

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: SURAJIT, Last name: PAUL, Your social security number: 839-89-7062
If joint return, spouse's first name and middle initial, Last name, Spouse's social security number

Home address (number and street): 9939 FREDERICKSBURG ROAD, Apt. no.: 1811, Presidential Election Campaign
City, town, or post office: SAN ANTONIO, State: TX, ZIP code: 78240
Foreign country name, Foreign province/state/county, Foreign postal code
[ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1956 [ ] Are blind Spouse: [ ] Was born before January 2, 1956 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation.

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

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	0.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	0.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	0.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	0.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	1,137.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	1,137.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <b>NO</b>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	600.
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	600.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	1,737.

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	1,737.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	1,737.
<b>b</b>	Routing number 2 7 1 0 7 0 8 0 1	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 0 1 3 4 6 9 4 1 0 9		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here**

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

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

**Paid Preparer Use Only**

Preparer's name <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	Preparer's signature <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	Date <b>01/29/2021</b>	PTIN <b>P02082703</b>	Check if: <input type="checkbox"/> Self-employed
Firm's name <b>GLOBAL TAXES LLC</b>	Firm's address <b>2530 Pebble Creek Ln Cumming GA 30041</b>			Phone no. (678) 965-9522 Firm's EIN <b>30-1017196</b>

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

# Tax History Report

▶ Keep for your records

**2020**

Name(s) Shown on Return

SURAJIT PAUL

Five Year Tax History:					
	2016	2017	2018	2019	2020
Filing status . . . . .					Single
Total income . . . . .					6,381.
Adjustments to income					
Adjusted gross income					6,381.
Tax expense . . . . .					
Interest expense . . .					
Contributions . . . . .					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,400.
Exemption amount . .					0.
QBI deduction . . . . .					
Taxable income . . . .					0.
Tax . . . . .					
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					1,737.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					1,737.
Effective tax rate % . .					0.00
**Tax bracket % . . . .					10.0

\*\*Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2020

Keep for your records

Table with 2 columns: Name(s) Shown on Return (SURAJIT PAUL) and Social Security Number (839-89-7062)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part VI of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, etc.) and checkbox (checked for ERO entered Primary Taxpayer's PIN)

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN587278 Self-Select PIN 61989

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgment of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) . . . . . 97062 Spouse's PIN (5 numbers) . . . . . Date . . . . . 01/22/2021

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

**Part I – Personal Information**

**Taxpayer:**  
 Last name . . . . . PAUL  
 First name . . . . . SURAJIT  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 839-89-7062  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 01/01/1973 (mm/dd/yyyy)  
 Age as of 1-1-2021 . . . . . 48  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . SUROJEET\_P@YAHOO.COM  
 Work phone . . . . . (630) 489-8235 Ext  
 Cell phone . . . . .  
 Home phone . . . . .  
 Fax number . . . . .

**Spouse:**  
 Last name (if different) . . . . .  
 First name . . . . .  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . .  
 Occupation . . . . .  
 Date of birth . . . . . (mm/dd/yyyy)  
 Age as of 1-1-2021 . . . . .  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . .  
 Work phone . . . . . Ext  
 Cell phone . . . . .  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer work phone (630) 489-8235  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work  
 Print Form 1040-SR instead of Form 1040 . . . . .  Yes  No

**US Address:**  
 Address . . . . . 9939 FREDERICKSBURG ROAD Apt no. . . . . 1811  
 City . . . . . SAN ANTONIO State . . . . . TX ZIP code . . . . . 78240  
**Foreign Address:** Check this box to use foreign address . .   
 Address . . . . . Apt no. . . . .  
 City . . . . .  
 Foreign code . . . . . Foreign country . . . . .  
 Foreign province/country . . . . . Foreign postal code . . . . .  
 Foreign phone . . . . .  
 APO/FPO/DPO address . .  APO  FPO  DPO

**Part II – Federal Filing Status**

- 1** Single
- 2** Married filing jointly
- 3** Married filing separately
  - Taxpayer did **not** live with spouse at any time during year
  - Taxpayer eligible to claim spouse's exemption (state use), blind, or over age 65 (see Help)
- 4** Head of household
  - If qualifying person is child but not dependent:
  - Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_
  - Child's social security number . . . . . \_\_\_\_\_
- 5** Qualifying widow(er)
  - Year spouse died  2018  2019
  - Enter the qualifying person's name:
  - Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_
  - Child's social security number . . . . . \_\_\_\_\_

**Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information**

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy)	Date of death (mm/dd/yyyy)**	A G E  E I C	Dependent Identity Protection PIN (see tax help)		Qualified child/dep care exps incurred and paid 2020 Code	Not qual credit other dep  Not qual for child tax credit Or non U.S.***
						Lived with taxpyr in U.S.	Educ Tuition and Fees		

\* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help  
 \*\* The health care shared responsibility payment calculation does not include individuals after date of death  
 \*\*\* **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

Identity Verification Worksheet

2020

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (SURAJIT PAUL) and Social Security Number (839-89-7062)

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

- Checkboxes for Taxpayer and Spouse. Note: Alabama does not allow this option

Taxpayer/Spouse did not provide driver's license or state id information

- Checkboxes for Taxpayer and Spouse. Note: Alabama, New York and Ohio do not allow this option

Check to confirm transferred driver's license or state id information (which appears in green) is correct . . . . . [ ]

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Taxpayer:

Issuing state . . . . . TX
License number . . . . . T0657378
Issue date . . . . . 11/09/2018
Expiration date . . . . . 10/09/2028
Does not expire . . . . . [ ]
NY Document number (first 3 chars)\* . . . . .

