Department of the Treasury Calendar Year — Internal Revenue Service

Due 04/15/2021

### 2021 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

386.

REV 02/21/21 PRO

1555

164-99-9109 SAURAV CHOUDHARY

5356 MIDDLEBURY LOOP LEWIS CENTER OH 43035

Department of the Treasury Calendar Year — Internal Revenue Service

Due 06/15/2021

### 2021 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

386.

REV 02/21/21 PRO

1555

164-99-9109 SAURAV CHOUDHARY

5356 MIDDLEBURY LOOP LEWIS CENTER OH 43035

Department of the Treasury Calendar Year — Internal Revenue Service

Due 09/15/2021

### 2021 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order..... 1555

REV 02/21/21 PRO

386.

164-99-9109 SAURAV CHOUDHARY

5356 MIDDLEBURY LOOP LEWIS CENTER OH 43035

Department of the Treasury Calendar Year — Internal Revenue Service

Due 01/18/2022

## 2021 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

386.

REV 02/21/21 PRO

1555

164-99-9109 SAURAV CHOUDHARY

5356 MIDDLEBURY LOOP LEWIS CENTER OH 43035

### Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

internal nevertue Service						
Submission Identification Number (SID)						
Taxpayer's name		Social sec	urity numl	oer		
SAURAV CHOUDHARY		164-9	99-910	9		
Spouse's name		Spouse's	social sec	urity nui	mber	
Part I Tax Return Information — Tax Year Ending December 31,	(Enter )	year you	ı are au	thoriz	ina )	
Enter whole dollars only on lines 1 through 5.	(Entor)	your you	a di o da		9.)	
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 Adjusted gross income			. 1		99,	789.
2 Total tax					14,	991.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		13,	449.
4 Amount you want refunded to you			4			
5 Amount you owe			5		1,	543.
Part II Taxpayer Declaration and Signature Authorization (Be sure you	get and ke	eep a co	opy of y	our r	eturr	1)
return (original or amended) I am now authorizing. I consent to allow my intermediate service provides send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution apayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial thorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment canc business days prior to the payment (settlement) date. I also authorize the financial institutions involved to the confidential information necessary to answer inquiries and resolve issues relatives personal identification number (PIN) below is my signature for the income tax return (original or an Electronic Funds Withdrawal Consent.	ason for reject the U.S account indicated institution to terminate ellation requestived in the pared to the pared to the pared to the pared in the p	ction of the action of the action of the action the authorsts must processing yment. I	e transmisy and its of e tax prepthe entry rization. The receing of the elfurther acceing the elfurther access the elfurther	ssion, (designation to this a forevolved no ectronics)	b) the ated Find software (cauche (cauche) account (cauche) ater (cauche	reason nancial vare for nt. This incel) a than 2 ment of hat the
Taxpayer's PIN: check one box only		Г				
·	generate m	W PINI	9 9 3	1 0	9	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	generaten	-	Enter five don't ente		out	us my
I will enter my PIN as my signature on the income tax return (original or amencify you are entering your own PIN and your return is filed using the Practitioner below.						
Your signature ►	Date ►					
Spouse's PIN: check one box only		_				
	generate m	W DINI				ae mv
ERO firm name	generaten	, ,	Enter five	diaits. b		as my
signature on the income tax return (original or amended) I am now authorizing.			don't ente			
I will enter my PIN as my signature on the income tax return (original or amenor if you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.						
Spouse's signature ▶	Date ►					
Practitioner PIN Method Returns Only—contin						
Part III Certification and Authentication — Practitioner PIN Method Only	у					
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8	7 2 7	8 6	1 9	8	9
, , , , , , , , , , , , , , , , , , , ,	<u> </u>	Don't	enter all ze	eros		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method PIN	I am submit	ting this r	eturn in a	accorda	ance v	
ERO's signature ►	Date ►					
ERO Must Retain This Form — See Instru						
Don't Submit This Form to the IRS Unless Reque		o So				

Form 1040-V 2020 Page 2

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

2020 (99)

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.'

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

REV 02/21/21 PRO

1,543.

Enter the amount

of your payment . .

