

Gaurav's 2020 Tax Packet

Audit Defense Policy

Federal Tax Return

State Tax Return

Audit Defense Policy

Defense code: CVH4-2F3Y-2020

Thanks for filing with Credit Karma Tax! We hope you won't need these instructions. But if you do get audited on your 2020 return, we've partnered with the pros at Tax Protection Plus to help you through it – all for free! Here's what you'll need:

Instructions

1. Call Tax Protection Plus toll-free at **877-579-5602**.
 - Make the call **within 30 days** of hearing from the IRS or the state.
 - If you'd prefer to have them call you, send an email to: cases@taxprotectionplus.com.
 - Make the subject line: Audit Defense Redemption.
 - Include your name, phone number, and the best time to reach you (within their business hours).
2. You'll have to provide some personal info to get started, as well as:
 - Your Defense code: **CVH4-2F3Y-2020**
 - The tax return year: 2020
 - Whether it's a federal (IRS) or state audit
3. You'll get an email with a secure link to upload your tax return and the audit notice you received.

Policy Details

Your Audit Defense expires one year after 04/15/2021 or your e-file date (whichever is later). If you're not sure when you e-filed, you can find the date on your Credit Karma Tax dashboard.

For more details about Audit Defense, visit <https://www.creditkarma.com/tax/programterms#3>.

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 GAURAV	Last name MIRDHA	Your social security number 7 6 4 2 9 2 3 6 7
If joint return, spouse's first name and middle initial KOMAL	Last name BENIWAL	Spouse's social security number 7 6 4 2 9 3 7 4 2
Home address (number and street). If you have a P.O. box, see instructions. 4417 E SAINT JOHN		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. PHOENIX		State AZ
Foreign country name		ZIP code 85032
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
	MAIRA	MIRDHA	7 4 4 6 1 8 7 3 2	DAUGHTER	<input checked="" 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. Standard Deduction for— • 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 <i>Standard Deduction</i> , see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	191498
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	191498
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	191498
	12	Standard deduction or itemized deductions (from Schedule A)	12	24800
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13		
14	Add lines 12 and 13	14	24800	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	166698	

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	28254
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	28254
19	Child tax credit or credit for other dependents	19	2000
20	Amount from Schedule 3, line 7	20	2646
21	Add lines 19 and 20	21	4646
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	23608
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax	24	23608
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	23781
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	23781
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	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 total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	23781

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	173
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	173
b	Routing number 1 2 2 1 0 0 0 2 4	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 5 2 0 9 5 7 3 9 5		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

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.

Your signature	Date	Your occupation PROJECT MANAGER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation PROJECT MANAGER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
Firm's EIN				

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ 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

2020
Attachment
Sequence No. **03**

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

Your social security number
764292367

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	2646
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add line	7	2646

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other: _____	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	

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

Cat. No. 71480G

Schedule 3 (Form 1040) 2020

Child and Dependent Care Expenses



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

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

GAURAV MIRDHA

Your social security number

764292367

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

Part I Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)

Did you receive dependent care benefits? **No** → Complete only Part II below.
 Yes → Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040), line 7a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2020 for the person listed in column (a)
First	Last		
Maira	Mirdha	744618732	0

3	Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	0																																																						
4	Enter your earned income . See instructions	4	118558																																																						
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	70940																																																						
6	Enter the smallest of line 3, 4, or 5	6	0																																																						
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11	7	191498																																																						
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: <table border="0"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$0—15,000</td><td></td><td>.35</td></tr> <tr><td>15,000—17,000</td><td></td><td>.34</td></tr> <tr><td>17,000—19,000</td><td></td><td>.33</td></tr> <tr><td>19,000—21,000</td><td></td><td>.32</td></tr> <tr><td>21,000—23,000</td><td></td><td>.31</td></tr> <tr><td>23,000—25,000</td><td></td><td>.30</td></tr> <tr><td>25,000—27,000</td><td></td><td>.29</td></tr> <tr><td>27,000—29,000</td><td></td><td>.28</td></tr> </tbody> </table> <table border="0"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$29,000—31,000</td><td></td><td>.27</td></tr> <tr><td>31,000—33,000</td><td></td><td>.26</td></tr> <tr><td>33,000—35,000</td><td></td><td>.25</td></tr> <tr><td>35,000—37,000</td><td></td><td>.24</td></tr> <tr><td>37,000—39,000</td><td></td><td>.23</td></tr> <tr><td>39,000—41,000</td><td></td><td>.22</td></tr> <tr><td>41,000—43,000</td><td></td><td>.21</td></tr> <tr><td>43,000—No limit</td><td></td><td>.20</td></tr> </tbody> </table>	Over	But not over	Decimal amount is	\$0—15,000		.35	15,000—17,000		.34	17,000—19,000		.33	19,000—21,000		.32	21,000—23,000		.31	23,000—25,000		.30	25,000—27,000		.29	27,000—29,000		.28	Over	But not over	Decimal amount is	\$29,000—31,000		.27	31,000—33,000		.26	33,000—35,000		.25	35,000—37,000		.24	37,000—39,000		.23	39,000—41,000		.22	41,000—43,000		.21	43,000—No limit		.20	8	X . 0.20
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9	Multiply line 6 by the decimal amount on line 8. If you paid 2019 expenses in 2020, see the instructions	9	0																																																						
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	28254																																																						
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Schedule 3 (Form 1040), line 2	11	0																																																						

