IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number
LAKSHAY DEWAN	039-95-3398
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2020 (Ente	r year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 74,182.
2 Total tax	2 9,375.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 12,297.
4 Amount you want refunded to you	· · · · 4 4,722.
5 Amount you owe	5

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

•••	1 ddinon20			ERO firm name	to ontor or generate my rint	Ę
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

5	3	3	9	8	
Ent dor	as my				

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

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

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signature ►	Date ►				
Practitioner PIN Method Returns Only—continue below					
Part III Certification and Authentication – Practit	ioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9				

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

ERO's signature >			
	ERO Must Retain This F Submit This Form to the I		
For Denominary Deduction Act Nation of			Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/23/21 PRO

Filing Status X Single Married filing separately (MFS) Head of household (HOH) Qualifying window(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying one box. Pour social security number Your first name and middle initial Last name Your social security number 1 plont return, spouse's first name and middle initial Last name Spoure's social security number 211 N WASHINGTON ST UNIT 2 Provide social security number City, town, or poor office. If you have a P.O. box, see instructions. Apt no. Presidential Election Campaign 211 N WASHINGTON ST UNIT 2 Provide social security number City, town, or poor office. If you have a foreign address, ateo complete spaces below. NA 02760 box below will not change Vorum exclusion Foreign province/attate/county Foreign postal cos0 You spouse You box below will not change Dependents, see instructions: If you play address, atable address, atex complete spaces below. NA 202760 box tow or over Age/Blindness You: Were bom before January 2, 1956 Is blind Dependent Spouse Image add	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS Use Only	r−Do not w	rite or staple	in this space.
LAKSHAY DENAN 039-95-339.8 If joint return, spouse's first name and middle initial Last name Spouse's social security number 211 N WASHINGTON ST UNIT 2 Apt. no. Presidential Election Campaign of the first or your spouse of filing jointly, want 35 201, tow, or post office. If you have a foreign address, also complete spaces below. MA 0276.0 Foreign country name Foreign province/state/country Foreign postal code you its av orefund. You Spouse's social security name Foreign province/state/country Foreign postal code you its av orefund. Standard Someone can claim: You as a dependent You spouse as a dependent you its av orefund. Deduction Spouse temizes on a separate return or you were a dual-status alien Age/Blindness You No Age/Blindness You: Wages, salaries, tips, etc. Attach Form(s) W-2 1 7.8, 877. Sch. Bif 3a 10.0. 1 7.8, 877. Standard Social security preside amount. 4a b 1 7.8, 877. Sch. Bif 3a 10.0. 5b 5b 5b 5b 5b 5b 5b 5b <	Check only	lf yc	ou checked the MFS box, enter the n	ame of y					· · ·		, ,	. , . ,
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 211 N WASHINGTON ST UNIT 2 Chry, town, or post office. If you have a foreign address, also complete spaces below. MA 0.2760 NORTH ATTLEBORD Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Dependents (see instructions): (1) First name Last name (a) Postal security (a) Postal security (a) Postal security (a) Postal security If more than four dependents, see instructions: (a) and theck (a) Postal security (b) Postal security (b) Postal security (b) Postal security (c) Postal s	Your first name	and m	iddle initial	Last na	me					Your so	cial securi	ty number
Home address fnumber and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 211 N WASHINGTON ST UNIT 2 Check here if you, or your Spouse if filing jointly, want 35 to your City, town, or post office. If you have a foreign address, also complete spaces below. MA 02760 to your spouse if filing jointly, want 35 Foreign country name Foreign province/state/country Foreign postal code your tax or ferund. Standard Someone can claim: You as a dependent You province/state/country You Spouse Standard Someone can claim: You as a dependent You your spouse as a dependent You Spouse Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You Nos Dependents (see instructions): (i) Relationship (4) If qualifies for (see instructions): Child tax creatic Cedit to rither dependents if more than four Child tax creatic Cedit to rither dependents See instructions; 1 78, 877. Macher Park I Wages, salaries, tips, etc. Attach Form(s) W-2 I 78, 877. 2b Someone Someone Someone	LAKSHAY			DEWA	N					039-9	95-339	8