SAURAV CHOUDHARY

5356 MIDDLEBURY LOOP LEWIS CENTER OH 43035

### **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single  Married filing jointly bu checked the MFS box, enter the son is a child but not your depende	name of	ed filing separately your spouse. If you		_		•	_			
Your first name	and m	iddle initial	Last na	me					You	r so	cial security	y number
SAURAV			CHOU	JDHARY					16	4-9	99-9109	)
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spo	use's	s social sec	urity number
	•	er and street). If you have a P.O. box, se BURY LOOP	ee instruction	ons.				Apt. no.	Che	ck h	ere if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also o	complete s	paces below.	Sta	ate	ZIP	code code			0,	tly, want \$3 Checking a
LEWIS C	ENTE:	R			0	H	4.	3035	1 ~		ow will not	•
Foreign country	y name		F	Foreign province/stat	e/coun	ty	For	reign postal cod	de you	r tax	or refund.	Spouse
At any time du	ıring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquir	e any	financial inte	erest in	n any virtual	currence	cy?	Yes	X No
Standard Deduction		neone can claim:	•	-		•	t					
Age/Blindness	s You:	: Were born before January 2,	1956	Are blind S	pouse	e: Was b	orn b	efore Januar	y 2, 19	56	☐ Is bli	nd
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relation	nship	(4) 🗸 i	if qualifie	s for	(see instruc	ctions):
If more		irst name Last name		number	,	to you	·	Child tax		- 1		er dependents
than four												
dependents, see instruction									]			
and check	5 —								]			
here ▶ 🗌												
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. [	1	9	4,436.
Attach	2a	Tax-exempt interest	2a		b 7	Taxable inter	est		. [	2b		12.
Sch. B if required.	3a	Qualified dividends	3a	17.	<b>b</b> (	Ordinary divid	dends		. [	3b		17.
	4a	IRA distributions	4a		b 7	Taxable amo	unt .			4b		
	5a	Pensions and annuities	5a		b 7	Taxable amo	unt .			5b		
Standard	6a	Social security benefits	6a		b 7	Taxable amo	unt .			6b		
Deduction for—	7	Capital gain or (loss). Attach Sch	edule D if	required. If not re	quirec	l, check here		•	· 🗌 📗	7	3	39,083.
Single or Married filing	8	Other income from Schedule 1, li	ine 9 .							8	-3	3,489.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total in</b>	come				<b>•</b>	9	10	00,059.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22				-	I0a					
widow(er), \$24,800	b	Charitable contributions if you tak	e the star	ndard deduction. Se	ee inst	ructions	l0b	2	270.			
€24,600 Head of	С	Add lines 10a and 10b. These are				_			•	10c	;	270.
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross in	come				▶	11	9	9,789.
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedu	le A)				. [	12	1	2,400.
any box under Standard	13	Qualified business income deduc		,	,	3995-A .			.	13		
Deduction, see instructions.	14	Add lines 12 and 13							. [	14	1	2,400.
occ monuclions.	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	s, ente	er -0				15	8	37,389.

Form 1040 (2020	))									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	14,991.
	17	Amount from Schedule 2, lin	ne 3				<del></del>		17	0.
	18	Add lines 16 and 17							18	14,991.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ne 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	14,991.
	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	14,991.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	13,	449.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c	,						25d	13,449.
	26	2020 estimated tax payment							26	,
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27				
attach Sch. EIC. • If you have	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		•		30			•	
	31	Amount from Schedule 3, lir				31			•	
	32	Add lines 27 through 31. The					te.	. ▶	32	
	33	Add lines 25d, 26, and 32. T	•						33	13,449.
	34	If line 33 is more than line 24							34	13,112.
Refund	35a	Amount of line 34 you want				-	-	 ▶ □	35a	
Direct deposit?	> b	Routing number   X   X   X		and the second second	► c Type:			_	SSA	
See instructions.	►d	Account number X X X					Sa	wirigs		
	36	Amount of line 34 you want a				<del></del>				
Amarint		•							27	1,543.
Amount You Owe	37	Subtract line 33 from line 24		-					37	1,343.
For details on		Note: Schedule H and Sch	·	•		of the taxe	es you ov	ve for		
how to pay, see		2020. See Schedule 3, line 1	-					-		
instructions.	38	Estimated tax penalty (see in				38		1.		
Third Party		you want to allow another	•				Vaa Cam	anlata h	بيرمام	X No
Designee				Phone			Yes. Com	•		△ NO
		signee's me ▶		no.				al identifi · (PIN) ▶		
Sign	Un	der penalties of perjury, I declare t	hat I have examine		d accompanying sch	edules and	statements	and to	the bes	t of my knowledge and
•		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If the	IRS ser	nt you an Identity
	k.									N, enter it here
Joint return?				5.	ENCOVA IN		<u> </u>	<u> </u>	nst.) ►	<u> </u>
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion				nt your spouse an ection PIN, enter it here
your records.									nst.) ▶	
	———Ph	one no.		Email address						
		eparer's name	Preparer's signat	l .		Date	F	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	'		GUPTA TALLAM		2021	02082	2703	Self-employed
Preparer		m's name ► GLOBAL TA				100,007	-	_		678)965-9522
Use Only		m's address ► 2530 Pebb		n Cummin	a GA 30041				s EIN ▶	
Go to want ire a		m1040 for instructions and the late				DEV 00/0	14/04 PDO	1		Form <b>1040</b> (2020)
GO TO WWW.IIS.go	JV/I-Off	in 040 for instructions and the late	or illiorriddion.		BAA	KEV 02/2	1/21 PRO			rom 1040 (2020)

### SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2020
Attachment

Department of the Treasury Internal Revenue Service

SAURAV CHOUDHARY

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

Attachment Sequence No. 01 Your social security number

164-99-9109

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	-33,489.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶		
_		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-33,489.
Par	t II Adjustments to Income	<b>.</b>	-33,409.
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government	10	
	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	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

## SCHEDULE C (Form 1040)

## Profit or Loss From Business (Sole Proprietorship)

Department of the Treasury

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

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

OMB No. 1545-0074 Attachment Sequence No. 09

Name o	f proprietor					Socia	secu	ity num	ber (SSI	N)
SAUF	RAV CHOUDHARY					164	-99	-9109	)	
A	Principal business or profession	n, incl	uding product or service (se	e instru	uctions)	B Ent	er cod	e from ir	nstructio	ns
	SOFTWARE DEVELOPER						•	5   4	1 3	3 0
С	Business name. If no separate	busine	ess name, leave blank.			D Em	ployer	ID numb	er (EIN) (s	see instr.)
	SAURAV CHOUDHARY S	ERVI	CES							
E	Business address (including su	uite or	room no.) ► 5356 MID	DLEE	BURY LOOP					
	City, town or post office, state				R, ОН 43035					
F		Cash		_	Other (specify)				·	
G					2020? If "No," see instructions for li				_	☐ No
Н			-							□ Na
١.					n(s) 1099? See instructions				_ Yes ☐ Yes	X No
J Part	If "Yes," did you or will you file	requir	ed Form(s) 1099?				•		165	☐ No
			and the Parada and also also the	I	III.					
1	-				this income was reported to you on it	1				266.
2										
3						3				266.
4										
5	•	,							,	266.
6	Other income, including federa	al and s	state gasoline or fuel tax cre	dit or r	refund (see instructions)	6				
7	Gross income. Add lines 5 ar	nd 6 .				7				266.
Part	II Expenses. Enter expe	enses	for business use of you	r hom	ne <b>only</b> on line 30.					
8	Advertising	8		18	Office expense (see instructions)	18				
9	Car and truck expenses (see			19	Pension and profit-sharing plans .	19				
	instructions)	9	12,075.	20	Rent or lease (see instructions):					
10	Commissions and fees .	10		а	Vehicles, machinery, and equipment		_			
11	Contract labor (see instructions)	11		b	Other business property	20k				,800.
12 13	Depletion	12		21	Repairs and maintenance				5	,000.
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III) .		_			
	included in Part III) (see	40		23	Taxes and licenses	23				
44	instructions)	13		24	Travel and meals:  Travel	248			Δ	,800.
14	Employee benefit programs (other than on line 19)	14		a		248	1			, 800.
15	Insurance (other than health)	15		b	Deductible meals (see instructions)	24k				
16	Interest (see instructions):			25	Utilities	25	_		1	,080.
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits) .					·
b	Other	16b		27a	Other expenses (from line 48)	278	1			
17	Legal and professional services	17		b	Reserved for future use	27k				
28	Total expenses before expen	ses for	business use of home. Add	lines 8	3 through 27a ▶	28			33	,755.
29	Tentative profit or (loss). Subtr	act line	e 28 from line 7			29			-33	,489.
30	-	-	-	expe	nses elsewhere. Attach Form 8829					
	unless using the simplified me									
	Simplified method filers only			(a) you						
	and (b) the part of your home to				. Use the Simplified					
	Method Worksheet in the instr		-	er on l	ine 30	30				
31	Net profit or (loss). Subtract									
	If a profit, enter on both Some shocked the box on line 1, see		, ,		, , ,	24			_ ၁ ၁	490
	<ul><li>checked the box on line 1, see</li><li>If a loss, you must go to lin</li></ul>		cuons). Estates and trusts, (	enter 0	ii Foriii 1041, line 3.	31			-33	,489.
32	If you have a loss, check the b		t describes vour investment	in thic	activity. See instructions					
02					1					
	<ul> <li>If you checked 32a, enter t</li> <li>SE, line 2. (If you checked the</li> </ul>		•		**	32a	×	All inves	tment i	s at risk.
	Form 1041, line 3.	20x 011	inio 1, occ the inic of motiue	aonoj.	Lotatoo and truoto, onto on	32k	<u> </u>	Some ir		ent is not
	If you checked 32b, you mu	ı <b>st</b> atta	ch <b>Form 6198.</b> Your loss m	av be li	imited.		á	at risk.		