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2020. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.	12	2000
13	Enter the amount, if any, you carried over from 2019 and used in 2020 during the grace period. See instructions	13	0.00
14	Enter the amount, if any, you forfeited or carried forward to 2021. See instructions	14	(0.00)
15	Combine lines 12 through 14. See instructions	15	2000
16	Enter the total amount of qualified expenses incurred in 2020 for the care of the qualifying person(s)	16	0
17	Enter the smaller of line 15 or 16	17	0
18	Enter your earned income . See instructions	18	118558
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse' earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18 	19	70940
20	Enter the smallest of line 17, 18, or 19	20	0
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	21	5000
22	Is any amount on line 12 from your sole proprietorship or partnership? <input type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0
23	Subtract line 22 from line 15	23	2000
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	25	0
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a. On the dotted line next to Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a, enter "DCB"	26	2000

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	3000
28	Add lines 24 and 25	28	0
29	Subtract line 28 from line 27. If zero or less, stop. You can't take the credit. Exception. If you paid 2019 expenses in 2020, see the instructions for line 9	29	3000
30	Complete line 2 on the front of this form. Don't include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	0
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31	0

Residential Energy Credits

▶ Go to www.irs.gov/Form5695 for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on return

GAURAV MIRDHA

Your social security number

764292367

Part I Residential Energy Efficient Property Credit (See instructions before completing this part.)

Note: Skip lines 1 through 11 if you only have a **credit carryforward from 2019**.

1	Qualified solar electric property costs	1	9600
2	Qualified solar water heating property costs	2	0
3	Qualified small wind energy property costs	3	0
4	Qualified geothermal heat pump property costs	4	0
5	Add lines 1 through 4	5	9600
6	Multiply line 5 by 26% (0.26)	6	2496
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.) ▶	7a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.</p>			
b	Print the complete address of the main home where you installed the fuel cell property.		
	Number and street	Unit No.	
	City, State, and ZIP code		
8	Qualified fuel cell property costs	8	0
9	Multiply line 8 by 26% (0.26)	9	0
10	Kilowatt capacity of property on line 8 above . . . ▶ _____ x \$1,000	10	0
11	Enter the smaller of line 9 or line 10	11	0
12	Credit carryforward from 2019. Enter the amount, if any, from your 2019 Form 5695, line 16	12	0
13	Add lines 6, 11, and 12	13	2496
14	Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)	14	27504
15	Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5	15	2496
16	Credit carryforward to 2021. If line 15 is less than line 13, subtract line 15 from line 13	16	0