211 N WASHINGTON ST UNIT 2 Check here flyou, or your City, town, or post office. If you have a foreign address, also complete spaces below. MA 0.2750 top to this fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code W1 as or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent W1 as or refund. Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You: No Age/Blindness You: Wases, salaries, tips, etc. Attach Form(9) W-2 (3) Relationship (4) 4' if qualifies for see instructions): (1) First name (2) Social security (3) Relationship (4) 4' if qualifies for see instructions): If more than four dependents, see instructions Interest Interest 2b Attach 2a Tax-exempt interest 2a 3a 106. Standard Gas Social security energies and annuities 5a b 5b 5b Attach 2a Tax-exempt interest 2a 2a 1 78, 877. Standard Gas Social security beneffts 6a 5a	If joint return, s	pouse's	s first name and middle initial	Last na	me					Spouse'	s social se	curity number
NORTH ATTLEBORO MA 02760 to go to this tund. change Foreign country name Foreign province/state/county Foreign postal code you is a centre of the sund. change At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent You You Spouse Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (i) First name (ii) First name Credit for the dependents, see instructions; (iii) First name Credit for the dependents, see instructions, indicated for the dependents, see instructions I 78,877. Attach 2a 2a b b Taxable interest 2b 2b Standard Qualified dividends 3a 106. b 1 78,877. 4a IRA distributions 4a b b Taxable amount 4b 5b 5a Deplandent fing Ga all field dividends 5a b Taxable amount 5b<	211 N W	ASHI	NGTON ST UNIT 2			0+			·	Check h	iere if you,	, or your
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\$12,400 9 Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income 9 74,182. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10a • Head of household, \$14,650 c Add lines 10a and 10b. These are your total adjustments to income 10b 10c • Head of household, \$16,860 11 Subtract line 10c from line 9. This is your adjusted gross income 10c 11 74,182. • If you checked any box under Standard deduction or itemized deduction. (from Schedule A) 12 12,400. 12 12,400. 14 12,404. 14 12,404. 14 12,404. 15 61,778.	Married filing	8	Other income from Schedule 1, lin	e9.						. 8		-4,980.
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15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14										
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020))										Pag	e 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌	4972	3			16	9,375	
	17	Amount from Schedule 2, lir	ne3							17		
	18	Add lines 16 and 17								18	9,375	•
	19	Child tax credit or credit for	other dependen	ts						19		
	20	Amount from Schedule 3, lir	ne7							20		
	21	Add lines 19 and 20								21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	9,375	•
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10	0.				23	0	•••
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	9,375	
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	12	,297			
	b	Form(s) 1099					25b					
	с	Other forms (see instruction	s)				25c					
	d	Add lines 25a through 25c								25d	12,297	
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 return					26		
qualifying child,	27	Earned income credit (EIC)			^N	lo [.]	27					
attach Sch. EIC.	28	Additional child tax credit. A					28					
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29					
see instructions.	30	Recovery rebate credit. See	instructions .				30	1	,800			
	31	Amount from Schedule 3, lir	ne 13				31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	refunda	ble cr	edits	. 🕨	32	1,800	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	14,097	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	. This is th	ne amour	nt you	overpaid		34	4,722	
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attach	ned, cheo	ck here	e		35a	4,722	•
Direct deposit?	►b	Routing number 0 1 1	0 0 0 1	3 8	► с Тур	oe: 🗙	Chec	king	Saving	s		
See instructions.	►d	Account number 4 6 6	0 0 4 6	5 3 3 8	8 5							
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax .	. 🕨	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				. 🕨	37		
You Owe		Note: Schedule H and Sch		-						or 🗌		
For details on		2020. See Schedule 3, line 1			•							
how to pay, see instructions.	38	Estimated tax penalty (see in	nstructions) .			. 🕨	38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with th	he IRS?	See					
Designee	ins	tructions	· · · · ·					Yes. C	omplet	e below.	🗙 No	
		signee's		Phone						ntification		_
		me 🕨		no. 🕨					ber (PIN	/		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		ur signature		Date	Your occ	•					nt you an Identity	,
	. 10	ur signature		Date		upation					IN, enter it here	
Joint return?					ANALY	(ST			(Se	ee inst.) 🕨		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's	occupati	ion				nt your spouse an	
Keep a copy for your records.	,									entity Prot ee inst.) 🕨	ection PIN, enter it h	iere
,									(3)	ee mst.) 🕨		
		one no. eparer's name	Preparer's signat	Email address			Date		PTIN		Check if:	
Paid						האד ד א אל		26/2021		0 7 7 7 7	Self-employed	d
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA '	ТАТТАЦ	03/	26/2021		82703		
Use Only		m's name ► GLOBAL TA			~ C ~ ^	0041					678)965-952	
		m's address ► 2530 Pebb		n Cummin	-					rm's EIN 🖡		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BA	A	REV	03/23/21 PRO)		Form 1040 (2	.020)