BAA

Schedule C (Form 1040) 2020 Page **2** 

Part	Cost of Goods Sold (see instructions)					
33	Method(s) used to value closing inventory: a  Cost  b  Lower of cost or market  c  Other (att	ach ov	nlana	tion)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor if "Yes," attach explanation	ry?	. [	Yes		No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35				
36	Purchases less cost of items withdrawn for personal use	36				
37	Cost of labor. Do not include any amounts paid to yourself	37				
38	Materials and supplies	38				
39	Other costs	39				
40	Add lines 35 through 39	40				
41	Inventory at end of year	41				
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42				
Part	Information on Your Vehicle. Complete this part only if you are claiming car or and are not required to file Form 4562 for this business. See the instructions for file Form 4562.					
43	When did you place your vehicle in service for business purposes? (month/day/year) ▶ 02/24/203	.9				
44	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your	vehicle	e for:			
а	Business 21,000 b Commuting (see instructions) c	Other			4,	000
45	Was your vehicle available for personal use during off-duty hours?			<b>X</b> Yes		No
46	Do you (or your spouse) have another vehicle available for personal use?			☐ Yes	X	No
47a	Do you have evidence to support your deduction?			Yes	X 1	No
b	If "Yes," is the evidence written?			Yes	_ n	No
Part	Other Expenses. List below business expenses not included on lines 8–26 or li	ne 30	).			
48	Total other expenses. Enter here and on line 27a	48				

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

Department of the Treasury

#### **Capital Gains and Losses**

► 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.

OMB No. 1545-0074

Attachment

Interna	al Revenue Service (99) ► Use Form 8949 to list your tra	nsactions for lines	1b, 2, 3, 8b, 9, and	10.		Sequence No. 12
	(s) shown on return URAV CHOUDHARY					ecurity number
	you dispose of any investment(s) in a qualified opportunity	fund during the ta	x year?			2 2 0 3
If "Ye	es," attach Form 8949 and see its instructions for additiona	al requirements fo	r reporting your ga	ain or loss.		
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmer to gain or loss		(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, line 2, colum	Part 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 <b>Box A</b> checked	2 026 560	2,923,756.	12 5	761	16 565
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked	2,926,560.	2,923,730.	43,7	761.	46,565.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked	5.	8,117.			-8,112.
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	S corporations,	estates, and to	rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	y, from line 8 of y	our <b>Capital Loss</b>	Carryover	6	( )
7	<b>Net short-term capital gain or (loss).</b> Combine lines 1a term capital gains or losses, go to Part II below. Otherwise			e any long-	7	38,453.
Par	t II Long-Term Capital Gains and Losses – Ger	nerally Assets H	Held More Than	One Year	(see	instructions)
	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmer to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
This whol	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum	Part II,	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	855.	205.	-	-20.	630.
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	
	Net long-term gain or (loss) from partnerships, S corporat				12	
	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount if any	trom line 13 of v	Our Canital I ass	Carryover	1	I

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

630.

14 (

15

Schedule D (Form 1040) 2020 Page **2** 

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 39,083. • 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 • 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? X 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? X 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ 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.

#### Sales and Other Dispositions of Capital Assets

▶ 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.

OMB No. 1545-0074 Attachment Sequence No. 12A

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

Social security number or taxpayer identification number

164-99-9109

SAURAV CHOUDHARY 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

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.

Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

<ul><li>✗ (A) Short-term transactions</li><li>☐ (B) Short-term transactions</li><li>☐ (C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas	•			e)
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate 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	07/15/20	07/21/20	2,907,418.	2,905,128.	W	43,311.	45,601.
APEX CLEARING	12/02/20	12/21/20	19,142.	18,628.	W	450.	964.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box 6).	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	2.926.560.	2.923.756.		43.761.	46.565.

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.

Form 8949 (2020) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  $SAURAV \quad CHOUDHARY$ 

Social security number or taxpayer identification number 164-99-9109

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)

☐ <b>(F)</b> Long-term transactions	•	٠,	•	is <b>wasn't</b> report	ed to the IF	RS	
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) 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	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	05/25/19	07/21/20	855.	205.	E	-20.	630.
2 Totals. Add the amounts in columns	s (d), (e), (g), and	d (h) (subtract					

**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.

855.

205

negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ▶

630.

-20

### Form **8949**

Department of the Treasury

Internal Revenue Service

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

► 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.

OMB No. 1545-0074

2020
Attachment
Sequence No. 12A

Name(s) shown on return SAURAV CHOUDHARY

Social security number or taxpayer identification number

164-99-9109

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

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

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

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

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

<ul><li>☐ (B) Short-term transactions</li><li>☒ (C) Short-term transactions</li></ul>		٠,	•	sis <b>wasn't</b> report	ed to the IF	RS	
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XÝZ Ćo.)	(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	07/15/20	07/21/20	5.	17.			-12.
KAMAKHI PANIGRAHI - bad debt statement attached	11/23/18	12/15/20	0.	5,100.			-5,100.
RAHUL GUDIPATI - bad debt statement attached	11/24/17	12/12/20	0.	3,000.			-3,000.
2 Totals. Add the amounts in columns negative amounts). Enter each total 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 ne 2 (if Box B	5.	8.117.			-8.112.