Part II Nonbusiness Energy Property Credit

<p>17a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ▶</p> <p>Caution: If you checked the “No” box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.</p>	<p>17a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>b Print the complete address of the main home where you made the qualifying improvements. Caution: You can only have one main home at a time.</p> <p style="text-align: center;"><u>4417 e saint john rd</u> Number and street Unit No.</p> <p style="text-align: center;"><u>Phoenix, AZ 85032</u> City, State, and ZIP code</p>			
<p>c Were any of these improvements related to the construction of this main home? ▶</p> <p>Caution: If you checked the “Yes” box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p>	<p>17c <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>18 Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions)</p>	<p>18 0</p>		
<p>19 Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).</p>			
<p>a Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC</p>	<p>19a 0</p>		
<p>b Exterior doors that meet or exceed the version 6.0 Energy Star program requirements</p>	<p>19b 0</p>		
<p>c Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home</p>	<p>19c 0</p>		
<p>d Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">19d</td> <td style="text-align: right;">0</td> </tr> </table>	19d	0
19d	0		
<p>e Maximum amount of cost on which the credit can be figured</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">19e</td> <td style="text-align: right;">\$2,000</td> </tr> </table>	19e	\$2,000
19e	\$2,000		
<p>f If you claimed window expenses on your Form 5695 prior to 2020, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">19f</td> <td style="text-align: right;">0</td> </tr> </table>	19f	0
19f	0		
<p>g Subtract line 19f from line 19e. If zero or less, enter -0-</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">19g</td> <td style="text-align: right;">2000</td> </tr> </table>	19g	2000
19g	2000		
<p>h Enter the smaller of line 19d or line 19g</p>	<p>19h 0</p>		
<p>20 Add lines 19a, 19b, 19c, and 19h</p>	<p>20 0</p>		
<p>21 Multiply line 20 by 10% (0.10)</p>	<p>21 0</p>		
<p>22 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).</p>			
<p>a Energy-efficient building property. Do not enter more than \$300</p>	<p>22a 0</p>		
<p>b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150</p>	<p>22b 150</p>		
<p>c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50</p>	<p>22c 0</p>		
<p>23 Add lines 22a through 22c</p>	<p>23 150</p>		
<p>24 Add lines 21 and 23</p>	<p>24 150</p>		
<p>25 Maximum credit amount. (If you jointly occupied the home, see instructions)</p>	<p>25 \$500</p>		
<p>26 Enter the amount, if any, from line 18</p>	<p>26 0</p>		
<p>27 Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit</p>	<p>27 500</p>		
<p>28 Enter the smaller of line 24 or line 27</p>	<p>28 150</p>		
<p>29 Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions)</p>	<p>29 28254</p>		
<p>30 Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Schedule 3 (Form 1040), line 5</p>	<p>30 150</p>		

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING MM, DD, DD 2020 AND ENDING MM, DD, DD Y, Y, Y, Y. 66F

1 Your First Name and Middle Initial GAURAV Last Name MIRDHA Your Social Security Number 764 29 2367

1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) KOMAL Last Name BENIWAL Spouse's Social Security No. 764 29 3742

2 Current Home Address - number and street, rural route 4417 E SAINT JOHN Apt. No. Daytime Phone (with area code) 94 6028147549

3 City, Town or Post Office PHOENIX State AZ ZIP Code 85032 Last Names Used in Last Four Prior Year(s) (if different) 97

FILING STATUS 4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment 5 Head of household. Enter name of qualifying child or dependent on next line: 6 Married filing separate return. Enter spouse's name and Social Security Number above. 7 Single

8 Age 65 or over (you and/or spouse) 9 Blind (you and/or spouse) 10a Dependents: Under age of 17. 10b Dependents: Age 17 and over. 81 PM 80 RCVD

(Box 10a and 10b): Dependent Information. See instructions. For more space, check the box and complete page 4, Part 1.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2020. Row 10c: MAIRA, MIRDHA, 744618732, DAUGHTER, 12, X, RCVD.

(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check the box and complete page 4, Part 2.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2020. Rows 11b and 11c are blank.

Main tax calculation table with columns for line number, description, and amount. Includes sections for Additions (lines 12-18) and Subtractions (lines 19-35). Total amount on line 35 is 191498.00.

Place any required federal and AZ schedules or other documents after Form 140.

Exemptions 8, 9, and 11a - Dependents 10a and 10b

Additions

Subtractions

Your Name (as shown on page 1) **GAURAV MIRDHA** Your Social Security Number **764292367**