Go to www.irs.gov/Form1040 for instructions and the latest information.

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

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

•	2020						
	Attachment Sequence No. 01						
Your social security number							
039-95-3398							

Department of the Treasury	► Attach
Internal Revenue Service	► Go to <i>www.irs.gov/F</i>
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR

Part I Additional Income

LAKSHAY DEWAN

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,980.
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,		
Dam	line 8	9	-4,980.
Par	t II Adjustments to Income		
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
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 adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/23/21 PRO	Schedu	le 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

2020 Attachment Sequence No. 12

Name(s) shown on return LAKSHAY DEWAN

Department of the Treasury

Internal Revenue Service (99)

Your social security number

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

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment 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, I line 2, column	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 Box A checked	1,869.	1,693.	_	20.	156.
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	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	· / ·		7	156.

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

See instructions for how to figure the amounts to enter on the lines below.		(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
This form may be easier to complete if you round off cents to whole dollars.		Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	from column (d) and 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	0 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 						1
13 14		13	1.			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	14	()			
15	Net long-term capital gain or (loss). Combine lines 8a					
	on the back				15	1.

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	157.
	• 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? 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? 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?		
	☐ 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 03/23/21 PRO

Schedule D (Form 1040) 2020

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

7

Attachment

20

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.

b, z, 3, 8b, 9, and 10 of Schedule D. Sequence No. 12A Social security number or taxpayer identification number

Name(s) snown on return	Social security number or taxpayer identification n
LAKSHAY DEWAN	039-95-3398

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 disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e)			(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
ROBINHOOD SECURITIES LLC	04/16/20	11/11/20	1,869.	1,693.	E	-20.	156.	
2 Totals. Add the amounts in column negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc is checked), lir	lude on your 1e 2 (if Box B	1,869.	1,693.		-20.	156.	

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

Internal R	levenue Service (99)	Go to www.irs.gov/Schedule	E for inst	ructions	and the	latest	information	-	Sec	uence No	. 13
Name(s)	shown on return							Your	social secu		
LAKS	HAY DEWAN							039	9-95-33	98	
Part	Income or Loss	s From Rental Real Estate and	Royalties	S Note	: If you a	are in th	e business o	of rentin	g personal	property	, use
		instructions. If you are an individual,	report farn	n rental i	ncome c	or loss f	rom Form 4	3 35 on p	bage 2, line	40.	
A Did	vou make anv pavme	ents in 2020 that would require yo	u to file Fo	orm(s) 1	099? Se	ee insti	ructions .		🗆	Yes D	< No
		ou file required Form(s) 1099? .		• • •						Yes	
1a		each property (street, city, state,									
A	SANT NAGAR NEW		10065	/							
B											
С											
 1b	Type of Property	2 For each rental real estate p	property li	etad		Fair	Rental	Pers	onal Use		
15	(from list below)	above, report the number of	of fair renta	al and			Days		Days	QJV	
Α	3	personal use days. Check t if you meet the requirement	he QJV b	ox only	Α		365		0		
B		gualified joint venture. See	instruction	isa Is.	B		505		0		╡───
<u> </u>				F	C						5
	of Property:				U					[
	le Family Residence	3 Vacation/Short-Term Rent		h	-	7 Solf	Rental				
	i-Family Residence	4 Commercial		valties				、 、			
Incom		Propertie		yanies	A	othe	r (describe E			С	
3	~	•				450.		•		C	
4						±50.					
			4								
Expen			-								
5		· · · · · · · · · · · · · · · · · · ·	5								
6	•	nstructions)	6			750					
7	•	nance	7			750.					
8			8								
9			9								
10		essional fees									
11					0	900.					
12	·	id to banks, etc. (see instructions									
13											
14			14			450.					
15			15		1,1	180.					
16			16								
17			17		1,1	150.					
18		e or depletion	18								
19	Other (list) ►		19								
20	Total expenses. Add	lines 5 through 19	20		5,4	430.					
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties).	. lf								
		instructions to find out if you mu	ıst								
			21		-4,9	980.					
22		I estate loss after limitation, if ar	ıy,								
	on Form 8582 (see in			(-4,9	80.)	()()
23a		eported on line 3 for all rental pro				23a		45	0.		
b		eported on line 4 for all royalty p				23b					
С		eported on line 12 for all properti				23c					
d		eported on line 18 for all properti				23d					
е		eported on line 20 for all properti				23e		5,43	0.		
24	Income. Add positive	e amounts shown on line 21. Do	not inclu	de any l	losses			. [24		
25	Losses. Add royalty lo	osses from line 21 and rental real est	tate losses	s from lin	ne 22. Er	nter tota	al losses hei	e.	25 (4,	980.)
26	Total rental real esta	ate and royalty income or (loss	s). Combi	ine lines	s 24 and	d 25. E	inter the re	sult			
		V, and line 40 on page 2 do n									
		40), line 5. Otherwise, include this							26	-4	,980.

Supplemental Income and Loss

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Department of the Treasury

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

2

Form 8889
Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074 2020

Sequence No. 52

Attachment

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

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

	Social security number of HSA
	beneficiary. If both spouses
LAKSHAY DEWAN	have HSAs, see instructions ► 039-95-3398

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

Part			
	and both you and your spouse each have separate HSAs, complete a separate Part I for	each	spouse.
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.		fante 🗆 Eansite
		∧ Sei	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. Do not 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 every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, 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	2,000.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	1,550.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	rate F	ISAs, complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	
b	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	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	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	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	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	17b	
Part			efore
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		

1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box For Paperwork Reduction Act Notice, see your tax return instructions.

21

Form 8995

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service Go to wr

<u>-</u>	-		max/Fax		r instructions		Intent :	mformo otion
30	lO	www.irs	.aov/ror	1109993 10	r instructions	s and the	latest	niormation.