**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.

### Form **8889**

Department of the Treasury

SAURAV CHOUDHARY

Internal Revenue Service

**Health Savings Accounts (HSAs)** 

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 52

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

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 164-99-9109

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.		
•	See instructions	X Sel	f-only 🗌 Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3	3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	3,550.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7	0.
8	Add lines 6 and 7	8	3,550.
9	Employer contributions made to your HSAs for 2020		· · · · · · · · · · · · · · · · · · ·
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,000.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,550.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13	0.
	Cartiers If line 0 is more than line 10, you may have to now an additional tay. Can instructions		
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	<b>II HSA Distributions.</b> If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	rate l	HSAs, complete
Part 14a	II HSA Distributions. If you are filing jointly and both you and your spouse each have sepa	rate l	HSAs, complete
	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.  Total distributions you received in 2020 from all HSAs (see instructions)	14a	HSAs, complete
14a b	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.  Total distributions you received in 2020 from all HSAs (see instructions)	14a 14b 14c	HSAs, complete
14a b	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.  Total distributions you received in 2020 from all HSAs (see instructions)	14a	HSAs, complete
14a b	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.  Total distributions you received in 2020 from all HSAs (see instructions)	14a 14b 14c 15	HSAs, complete
14a b c 15	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.  Total distributions you received in 2020 from all HSAs (see instructions)	14a 14b 14c	HSAs, complete
14a b c 15	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.  Total distributions you received in 2020 from all HSAs (see instructions)	14a 14b 14c 15	HSAs, complete
14a b c 15 16	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.  Total distributions you received in 2020 from all HSAs (see instructions)	14a 14b 14c 15 16	pefore
14a b c 15 16	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.  Total distributions you received in 2020 from all HSAs (see instructions)  Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions  Subtract line 14b from line 14a  Qualified medical expenses paid using HSA distributions (see instructions)  Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line  If any of the distributions included on line 16 meet any of the Exceptions to the Additional  20% Tax (see instructions), check here  Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box  Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filling jointly and both you and your spouse each have separate in the second content in the total on schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	14a 14b 14c 15 16	pefore
14a b c 15 16 17a b	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.  Total distributions you received in 2020 from all HSAs (see instructions)  Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions  Subtract line 14b from line 14a  Qualified medical expenses paid using HSA distributions (see instructions)  Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line  If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here  Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box  Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filling jointly and both you and your spouse each have separate Part III for each spouse.	14b 14c 15 16	pefore
14a b c 15 16 17a b	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.  Total distributions you received in 2020 from all HSAs (see instructions)  Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions  Subtract line 14b from line 14a  Qualified medical expenses paid using HSA distributions (see instructions)  Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line  If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here  Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box  Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filling jointly and both you and your spouse each have separate Part III for each spouse.  Last-month rule	14b 14c 15 16 17b ons bearate	pefore

#### Nonbusiness Bad Debt Explanation Statement

2020

Name(s) SAURAV CHOUDHARY	<u> </u>		Social Security Number 164-99-9109				
Form/Line: Form	<u>Li</u> :	ne 1					
Description of Amount: \$5,100	debt: LOAN TO KAMAKHI PANIO	GRAHI					
Date debt became due: 11/23/2019							
Name of debtor: KAMAKHI PANIGRAHI							
Relationship to debtor: FRIEND							
Efforts to collect:							
EFFORTS ARE MADE TO RECOVER THE DEBT							
Why decided de	ebt was worthless:		·				
KAMAKHI PANIGE	RAHI DCLARED THAT HE IS UNAB	LE TO PAY THE	DEBT				

#### Nonbusiness Bad Debt Explanation Statement

2020

Name(s) SAURAV CHOUDHA	ARY	Social Security Number 164-99-9109						
Form/Line: Form/Line: Form/Line:	orm 8949 Lin Nonbusiness Bad Debt	e 1						
Description Amount: \$3,0	of debt: LOAN TO RAHUL GUDIPATI							
	came due: 11/24/2017							
Name of debtor: RAHUL GUDIPATI								
Relationship to debtor: FRIEND								
Efforts to collect:								
EFFORTS ARE MADE TO RECOVER THE DEBT								
Why decided	debt was worthless:							
RAHUL GUDIPA	TI DECLARED THAT HE IS UNABLE TO PAY THE DEB	Т						

SAURAV CHOUDHARY 164-99-9109 1

#### Additional information from your 2020 Federal Tax Return

#### Schedule C (SOFTWARE DEVELOPER): Profit or Loss from Business

Line 20b Itemization Statement

Description	Amount
RENT(12M*\$900 P.M)	10,800.
Total	10,800.

#### Schedule C (SOFTWARE DEVELOPER): Profit or Loss from Business

Line 24a Itemization Statement

Description	Amount
FOOD EXPENSES	4,800.
Total	4,800.

### Schedule C (SOFTWARE DEVELOPER): Profit or Loss from Business

Line 25 Itemization Statement

Description	Amount
INTERNET(12M*\$50 P.M)	600.
PHONE(12M*\$40 P.M)	480.
Total	1,080.



