IRA distributions. See instructions. <b>a</b> •				$\overline{\mathbf{O}}$		$\bigcirc$
5	Pensions and annuities. See instructions. a						
6							
7	Capital gain or (loss). See instructions.		7		$\overline{\mathbf{O}}$		
	ion <b>B</b> – Additional Income from federal Schedule 1			230.			
	Taxable refunds, credits, or offsets of state and loca	· · · · ·					
1				~			
	Alimony received. See instructions.			-			
3	Business income or (loss). See instructions			-			
4	Other gains or (losses)			<u> </u>			
5	Rental real estate, royalties, partnerships, S corpor						
6	Farm income or (loss)		_	-			٢
7	Unemployment compensation		719	•			
8	Other income.			(	, a 🦲		a
	a California lottery winnings	e NOL from FTB 3805Z, 3807, or 3809			b 💽		b
	<b>b</b> Disaster loss deduction from FTB 3805V		8	•	C		C 🖲
	c Federal NOL (federal Schedule 1 (Form 1040), line 8)	f Other (describe):		{	d 🖲		d
	d NOL deduction from FTB 3805V	•			e <u>()</u>		e
		<b>.</b>			f 🖲		f 🖲
		g Student loan discharged due to closure of a for-profit school		l	g 💽		g
	Total. Combine Section A, line 1 through line 7, and column A. Add Section A, line 1 through line 7, and	Section B, line 1 through line 8g in					
	column B and column C. Go to Section C		9	• 64,352.	$oldsymbol{O}$		$\odot$
Sect	ion C – Adjustments to Income from federal Schedu	ule 1 (Form 1040)					
10	Educator expenses		0 (	•	$\bullet$		
	Certain business expenses of reservists, performin			_			_
	government officials	· · · · · · · · · · · · · · · · · · ·	1	•	$\odot$		$\odot$
12	Health savings account deduction	1	2		$oldsymbol{O}$		
13	Moving expenses. Attach federal Form 3903. See in	nstructions 13	3				•
14	Deductible part of self-employment tax. See instruct	tions <b>1</b> 4	4	•	$oldsymbol{O}$		
15	Self-employed SEP, SIMPLE, and qualified plans		5	•			
16	Self-employed health insurance deduction. See inst	tructions <b>1</b> 0	6	$\bullet$	$oldsymbol{O}$		
17	Penalty on early withdrawal of savings		7	$\bullet$			
18a	Alimony paid. <b>b</b> Recipient's: SSN •						
	Last name	18	a (				
19	IRA deduction.			~			
	Student loan interest deduction			<u> </u>			
21	Tuition and fees			-			
			"	2			
22	Add line 10 through line 18a and line 19 through lin See instructions	18 21 IN COlumns A, B, and C. 	2	200.		200.	•
23	Total. Subtract line 22 from line 9 in columns A, B,		3	64,152.	ullet	-200.	$\textcircled{\bullet}$

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Che	<b>rt II Adjustments to Federal Itemized Deductions</b> ck the box if you did NOT itemize for federal but will itemize for California		(from federal Schedule A (Form 1040)	B	See instructions		See instructions
	lical and Dental Expenses See instructions.						
1	Medical and dental expenses						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 🔘64 , 152. 2						
3	Multiply line 2 by 7.5% (0.075) (0.075)						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					ullet	
ax	es You Paid						
5a	State and local income tax or general sales taxes		) 1,790.		1,790.		
5b							
5c	State and local personal property taxes 5c						
5d	Add line 5a through line 5c		) 1,790.				
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A						
	Enter the amount from line 5a, column B in line 5e, column B			-		-	
	Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e			-	1,790.		
6	Other taxes. List type • 6	_				$oldsymbol{O}$	
7	Add line 5e and line 6		) 1,790.		1,790.	$oldsymbol{O}$	
ite	rest You Paid						
a	Home mortgage interest and points reported to you on federal Form 1098					$oldsymbol{O}$	
b	Home mortgage interest not reported to you on federal Form 1098					$oldsymbol{igstar}$	
C	Points not reported to you on federal Form 10988c					ullet	
d	Mortgage insurance premiums						
е	Add line 8a through line 8d						
	Investment interest			$\bullet$			
0	Add line 8e and line 9					$oldsymbol{O}$	
ift	s to Charity						
1	Gifts by cash or check		200.	$\bullet$			
2	Other than by cash or check	_		$\bullet$		ullet	
3	Carryover from prior year						
4	Add line 11 through line 13					$\overline{\bullet}$	
as	ualty and Theft Losses						
5	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal	Γ					
				$oldsymbol{O}$		$oldsymbol{O}$	
th	er Itemized Deductions	. ~		~			
6	Other—from list in federal instructions			$\bigcirc$		$\bigcirc$	
7	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	$\sim$	/		1,790.	Ŏ	

Job I	Expenses	and	Certain	Miscellaneous	Deductions
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19	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions () 19		
20	Tax preparation fees		
21	Other expenses - investment, safe deposit box, etc. List type		
22	Add line 19 through line 21		
23	Enter amount from federal Form 1040 or 1040-SR, line 11 💿64 , 152		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	. • 25	0.
26	Total Itemized Deductions. Add line 18 and line 25.	. • 26	200.
27	Other adjustments. See instructions. Specify.	. • 27	
28	Combine line 26 and line 27.	. • 28	200.
29	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately	_	
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29	. • 29	200.
30	Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions	_	
	Transfer the amount on line 30 to Form 540, line 18	. • 30	9,202.