OMB No. 1545-2294

Sequence No. 55 Your taxpayer identification number

Name(s) shown on return LAKSHAY DEWAN

039-95-3398

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name		(c) Qualified business income or (loss)		
i					
ii					
iii					
iv					
V					
2	Total qualified business income or (loss). Combine lines 11 through 14				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2			
3	Qualified business net (loss) carryforward from the prior year	3 ()			
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4			
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)				
	(see instructions)	6 21.			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior	_ /			
_		7 ()			
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 21.			
9	or less, enter -0		9	4.	
10	Qualified business income deduction before the income limitation. Add lines 5 and		10	4.	
11		11 61,782.			
12	Net capital gain (see instructions)	12 107.			
13	Subtract line 12 from line 11. If zero or less, enter -0	13 61,675.			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	12,335.	
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also e				
40	the applicable line of your return		15	4.	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 ar zero, enter -0-	nd 7. If greater than	17	(0.)	
For Pri		3/21 PRO	11	Form 8995 (2020)	
				()	



Form M-8453 Individual Income Tax Declaration for Electronic Filing

Massachusetts **Department of**

Revenue

Your first name and initial Last name			Your Social S	Security number	
LAKSHAY DEWAN	AKSHAY DEWAN 039953398				
If a joint return, spouse's first name and initial	Last name		Spouse's So	cial Security number	
Present street address (and apartment number)					
211 N WASHINGTON ST UNIT 2					
City/Town/Post Office	State	Zip	Filing status:	X Single	Married filing jointly
NORTH ATTLEBORO	MA	02760		□ Married filing separately	Head of household

Part 1. Tax Return Information for Electronic Filing

1	Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	73897
2	Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)2	3500
3	Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	0
4	Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	3942
5	Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54)	442
6	Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55). 6	

Part 2. Declaration and Signature of Taxpaver

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature (if joint return, both must sign)	Date

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

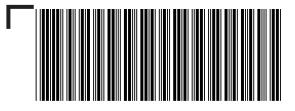
ERO's signature and SSN or PTIN			Date		EIN	
0326		62021	301017196		self-employed	
Firm name (or yours, if self-employed) a	nd address		City/Town	State	Zip	Check if also
GLOBAL TAXES LLC	2530 PEBBLE	CREEK LN	CUMMING	GA 3	0041	paid preparer

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

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

Paid preparer's signature and SSN or PTIN			Date	EIN	EIN	
	P02082703	032	62021	301017196		self-employed
Firm name (or yours, if self-employed) and a	ddress		City/Town	State	Zip	
SYAM PRIYA RAM SAGAR GUPTA TALLAM 2	530 PEBBLE CREEP	C LN	CUMMING	GA	30041	





2020 Form 1

MA20001011555 Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2020 or other taxable

Year beginning Ending

LAKSHAY	DEWAN	03995339	8		
211 N WASHINGTON	ST UNIT NORTH	H ATTLEBORO	MA 0276	50	
Fill in if: X Original return State Election Campaign Fund: Fill in if veteran of U.S. armed forces who or Sinai Peninsula		ended return due to federal change ing Freedom, Iraqi Freedom, Noble Eagl	\$1 You	t. no. \$1 Spouse TO Spouse	TAL
Taxpayer deceased			You	Spouse	
Fill in if under age 18			You	Spouse	
a. Total federal income	7418	-	Name c	hanged since 2019	
b. Federal adjusted gross income	7418	32		noncustodial parent	
1. Filing status (select one only):	X Single		Fill in if	filing Schedule TDS	
	Married filing jointly				
	Married filing separ				
	Head of household	You are a custodial parent w	ho has released cla	aim to exemption for chil	d(ren)
 Exemptions a. Personal exemptions 			2	0	4400
b. Number of dependents. (Do n	ot include vourself or your s	oouse) Enter number	× \$1,000 = 2		1100
c. Age 65 or over before 2021	You + Spouse =	,	× \$700 = 2		
d. Blindness	You + Spouse =		× \$2,200 = 2		
e. Medical/dental	···· · · · · · · · · · · · · · · · · ·			e	
f. Adoption			2	2f	
g. Total exemptions. Add items 2	2a through 2f. Enter here and	d on line 18	2	g	4400
SIGN HERE. Under penalties of perju	iry, I declare that to the be	st of my knowledge and belief this ret	urn and enclosure	s are true, correct and	complete.
Your signature	Date	Spouse's signature	Date		
			919	9-985-6195	
	PRIVACY ACT	NOTICE AVAILABLE UPON REQUES	т		



2020 Form 1, pg. 2 MA20001021555

Massachusetts Resident Income Tax Return 039953398

•			
3.	Wages, salaries, tips	3	78877
4.	Taxable pensions and annuities	4	
5.		xemption = 5	
6a.	Business/profession income/loss	6a	
6b.	Farming income/loss	6b	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/lo	DSS 7	-4980
8a.	Unemployment	8a	
8b.	Mass. lottery winnings	8b	
9.	Other income from Schedule X, line 5	9	
10.	TOTAL 5.0% INCOME	10	73897
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retired	ment 11a	
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or	Mass. Retirement 11b	
12.	Child under age 13, or disabled dependent/spouse care expense	ses 12	
13.	Number of dependent member(s) of household under age 12, o	or dependents age 65 or over (not you or your spouse) as of	f
	12/31/20, or disabled dependent(s)		
	Not more than two. a.	× \$3,600 = 13	
14.	Rental deduction. a.	÷ 2 = 14	
15.	Other deductions from Schedule Y, line 19	15	
16.	Total deductions. Add lines 11 through 15	16	
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from lin	ne 10. Not less than "0" 17	73897
18.	Exemption amount	18	4400
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from lin	ne 17. Not less than "0" 19	69497
20.	INTEREST AND DIVIDEND INCOME	20	128
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	69625