#### 2020 Ohio IT 1040

Individual Income Tax Return
Use only black ink/UPPERCASE letters.



20000198

Sequence No. 1

Check here if this is an <u>amended</u> return. Include the Ohio IT RE.

Do **NOT** include a copy of the previously filed return.

Primary taxpayer's SSN (required) 164 99 9109

▶ If deceased

Nonresident |

Indicate state

Spouse's SSN (if filing jointly)

▶ If deceased

check box

Check here if claiming an NOL carryback. Include Schedule IT NOL.

School district # (see instructions).

**SD#** ▶ 2103

check box

SAURAV

First name

M.I. Last name

CHOUDHARY

Spouse's first name (only if married filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box

5356 MIDDLEBURY LOOP

Address line 2 (apartment number, suite number, etc.)

City

Resident

State

ZIP code

Ohio county (first four letters)

LEWIS CENTER

ОН

43035

DELA

**Filing Status** – Check one (as reported on federal income tax return)

X Single, head of household or qualifying widow(er)

Foreign country (if the mailing address is outside the U.S.)

Part-year

resident

Residency Status - Check only one for primary

Foreign postal code

	Check only one for s Resident	pouse (if married fi Part-year resident	iling jointly)  Nonresident Indicate state	Married filing jointly  Married filing separately	Spouse's SSN	
			- See instructions for required criter			
	Primary meets t	he five criteria for irr	rebuttable presumption as nonreside	nt. Check here if you filed the federal	extension form 4868.	
			rebuttable presumption as nonreside	joint return) as a dependent.	e to claim you (or your spou	use if
clip.			ederal 1040 and 1040-SR, line 11).			
paper c			s zero or negative. Place a "-" in the		99789	00
ō	2a. Additions – Ohio	Schedule A, line 10	) (INCLUDE SCHEDULE)	2a.		00
staple	2b. Deductions - Ohi	o Schedule A, line	39 (INCLUDE SCHEDULE)	2b.		00
Do not			olus line 2a minus line 2b). Place a ero		99789	00
			<b>EDULE J</b> if claiming dependents) and your spouse/dependents, if appli		1900	00
	5. Ohio income tax I	pase (line 3 minus	line 4; if less than zero, enter zero)	5.	97889	00
	6. Taxable business	income – Ohio Scl	hedule IT BUS, line 13 (INCLUDE	<b>SCHEDULE</b> )6.		00
	7. Line 5 minus line	6 (if less than zero	, enter zero)	7.	97889	00





0098

#### 2020 Ohio IT 1040

#### **Individual Income Tax Return**



SSN 164 99 9109

20000298 Sequence No.

8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	7a. Amount from line 7 on page 1		7a.	97889	00
8c, Income tax liability before credits (line 8a plus line 8b)	8a. Nonbusiness income tax liability on line 7a (see in	nstructions for tax tables)	8a.	2774	00
9. Ohio nonrefundable credits - Ohio Schedule of Credits, line 34 (INCLUDE SCHEDULE) 9. 0 00  10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero) 10. 2774 00  11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210) 11. 11. 00  12. Use tax due on internet, mail order or other out-of-state purchases (see instructions) 12. 00  13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12) 13. 2774 00  14. Ohio income tax withheld - Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE) 14. 2903 00  15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return 15. 00  16. Refundable credits - Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE) 16. 00  17. Amended return only - amount previously paid with original and/or amended return 17. 00  18. Total Ohio tax payments (add lines 14, 15, 16 and 17) 18. 2903 00  19. Amended return only - overpayment previously requested on original and/or amended return 19. 00  20. Line 18 minus line 19. Place a "" in the box at the right if the amount is less than zero 20. 20 (Inc. 10 (Inc. 21) (In	8b. Business income tax liability – Ohio Schedule IT I	BUS, line 14 (INCLUDE SCHEDULE)	8b.		00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)	8c. Income tax liability before credits (line 8a plus line	e 8b)	8c.	2774	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	9. Ohio nonrefundable credits – Ohio Schedule of C	redits, line 34 (INCLUDE SCHEDULE)	9.	0	00
12. Use tax due on internet, mail order or other out-of-state purchases (see instructions)	10. Tax liability after nonrefundable credits (line 8c mi	inus line 9; if less than zero, enter zero)	10.	2774	00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	11. Interest penalty on underpayment of estimated ta	x (include Ohio IT/SD 2210)	11.		00
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (INCLUDE SCHEDULE)	12. Use tax due on internet, mail order or other out-or	f-state purchases (see instructions)	12.		00
15. Estimated and extension payments (from Ohio IT 1040ES and IT 40P), and credit carryforward from last year's return	13. Total Ohio tax liability before withholding or esti	mated payments (add lines 10, 11 and 1	2)13.	2774	00
15.   00	14. Ohio income tax withheld – Schedule of Ohio Wit	hholding, part A, line 1 (INCLUDE SCHE	<b>EDULE</b> )14.	2903	00
17. Amended return only – amount previously paid with original and/or amended return	, ,	· · · · · · · · · · · · · · · · · · ·			00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	16. Refundable credits – Ohio Schedule of Credits, lin	ne 40 (INCLUDE SCHEDULE)	16.		00
19. Amended return only – overpayment previously requested on original and/or amended return	17. Amended return only – amount previously paid	with original and/or amended return	17.		00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 a	nd 17)	18.	2903	00
If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.  21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	19. <u>Amended return only</u> – overpayment previously	requested on original and/or amended r	eturn19.		00
21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	20. Line 18 minus line 19. Place a "-" in the box at the rig	ht if the amount is less than zero	20.	2903	00
22. Interest due on late payment of tax (see instructions)	-				0.0
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ▶ 23.  24. Overpayment (line 20 minus line 13)					00
(if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE > 23.  24. Overpayment (line 20 minus line 13)					00
25. Original return only – amount of line 24 to be credited toward next year's income tax liability					00
26. Original return only – amount of line 24 to be donated: a. Ohio History Fund b. State nature preserves c. Breast/Cervical Cancer  0 0 0 00  d. Wishes for Sick Children e. Wildlife species f. Military injury relief	24. Overpayment (line 20 minus line 13)		24.	129	00
d. Wishes for Sick Children e. Wildlife species f. Military injury relief	26. Original return only - amount of line 24 to be do	onated:	ity25.		00
d. Wishes for Sick Children e. Wildlife species f. Military injury relief	00 0	0 0 0			
00 00 00	d. Wishes for Sick Children e. Wildlife species	f. Military injury relief	Total 26g.		00
	00 0	0 0 0			
27. REFUND (line 24 minus lines 25 and 26g)	27. <b>REFUND</b> (line 24 minus lines 25 and 26g)	YOUF	R REFUND ▶ 27.	129	00

