E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	20	20	OMB No. 1545	5-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yc	Single X Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent	ame of	ed filing s your spor		. ,	_			,		, 0	
Your first name	and m	iddle initial	Last na	ame							Your so	cial securi	ty number
RAHUL A	NIL		PAT	IL							533-	93-334	0
If joint return, s	pouse's	s first name and middle initial	Last na	ame							Spouse's social security number		
SMITA R	AHUL		PAT	IL							APPL	IED FO	R
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				A	pt. no.		Preside	ntial Electi	on Campaign
2111 но:	LLY :	HALL ST						1	305			here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	spaces belo	ow.	Sta	ate	ZIP co	de				ntly, want \$3
HOUSTON						T	Х	770	54				Checking a change
Foreign countr	y name			Foreign pr	ovince/sta	te/coun	ty	Foreig	n postal (code	box below will not change your tax or refund.		
												You	Spouse
At any time du	uring 20	020, did you receive, sell, send, excl	nange, o	or otherw	ise acqui	re any	financial intere	est in a	ny virtu	al cu	rrency?	Yes	X No
Standard Deduction Age/Blindness		eone can claim: You as a de Spouse itemizes on a separate retur : Were born before January 2, 1	n or you		dual-stati			rn befo	re Janı	iary 2	2, 1956	🗌 ls bl	lind
Dependent	s (see	instructions):		(2) S	ocial secu	rity	(3) Relationsh	qir	(4) 🖌	if a	ualifies fo	r (see instru	ictions):
If more		irst name Last name			number	,	to you		Child				her dependents
than four													
dependents,													
see instruction and check	s —												
here 🕨 🗌	-												
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1		32,773.
Attach	2a	Tax-exempt interest	2a			bТ	axable interes	t.			. 2b		
Sch. B if	3a	Qualified dividends	3a		8.		Ordinary divide				. 3b)	8.
required.	4a	IRA distributions	4a				axable amoun				. 4b)	
	5a	Pensions and annuities	5a			bТ	axable amoun	ıt			. 5b)	
Standard	6a	Social security benefits	6a			bТ	axable amoun	ıt			. 6b)	
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D i	f required	l. If not re	equired	l, check here				7		678.
 Single or Married filing 	8	Other income from Schedule 1, lin	e9.								. 8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. ⁻	This is you	ur total i ı	ncome					▶ 9		33,459.
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22					10	a					
widow(er), \$24,800	b	Charitable contributions if you take	the sta	ndard dec	duction. S	ee inst	ructions 10	b					
• Head of	с	Add lines 10a and 10b. These are	your to	tal adjus	tments t	o inco	me				▶ 10	с	
household, \$18,650	11	Subtract line 10c from line 9. This	is your	adjusted	gross in	come					▶ 11		33,459.
 If you checked 	12	Standard deduction or itemized									. 12		24,800.
any box under Standard	13	Qualified business income deduct	ion. Atta	ach Form	8995 or	Form 8	3995-A				. 13		
Deduction, see instructions.	14	Add lines 12 and 13									. 14	, I	24,800.
	15	Taxable income. Subtract line 14	from lir	ne 11. lf z	ero or les	s, ente	er-0				. 15		8,659.
													10.10

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

Form **1040** (2020)

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	2 3 🗌			16	868.
	17	Amount from Schedule 2, lin	e3						17	
	18	Add lines 16 and 17							18	868.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	e7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	868.
	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 total tax					. 🕨	24	868.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25	a 3	,521.		
	b	Form(s) 1099				25	5			
	с	Other forms (see instructions	s)			25	c			
	d	Add lines 25a through 25c							25d	3,521.
• If you have a	26	2020 estimated tax payment	s and amount a	pplied from 20	19 return				26	
qualifying child,	27	Earned income credit (EIC)				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	e13			31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refun	ndable o	credits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	3,521.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amo	ount yo	u overpaid		34	2,653.
neiuliu	35a	Amount of line 34 you want	refunded to you	. If Form 8888	is attached, cl	heck he	re		35a	2,653.
Direct deposit?	►b	Routing number 1 2 1	0 0 0 3	5 8	► c Type:	X Che	cking	Savings	;	
See instructions.	►d	Account number 3 2 5	0 6 4 8	3 0 8 2	L O	_		-		
	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	
You Owe		Note: Schedule H and Sch		-						
For details on		2020. See Schedule 3, line 1			•		, taxee yea	0.110 101		
how to pay, see instructions.	38	Estimated tax penalty (see ir	structions) .			 38 				
Third Party	Do	you want to allow another								
Designee		structions				. 🕨	Ves. Co	omplete	below.	X No
		signee's		Phone					tification	· · · · · · · ·
		me 🕨		no. 🕨				oer (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		· · ·	piete. Declaration				in an informatio			, ,
	YO	ur signature		Date	Your occupation	n				nt you an Identity IN, enter it here
Joint return?					DATA ENG	INEE	ર		e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occup			lf th	ne IRS se	nt your spouse an
Keep a copy for			-							ection PIN, enter it here
your records.					HOME MAK	ER		(se	e inst.) 🕨	
		one no. (510)556-637		Email address	RHLPATIL					1
Paid		eparer's name	Preparer's signat			Dat		PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLA	AM 09	/21/2021		82703	Self-employed
Use Only		m's name 🕨 GLOBAL TAX						Pho	one no. ((678)965-9522
	Fir	m's address 🕨 2530 Pebbl	le Creek L	n Cumming	g GA 3004	1		Firr	m's EIN 🕨	► <u>30-1017196</u>
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	RI	EV 08/30/21 PRC)		Form 1040 (2020)

BAA

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

RAHUL ANIL & SMITA RAHUL PATIL

Your social security number 533-93-3340

Did you diapage of any investment(a) in a gualified apparturity fund during the tax year?	Vee	
Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?	res	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting	g your gain	or loss.