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2020 Form 1, pg. 3 MA20001031555

Massachusetts Resident Income Tax Return 039953398

22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the		
	amount in Schedule D, line 21 by .0585	22	3481
23.	12% INCOME . Not less than "0." a. 156	× .12 = 23	19
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	24	
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24		
25.	Credit recapture amount (from Credit Recapture Schedule)	25	
26.	Additional tax on installment sale	26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28		
28.	TOTAL INCOME TAX. Add lines 22 through 26	28	3500
29.	Limited Income Credit	29	
30.	Income tax due to another state or jurisdiction	30	
31.	Other credits from Credit Manager Schedule	31	
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32	3500
33.	Voluntary Contributions		
	a. Endangered Wildlife Conservation	33a	
	b. Organ Transplant Fund	33b	
	c. Massachusetts Public Health HIV and Hepatitis Fund	33c	
	d. Massachusetts U.S. Olympic Fund	33d	
	e. Massachusetts Military Family Relief Fund	33e	
	f. Homeless Animal Prevention and Care	33f	
	Total. Add lines 33a through 33f	33	
34.	Use tax due on Internet, mail order and other out-of-state purchases	34	
35.	Health care penalty a. You + b. Spouse	35	
36.	Amended return only. Overpayment from original return	36	
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36	37	3500



III KENANGAN MENGANAN KENANGAN MENGANAN KENANGAN DI II

2020 Form 1, pg. 4 MA20001041555

Massachusetts Resident Income Tax Return 039953398

38.	Massachusetts income tax withheld	38	3942					
39.	2019 overpayment applied to your 2020 estimated tax	39						
40.	2020 Massachusetts estimated tax payments	40						
41.	Payments made with extension	41						
42.	Amended return only. Payments made with original return. Not less than "0"	42						
43.	Earned Income Credit. a. Number of qualifying children b. Amount from U.S. re	eturn × .30 = 43						
	Note: You cannot claim the Earned Income Credit if your filing status is married filing	g separately unless you qualify						
	for an exception (see instructions). Fill in if you qualify for this exception							
44.	Senior Circuit Breaker Credit	44						
45.	Other Refundable Credits	45						
46.	Excess Paid Family Leave Withholding	46						
47.	TOTAL. Add lines 38 through 46	47	3942					
48.	Overpayment. Subtract line 37 from line 47	48	442					
49.	Amount of overpayment you want applied to your 2021 estimated tax	49						
50.	Refund. Subtract line 49 from line 48. Mail to: Massachusetts DOR, PO Box 7000, E	Boston, MA 02204 50	442					
	Direct deposit of refund. Type of account X checking savings RTN # 011000138 account # 466004653385							
51.	Tax due. Pay online at www.mass.gov/dor/payonline.Mail to: Mass. DOR, PO BoInterestPenaltyM-2210 amt.	ox 7003, Boston, MA 02204 51	EX enclose Form M-2210					
l do n	May the Department of Revenue discuss this return with the preparer shown here? I do not want preparer to file my return electronically (this may delay your refund) Paid preparer's							
	paid preparer's name	Date Check if self-employed 03262021	SSN/PTIN P02082703					
	Paid preparer's signaturePaid preparer's phonePaid preparer's EIN678-965-952230-1017196							
SYA	M PRIYA RAM SAGAR GUPTA TALLAM							
	BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1							





2020 Schedule B MA20010011555

MAZUUIUUII555

Lž	AKSHAY	DEWAN	039953398		
Par	t 1. Interest and Dividend Ind	come			
1.	Total interest income			1	
2.	Total ordinary dividends			2	128
3.	Other interest and dividends not in	cluded above		3	
4.	Total interest and dividends			4	128
5.	Total interest from Massachusetts	banks		5	
6a.	Other interest and dividends to be	excluded		6a	
6b.	Part-year/Nonresidents only			6b	
7.	Subtotal			7	128
8.	Allowable deductions from your tra	de or business		8	
9.	Subtotal			9	128
Dor		" .			
	t 2. Short-Term Capital Gain	-	rm Gains on Collectibles		1.5.6
10.	Massachusetts short-term capital g			10	156
11.	Massachusetts long-term capital g			. 11	
12.		xchange or involuntary conv	rersion of property used in a trade or busines		
	held for one year or less			12	150
13a.	Add lines 10 through 12			13a	156
13b.	Part-year/Nonresidents only			13b	150
13c.	Subtract line 13b from line 13a. No			13c	156
14.	Allowable deductions from your tra	de or business		14	150
15.	Subtotal			15	156
16.	Massachusetts short-term capital I		and a standard state of the standard state of the	16	
17.		change or involuntary conv	ersion of property used in a trade or busines		
10	held for one year or less			17	
18.	Prior short-term unused losses for	years beginning atter 1981		18	