<u>Sign Here (required)</u>: I have read this return. Under penalties of perjury, I declare that, to the best of my knowled and belief, the return and all enclosures are true, correct and complete.

Primary signature Phone number (716) 435-4962

Spouse's signature Date (MM/DD/YY)

Check here to authorize your preparer to discuss this return with the Department.

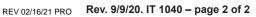
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678) 965-9522

Preparer's TIN (PTIN) P02082703

If your refund is \$1.00 or less, no refund will be issued If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057





## 2020 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters.



20350198

Sequence No. 11

Primary taxpayer's SSN

164 99 9109

List your and your spouse's (if filing jointly) W-2, 1099, and W-2G forms **only if they have Ohio withholding**. Complete all fields for each form entered. Enter "P" in the "P/S" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary. Place state copies of your income statements after the last page of your return.

#### Part A - Total Withholding

2903 00

Part B -		5 4 144	D 0 5 1 11 1 11 11
1. P/S	Box b - EIN 310851906	Box 1 - Wages, tips, other compensation 94436 00	Box 2 - Federal income tax withheld 13449 00
P			
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
	540819992	94436 00	2903 00
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	00
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
		00	00



# 2020 Schedule of Ohio

Withholding Primary taxpayer's SSN 164 99 9109



20350298

Dowl C	4000 P-	164 99 9109		Sequence No. 12
1. P/S	<u>1099-Rs</u> Payer's TIN	Box 1 - Gross distribution		coquonico No. 12
1. 170	Tayer STIN	00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	14 - Ohio tax withheld
		00		00
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
		00	distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	14 - Ohio tax withheld
		00		00
3. P/S	Payer's TIN	Box 1 - Gross distribution	T	5. 7
		00	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	c 14 - Ohio tax withheld
		00		00
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total	Box 7 -
		00	distribution	Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	14 - Ohio tax withheld
		00		00
Part D -	W-2Gs			
1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	leral income tax withheld
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	15 - Ohio income tax withheld
		00		00
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	leral income tax withheld
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	15 - Ohio income tax withheld
		00		00
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	leral income tax withheld
		00		00
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	15 - Ohio income tax withheld
		00		00
Part E -	1099-NECs			
1. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	leral income tax withheld
		00		00
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	5 - Ohio tax withheld
		00		00
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	leral income tax withheld
		00		00
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	5 - Ohio tax withheld
		00		00