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

See instructions for how to figure the amounts to enter on the lines below.		(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fi		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column	art I,	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 Box A checked	7,982.	7,304.			678.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C 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	6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions					
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back						678.

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	to gain or loss from Form(s) 8949, Part II, line 2, column (g)		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 Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824						
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1						
13	Capital gain distributions. See the instructions	13				
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions						()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	0	() ()		15	

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 678.
	• If line 16 is a gain, 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 loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , 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 both gains?	
	 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? 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. 	
	□ 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?	
	X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

REV 08/30/21 PRO

Schedule D (Form 1040) 2020

Form 8949	
------------------	--

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service 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.

2020 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number				
RAHUL ANIL & SMITA RAHUL PATIL	533-93-3340				

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note 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 <i>Column</i> (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
Robinhood Securities LLC	01/01/20	08/31/20	7,982.	7,304.			678.	
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box	al here and inc e is checked), li	lude on your 1e 2 (if Box B	7,982.	7,304.			678.	

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 W-7
(Rev. August 2019)
Department of the Treasury Internal Revenue Service

Application for IRS Individual Taxpayer Identification Number For use by individuals who are not U.S. citizens or permanent

Department of the Treas Internal Revenue Service		ividuals who are r ► See sepa			anent reside	ents.			
An IRS individual	l taxpayer identification num	ber (ITIN) is for	U.S. feder	al tax purpo	ses only.		on type (check one box):		
 Before you begin Don't submit th 	I: is form if you have, or are eligi	ible to get, a U.S.	social sec	urity number	(SSN).		oly for a new ITIN new an existing ITIN		
	ubmitting Form W-7. Read th								
	ederal tax return with Form			of the excep	tions (see	instructions).		
_	alien required to get an ITIN to cl		fit						
_	alien filing a U.S. federal tax retui								
_	It alien (based on days present in of U.S. citizen/resident alien) If		, 0			structions)			
		d or e , enter name							
		RAHUL ANIL I					533-93-3340		
f 🗌 Nonresident	alien student, professor, or resea			turn or claimir	ng an except	ion			
	spouse of a nonresident alien hold	-			0 1				
h 🗌 Other (see ir	nstructions) ►								
Additional information	on for a and f : Enter treaty country				y article nun	nber 🕨			
Name	1a First name	Midd	lle name			name			
(see instructions)	SMITA RAHUL					TIL			
Name at birth if different ►	1b First name	Midd	lle name		Last	name			
Applicant's	2 Street address, apartment nu	umber, or rural rout	e number. If	you have a P	.O. box, see	e separate in	structions.		
Mailing	2111 HOLLY HALL								
Address	City or town, state or provinc HOUSTON	e, and country. Inc	lude ZIP co	•	ode where a TX US		77054		
Foreign (non-	3 Street address, apartment nu	umber, or rural rout	e number. D	on't use a P.	D. box num	ber.			
U.S.) Address									
(see instructions)	City or town, state or provinc	ce, and country. Inc	lude postal	code where ap	opropriate.				
						(»			
Birth Information	4 Date of birth (month / day / year 08 / 09 / 1992) Country of birth INDIA		City and stat	e or provinc	e (optional)	5 Male		
information	6a Country(ies) of citizenship	6b Foreign tax I.) numbor (if		ivpo of LLS y	(ica (if apy) pu	Female mber, and expiration date		
Other Information	INDIA						· ·		
	6d Identification document(s) submitted (see instructions) 🛛 Passport 🗌 Driver's license/State I.D.								
	USCIS documentation	Other				Date of ent	5		
	Issued by: INDIA	No. 112605576	E 14	a data: 01/	20/2020	the United			
	6e Have you previously received	No.: U2605576					f f f j .		
	No/Don't know. Skip li								
	Yes. Complete line 6f. I		t on a sheet	and attach to	this form (se	ee instruction	s).		
	6f Enter ITIN and/or IRSN ►	ITIN			IRSN		and		
	name under which it was iss	sued ►							
		First	name	Mide	dle name		Last name		
	6g Name of college/university o	r company (see ins	tructions) 🕨						
	City and state ►			Leng	th of stay ►				
Sign Here	Under penalties of perjury, I (appl documentation and statements, and information with my acceptance ager	d to the best of my	knowledge a	nd belief, it is	true, correct,	and complete	I authorize the IRS to share		
Keep a copy for your records.	Signature of applicant (if de	legate, see instruct	ions)			Phone numl	Der		
you 1000105.	Name of delegate, if applica	able (type or print)		Delegate's rel to applicant	ationship	Parent [Court-appointed guardian		
	Signature			Date (month /	day / year)	Phone	actority		
Acceptance					/	Fax			
Agent's	Name and title (type or prin	t)	Name of co	ompany	EIN		PTIN		
Use ONLY					Office	code			

REV 08/30/21 PRO