2020 Schedule B, pg. 2 039953398 MA20010021555

			150
19a.	Combine lines 15 through 18	19a	156
19b.	Part-year/Nonresidents only	19b	
19c.	Exclude line 19b losses from line 19a	19c	156
20.	Short-term losses applied against interest and dividends	20	
21.	Available short-term losses	21	
22.	Short-term losses applied against long-term gains	22	
23.	Short-term losses available for carryover in 2021	23	
24.	Short-term gains and long-term gains on collectibles	24	156
25.	Long-term losses applied against short-term gain	25	
26.	Subtotal	26	156
27.	Long-term gains deduction	27	
28.	Short-term gains after long-term gains deduction	28	156
Par	t 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gai	ns on Collectibles	
29.	Enter the amount from line 9	29	128
30.	Short-term losses applied against interest and dividends	30	
31.	Subtotal interest and dividends	31	128
32.	Long-term losses applied against interest and dividends	32	
33.	Adjusted interest and dividends	33	128
34.	Enter the amount from line 28	34	156
35.	Adjusted gross interest, dividends and certain capital gains	35	284
36.	Excess exemptions	36	
37.	Subtract line 36 from line 35	37	284
38.	Interest and dividends taxable at 5.0%	38	128
39.	Taxable 12% capital gains	39	156
40.	Available short-term losses for carryover in 2021	40	
	· · · · · · · · · · · · · · · · · · ·		

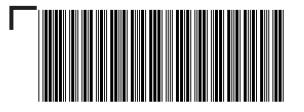




2020 Schedule D

MA20012011555 Long-Term Capital Gains and Losses Excluding Collectibles

LZ	AKSHAY	DEWAN	C	39953398				
Par	1. Long-Term Capital Gains	and Losses. Excluding	Collectibles					
1.								
2.	Enter amounts from U.S. Schedule				2			
3.	Enter amounts from U.S. Schedule	D, line 10, col. h			3			
4.	Enter amounts from U.S. Schedule	D, line 11, col. h			4			
5.	Enter amounts from U.S. Schedule	D, line 12, col. h			5			
6.	Enter amounts from U.S. Schedule	D, line 13, col. h.			6	1		
7.	Massachusetts long-term capital ga	ins and losses included in U	.S. Form 4797, Part II		7			
8.	Carryover losses from prior years				8			
9.	Combine lines 1 through 8				9	1		
10a.	Massachusetts adjustments				10a			
10b.	Part-year/Nonresidents only				10b			
10c.	Combine lines 10a and 10b				10c			
11.	Massachusetts capital gains and los	SSES			11	1		
12.	Long-term gains on collectibles and	pre-1996 installment sales			12			
13.	Subtotal				13	1		
14.	Capital losses applied against capital	al gains			14	_		
15.	Subtotal				15	1		
16.	Long-term capital losses applied ag	ainst interest and dividends			16	_		
17.	Subtotal				17	1		
18.	Allowable deductions from your trac	le or business			18	-		
19.	Subtotal				19	1		
20.	Excess exemptions				20	-		
21.	Taxable long-term capital gains				21	1		
22.	Tax on long-term capital gains				22			
23.	Massachusetts available losses for	carryover			23			





2020 Schedule INC MA20INC011555

MAZUINCUI1555

 LAKSHAY
 DEWAN
 039953398

 Form W-2 and 1099 Information
 C. STATE WAGES/INCOME
 D. TAXPAYER SS WITHHELD
 E. SPOUSE SS WITHHELD
 F. SOURCE OF WITHHOLDING

 A. FEDERAL ID NUMBER
 B. STATE TAX WITHHELD
 C. STATE WAGES/INCOME
 D. TAXPAYER SS WITHHELD
 E. SPOUSE SS WITHHELD
 F. SOURCE OF WITHHOLDING

 593004217
 3942
 78877
 W2

TOTALS

3942

78877

03/26/2021 05:35 PM

REV 03/02/21 PRO





2020 Schedule HC

MA20029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). **Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return. LAKSHAY DEWAN

039953398

1a.	Date of birth	04221993	1b. Spouse's date of birth	1c. Family size	1	
2	Federal adjuster	d aross income			2	74182

- 2. Federal adjusted gross income 2
- 3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2020, you turned 18, you	3a You:	X Full-year MCC	Part-year MCC	No MCC/None				
were a part-year resident or a taxpayer was deceased.	3a Spouse:	Full-year MCC	Part-year MCC	No MCC/None				
If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.								

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2020, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)		You	Spouse
4b. MassHealth. Fill in and go to line 5	Х	You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5		You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5		You	Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net		You	Spouse
is not considered insurance or minimum creditable coverage.			