ETD OF	City of Columbus, Income Tax Division
	Other Income Toy Deturn Ca

### **City Income Tax Return For Individuals**

20	20
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					Pililiai	y Social	Security Nuri	ibei (	Спеск тпе арр				
SAURAV		CHOUL			164	99 9	109		REFUND	Line	e 6B for thi	nust be placed in is return to be	
First name and mi	iddle initial	Last nam	е		Spouse	e's Social	Security Nur	mber				valid refund requ	uest)
If a joint return, s	enouse's fir	ret name and			-			L	AMEND	ED T	ax year _		
initial	spouse s III	rst name and Last nam	е		Filing s	status:		SI	hould your accou	nt be ina	ctivated?	☐ YES ☐	NO
5356 MIDI					X Sir	ngle		If	YES, explain				
CURRENT home a	address (n	umber and street)					ling Jointly						_
LEWIS CEN	ITER	<u>OH</u> State	<u>43</u> Zip 0	035	Ma	rried-Fi	ling Separa	ately Di	id you file a City r	eturn in 2	2019?	☐ YES ☐	— I ио
City		State	Σιρ (	oue	For Ta	ax Offi	ce Use		.,,				
Taxpayer phone n	numher												
' ' '													
		nd payment is due, you m mount can be found in Bo		noney order									
Residence ch	nange in 2	2020 (If applicable)											
Did you change res	sidence du	ring 2020?	YES	NO	Occup	ation or n	ature of busine	ess					
If YES, enter date of	of move:				ł								-
	_		-		Trade	name /DE							_
Previous Address (r	number and	I street)			Cities	of employ	ment <u>COI</u>	LUMBU	S				_
													_
City, State, Zip Cod	le				City of	residence	E LEV	VIS C	ENTER				_
Part A	TAY	ABLE WAGES	Attach W 2	and /or W-2 G									
	. ,	dress where work was PHYS	· · · · ·		ome, state p	percentag	e of time wor	ked from	home.		ΓΑΧΑΒΙ	LE WAGES	
ENCOVA SE	ERVICE	CORPORATION,	471 E BROAD	STREET						(+)		101,670	
										(+)			
If you have more than	n three emp	oloyers, please attach a staten	nent listing all employers.				NET WAGES	(enter in (	Column B below	(+)		101,670	
				2045 00043						y( <i>-</i> )		101,070	
Part B T	IAX C	ALCULATION	Complete Form IF	R-21 for 2021 II	' 2020 net	tax au	e is more ti	nan \$200	<i>u.</i>				
COLUMN A		COLUMN B	COLUMN C	COLU	MN D		COLUN	IN E	COLUM			COLUMN G	l
CITY	CODE	INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (from Net Wages in Part A)	INCOME FROM NET PROFITS, RENTS, ANI OTHER TAXABLE INCOI (from Part C)			TAX RATE	TAX D	UE	LESS TAX WITHIPAID BY A PART PAID DIRECTLY WHERE EARN CAMPAIGN CONT	NERSHP, TO CITY IED, OR FRIBUTION		NET TAX DUE	
COLUMBUS	01	101,670.		101,	,670.	2.5%	2,	542.	2,	542.			0.
2. LESS CREDITS	S FOR <u>ES</u>	STIMATED TAX PAYMEN	TS AND OVERPAYME	ENT FROM PRIC	OR YEAR	RETURI	ONLY		2				
3. BALANCE DUE	E (COLUM	IN G LESS LINE 2). If Line	e 2 is greater than Colum	nn G, enter amou	nt (in bracke	ets) here				3	3		0.
4. PENALTY: 15%	6 <b>\$</b>	+ INTEREST \$								4			_
	(see ins	tructions)	(see instructions)										
5. TOTAL AMOUN	NT DUE (A	ADD LINES 3 AND 4). NO	OTE: NO PAYMENT IS	S DUE IF AMOL	JNT IS \$10	0.00 or le	ess			s	<u>'                                    </u>		
6. OVERPAYMEN	NT CLAIM	ED (IF LINE 2 EXCEEDS	COLUMN G)					6					
A. Enter the an	nount from	n Line 6 you want <b>CREDI</b>	ΓΕD to your next year	tax estimate	_ 6A								
R Enter the an	nount from	n Line 6 you want <b>REFUN</b>	<b>DED</b> (must be greater	than \$10 00) —				6B					
D. Enter the an	nount non	r Ellio o you want <u>iter or</u>	muot bo groater	παιτ φτο.σσή									
<b>Third</b> Do			4li 4b:4		- f O - l	.b0 (.			7				
Party	you war	nt to allow another perso	ii to discuss this mat	·		s) Yauui	ee instructio	ns)	YES Comple	ete the f	ollowing	X NC	)
Designee		Designee's Name:			Phone #:				SSN:				
SIGNATU	RE	The undersigned declares to						urn	AILING	INF	ORM	ATION	
	our	for the taxable period stated understands that this inform						anu	IO Payment				
Siuli	gnature				Date				Mail to: C	olumbı	ıs Incor	ne Tax Divis	ion
If a joint return, Sp	oouse's							—		O Box olumbi		43218-2437	7
	gnature				Date			P	ayment En				
Paid Preparer's Si	ignature		Date	,		30-10	)17196	Ма	ke payable to				
Use Only	ignatur <del>e</del>			02/2021	Phone #	(678	)965-95	522	Mail to:		nbus In	come Tax D	ivisi

Rev. 1/08/2021 REV 02/16/21 PRO

PO Box 182158 Columbus, Ohio 43218-2158