Exemptions	36	Other Subtractions from Income. Complete <i>Adjustments to Arizona Gross Income</i> schedule on page 5.....	36		00
	37	Subtract line 36 from line 35 and enter the difference.....	37	191498	00
	38	Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00
	39	Blind: Multiply the number in box 9 by \$1,500.....	39		00
	40	Other Exemptions. See instructions..... 40E <input type="checkbox"/> Multiply the number in box 40E by \$2,300.....	40		00
Balance of Tax	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000.....	41		00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".....	42	191498	00
	43	Deductions: Check box and enter amount. See instructions..... 43I <input type="checkbox"/> ITEMIZED ... 43S <input checked="" type="checkbox"/> STANDARD	43	24800	00
	44	If you checked box 43S and claim charitable deductions, check 44C <input type="checkbox"/> Complete page 3. See instructions.....	44		00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0".....	45	166698	00
	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables.....	46	5636	00
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31.....	47		00
	48	Subtotal of tax: Add lines 46 and 47 and enter the total.....	48	5636	00
	49	Dependent Tax Credit. See instructions.....	49	100	00
	50	Family income tax credit (from the worksheet - see instructions).....	50		00
Total Payments and Refundable Credits	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61.....	51		00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than line 48, enter "0".....	52	5536	00
	53	2020 AZ income tax withheld.....	53	6895	00
	54	2020 AZ estimated tax payments.. 54a <input type="text" value="00"/> Claim of Right 54b <input type="text" value="00"/> Add 54a and 54b..	54c		00
	55	2020 AZ extension payment (Form 204).....	55		00
	56	Increased Excise Tax Credit (from the worksheet - see instructions).....	56		00
	57	Property Tax Credit from Arizona Form 140PTC.....	57		00
	58	Other refundable credits: Check the box(es) and enter the total amount..... 581 <input type="checkbox"/> 308-I 582 <input type="checkbox"/> 349	58		00
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total.....	59	6895	00
	Tax Due or Overpayment	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lines 61, 62 and 63.....	60	
61		OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpayment.....	61	1359	00
62		Amount of line 61 to be applied to 2021 estimated tax.....	62		00
63		Balance of overpayment: Subtract line 62 from line 61 and enter the difference.....	63	1359	00
Voluntary Gifts	64 - 74 Voluntary Gifts to:		Solutions Teams Assigned to Schools..... 64 <input type="text" value="00"/>		
	Child Abuse Prevention..... 66 <input type="text" value="00"/>	Domestic Violence Services..... 67 <input type="text" value="00"/>	Arizona Wildlife..... 65 <input type="text" value="00"/>	Political Gift..... 68 <input type="text" value="00"/>	
	Neighbors Helping Neighbors.. 69 <input type="text" value="00"/>	Special Olympics..... 70 <input type="text" value="00"/>	Veterans' Donations Fund..... 71 <input type="text" value="00"/>	Spay/Neuter of Animals.. 74 <input type="text" value="00"/>	
	I Didn't Pay Enough Fund..... 72 <input type="text" value="00"/>	Sustainable State Parks and Road Fund..... 73 <input type="text" value="00"/>			
	75 Political Party (if amount is entered on line 68 - check only one): 751 <input type="checkbox"/> Democratic 752 <input type="checkbox"/> Libertarian 753 <input type="checkbox"/> Republican				
	76 Estimated payment penalty 76 <input type="text" value="00"/>				
	77 <input type="checkbox"/> Annualized/Other 772 <input type="checkbox"/> Farmer or Fisherman 773 <input type="checkbox"/> Form 221 included				
	78 Add lines 64 through 74 and 76; enter the total 78 <input type="text" value="00"/>				
Refund or Amount Owed	79 REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80.....				79 <input type="text" value="1359"/>
	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account ; see instructions. 79A <input type="checkbox"/>				
<input checked="" type="checkbox"/> C Checking or <input type="checkbox"/> S Savings		ROUTING NUMBER	ACCOUNT NUMBER		
		<input type="text" value="122100024"/>	<input type="text" value="520957395"/>		
80 AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write your SSN on payment; and include with your return.....					80 <input type="text" value="00"/>

Under penalties of perjury, I declare that I have read this return and any documents with it, 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.

PLEASE SIGN HERE

YOUR SIGNATURE _____ DATE _____ PROJECT MANAGER _____ OCCUPATION _____

SPOUSE'S SIGNATURE _____ DATE _____ PROJECT MANAGER _____ SPOUSE'S OCCUPATION _____

PAID PREPARER'S SIGNATURE _____ DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____

PAID PREPARER'S STREET ADDRESS _____ PAID PREPARER'S TIN _____

PAID PREPARER'S CITY _____ STATE _____ ZIP CODE _____ PAID PREPARER'S PHONE NUMBER _____

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