- 4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.
- Fill in if you were not issued Form MA 1099-HC.
- 4g. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

Fill in if you were not issued Form MA 1099-HC.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2020, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

REV 03/02/21 PRO





2020 Schedule HC, pg. 2

039953398 MA20029021555

Your Health Insurance

6 Yes No

6. Was your income in 2020 at or below 150% of the federal poverty level? If you answer Yes, you are not subject to a penalty in 2020. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2020, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2020. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2020, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

You:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse:	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
 												• •

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2020. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a.	Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based	8a You	Yes	No
	on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by			
	health insurance?	Spouse	Yes	No
lf you a	nswer Yes, go to line 8b. If you answer No, go to line 9.			
8b.	If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2020 tax year?	8b You	Yes	No
		Spouse	Yes	No
lf you a	nswer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to li	ne 8b, go to line	Э.	
9.	Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health	9 You	Yes	No
	Connector for the 2020 tax year?	Spouse	Yes	No
lf vou a	nswer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax			

return. If you answer No to line 9, go to line 10.





2020 Schedule HC, pg. 3

MA20029031555

LAKSHAY

DEWAN

039953398

Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2020 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements	10 You	Yes	No			
as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?	Spouse	Yes	No			
Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered b						
your employer, you were self-employed or you were unemployed.						
11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC	11 You	Yes	No			
Worksheet for Line 11 in the instructions?	Spouse	Yes	No			
If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your	penalty amount					
12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements	12 You	Yes	No			
as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?	Spouse	Yes	No			
If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the						

instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2020 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal. **You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.** Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

Note: If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.





2020 Schedule E

MA20013041555

LAKSHAY 039953398 DEWAN Income or Loss from Real Estate and Royalties Income 450 1. Rents received 1 2. Royalties received 2 Expenses 3. Advertising 3 4. Auto and travel 4 750 5. Cleaning and maintenance 5 6. Commissions 6 7 7. Insurance 8. Legal and other professional fees 8 900 9 9. Management fees 10. Mortgage interest paid to banks, etc. 10 11. Other interest 11 1450 12. Repairs 12 1180 13. Supplies 13 14. Taxes 14 1150 15. Utilities 15 16. Other expenses 16 5430 17. Add lines 3 through 16 17 18. Depreciation expense or depletion 18 5430 19. Total expenses. Add lines 17 and 18 19 -4980 20. Income or loss from rental real estate or royalty properties 20 -4980 21 21. Deductible rental real estate loss 22. Income. Enter positive amounts shown on line 20 22 -4980 23. Losses. Add royalty losses from line 20 and real estate losses from line 21 23 -4980 24. Rental real estate and royalty income or loss 24

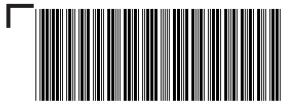


2020 Schedule E, pg. 2 MA20013051555

039953398

Income or Loss from Partnerships and S Corporations 0F D

25.	Passive loss allowed	25
26.	Passive income	26
27.	Non-passive loss	27
28.	Section 179 expense deduction	28
29.	Non-passive income	29
30.	Combine lines 26 and 29	30
31.	Combine lines 25, 27 and 28	31
32.	Partnership and S corporation income or loss. Combine lines 30 and 31	32
33.	Interest (other than MA banks) and dividends if included in line 32	33
34.	Interest from Massachusetts banks if included in line 32	34
35.	Total income or loss from partnerships and S corporations	35
36.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year	
_	disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	
Inco	ome or Loss from Estates and Trusts	
37.	Passive deduction or loss allowed	37
38.	Passive income	38
39.	Non-passive deduction or loss	39
40.	Non-passive other income	40
41.	Add lines 38 and 40	41
42.	Add lines 37 and 39	42
43.	Estate and trust income or loss. Combine lines 41 and 42	43
44.	Estate or non-grantor-type trust income	44
45.	Grantor-type trust and non-Massachusetts estate and trust income	45
46.	Interest and dividends if included in line 45	46
47.	Adjustments to 5.0% income	47
48.	Subtotal. Combine lines 46 and 47	48
	Income or loss from grantor type and non-Mass estates and trusts	49
Inco	ome or Loss from REMICs	
50.	Excess inclusion	50
51.	Taxable income or loss	51
52.	Income	52
53.	Combine lines 51 and 52	53



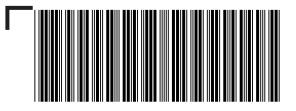


2020 Schedule E, pg. 3 MA20013061555

039953398

Farm Income

	Net farm rental income or loss nmary	54	
	Income or loss. Combine lines 24, 35, 49, 53 and 54	55	-4980
56.	Massachusetts differences Enclose statements	56	
57.	Abandoned building renovation deduction	57	
58.	Total income or loss. Combine lines 55 through 57	58	-4980





2020 Schedule E-1

MA20013011555

 LAKSHAY
 DEWAN
 039953398

 279, 2ND FLOOR, SANT NAGAR
 SANT NAGAR

 SANT NAGAR
 NEW DELHI

 Check one:
 X Real estate
 Royalty

 X Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Inco	ome		
1.	Rents received	1	450
2.	Royalties received	2	
Exp	enses		
	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	750
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	
9.	Management fees	9	900
10.	Mortgage interest paid to banks, etc	10	
11.	Other interest	11	
12.	Repairs	12	1450
13.	Supplies	13	1180
14.	Taxes	14	
15.	Utilities	15	1150
16.	Other expenses	16	
17.	Add lines 3 through 16	17	5430
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	5430
20.	Income or loss from rental real estate or royalty properties	20	-4980
21.	Deductible rental real estate loss	21	-4980
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Enter royalty losses from line 20 or rental real estate losses from line 21	23	-4980
24.	Rental real estate and royalty income or loss	24	-4980
25.	Check if this rental property was used by you or your family for more than 14 days or more than		

10 percent of the total number of days that the property was rented at fair market value

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

2020 Attachment Sequence No. 12

Name(s) shown on return LAKSHAY DEWAN

Department of the Treasury

Internal Revenue Service (99)

Your social security number

039-95-3398

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

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	1,869.	1,693.	_	20.	156.
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	5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					
6						()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	.,		7	156.

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

See instructions for how to figure the amounts to enter on the lines below.		(d)	(e)	(g) Adjustmen		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	from column (d) and 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 from Forms 4684, 6781, and 8824				11	
	12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					
13						1.
14	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	•			15	1.

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	157.
	• 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? 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? 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?		
	☐ 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 03/23/21 PRO

Schedule D (Form 1040) 2020

	Revenue Service (99)	Go to ww	vw.irs.gov/ScheduleE	for instr	uctions	and the	latest	information	•		Seque	ence No.	13
Name(s) shown on return						Yo	Your social security number						
LAKS	HAY DEWAN								-339	8			
Part	Income or Loss	6 From Renta	oyalties	valties Note: If you are in the				of rent	ing perso	onal pr	operty, ι	Jse	
	Schedule C. See	instructions. If	vou are an individual, rep	oort farn	n rental i	ncome o	or loss f	rom Form 48	335 or	n page 2	line 4	0.	
	l you make any payme				. ,							íes 🛛	No
B If "	Yes," did you or will yo										<u> </u>	res 🗌	No
1 a			(street, city, state, ZI)								
Α	SANT NAGAR NEW	I DELHI	DELHI IN 110	065									
B													
<u>C</u>	Type of Property 2 For each rental real estate property listed Fair Rental Personal Use												
1b	Type of Property		perty listed ir rental and		Fair Rental Days		Personal Use Days		Jse	QJV			
•	(from list below)	personal use days. Check the if you meet the requirements to			ox onlv⊦	Α		-	0		、 、	┼────	
 	3	to file as	ructions.			365		(,				
<u>с</u>	+										1		
	of Property:					U							i
	le Family Residence	3 Vacatio	n/Short-Term Rental	5 Jar	hd		7 Self-	Rental					
	ingle Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental Iulti-Family Residence 4 Commercial 6 Royalties 8 Other (describe)												
Incom	, ,		Properties:		yunioo	A		E				С	
3	Rents received		<u>.</u>	3			450.		-				
4	Royalties received .			4									
Expen													
5	Advertising			5									
6	Auto and travel (see instructions)												
7	Cleaning and maintenance						750.						
8	Commissions												
9	Insurance			9									
10	Legal and other professional fees												
11	Management fees .	11			900.								
12	Mortgage interest pai	12											
13	Other interest			13									
14	Repairs			14			450.						
15	Supplies			15		1,	180.						
16	Taxes			16		- 1	1 = 0						
17	Utilities			17		⊥,	150.						
18 19	Depreciation expense Other (list) ►			18 19									
19 20	Total expenses. Add			20			430.						
	-	-		5,	430.								
21	Subtract line 20 from result is a (loss), see												
				21		-4,	980.						
22	Deductible rental real		fter limitation if any			,							
	on Form 8582 (see in			22	(-4,9	80.)	()()
23a	Total of all amounts reported on line 3 for all rental prope						23a	(4	50.			,
b	Total of all amounts reported on line 4 for all royalty prop						23b						
с	Total of all amounts reported on line 12 for all properties						23c						
d	Total of all amounts reported on line 18 for all properties						23d						
е	Total of all amounts re				23e		5,4	30.					
24	Income. Add positive	ot inclu	de any	losses				24					
25	Losses. Add royalty lo	sses from line	21 and rental real estate	e losses	s from lir	ne 22. E	nter tota	al losses her	e.	25 (4,98	80.)
26	Total rental real esta	ate and roya	ty income or (loss).	Combi	ne lines	s 24 an	d 25. E	inter the re	sult				
	here. If Parts II, III, I												
	Schedule 1 (Form 104	40), line 5. Oth	erwise, include this a	amount	in the t	otal on	line 41	on page 2		26		-4,9	980.

Supplemental Income and Loss

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Department of the Treasury

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

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