Spouse:

Issuing state . . . . .
License number . . . . .
Issue date . . . . .
Expiration date . . . . .
Does not expire . . . . . [ ]
NY Document number (first 3 chars)\* . . . . .

State Identification Card Detail

Taxpayer:

Issuing state . . . . .
Identification number . . . . .
Issue date . . . . .
Expiration date . . . . .
Does not expire . . . . . [ ]
NY Document number (first 3 chars)\* . . . . .

Spouse:

Issuing state . . . . .
Identification number . . . . .
Issue date . . . . .
Expiration date . . . . .
Does not expire . . . . . [ ]
NY Document number (first 3 chars)\* . . . . .

\* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

**Identity Verification Method** (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

**Documents Used to Verify Primary Taxpayer Identity:**

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

**Documents Used to Verify Spouse Identity** (If you file joint return):

- Driver's license (complete detail above)
  - State issued identification card (complete detail above)
- 
-

**Electronic Filing Information Worksheet**  
 ▶ Keep for your records

**2020**

Name(s) Shown on Return  
 SURAJIT PAUL

Social Security Number  
 839-89-7062

**Payment by Check (Form 1040-V) – Federal Balance Due**

Date Form 1040-V was given to client . . . . . ▶ \_\_\_\_\_

**Electronic Return Originator Information**

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. . . . . ▶ 587278  
 For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return . . . . . ▶ \_\_\_\_\_

ERO Name <u>GLOBAL TAXES LLC</u>	ERO Electronic Filers Identification Number (EFIN) <u>587278</u>
ERO Address <u>2530 Pebble Creek Ln</u>	ERO Employer Identification Number <u>30-1017196</u>
City <u>Cumming</u>	State <u>GA</u>
ZIP Code <u>30041</u>	ERO Social Security Number or PTIN _____
Country _____	

**Paid Preparer Information**

Firm Name <u>GLOBAL TAXES LLC</u>	Social Security Number or PTIN <u>P02082703</u>
Name <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Employer Identification Number <u>30-1017196</u>
Address <u>2530 Pebble Creek Ln</u>	Phone Number <u>(678)965-9522</u>
City <u>Cumming</u>	Fax Number _____
State <u>GA</u>	
ZIP Code <u>30041</u>	
Country _____	E-mail Address <u>SYAM@GTAXFILE.COM</u>

**Non Paid Preparer Information**

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed . . . . . ▶   
 IRS-prepared . . . . . ▶   
 Prepared by taxpayer or other non-paid preparer . . . . . ▶

**Amended Returns**

- Check this box to file another **federal** amended return electronically
- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
- Check this box to file another **state and/or city** amended return electronically

\* Select the state and/or city amended return(s) to file electronically.

State/City *	
<input type="checkbox"/>	Georgia
<input type="checkbox"/>	Michigan
<input type="checkbox"/>	New York
<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Wisconsin



**Miscellaneous Electronic Filing Items**

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return. . . . .

Enter an 'in care of addressee' if applicable . . . . .

Name of personal representative for deceased returns . . .

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? . . . . .  Yes  No

Check this box if your client is in the U.S. Armed Forces with a stateside address . . . . .

Select the appropriate combat zone from the picklist if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area. . . . .

Other combat zone deployment date . . . . .

**Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.**

**Note:** To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method. . . . .	<input type="checkbox"/>	<input type="checkbox"/>

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) .	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report . . . . .	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities. . . . .	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel . . . . .	N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return SURAJIT PAUL	Social Security Number 839-89-7062
-----------------------------------------	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
HCL AMERICA INC		6,381.	1,137.		
<b>Totals . . . . .</b>		<b>6,381.</b>	<b>1,137.</b>		

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	6,381.		6,381.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages . . . . .			
	Unreported tips . . . . .	0.		0.
2	Total federal tax withheld . . . . .	1,137.		1,137.
3 & 7	Total social security wages/tips . . . . .	6,669.		6,669.
4	Total social security tax withheld . . . . .	413.		413.
5	Total Medicare wages and tips . . . . .	6,669.		6,669.
6	Total Medicare tax withheld . . . . .	97.		97.
8	Total allocated tips . . . . .			
9	Not used . . . . .			
10 a	Total dependent care benefits . . . . .			
b	Offsite dependent care benefits . . . . .			
c	Onsite dependent care benefits . . . . .			
11	Total distributions from nonqualified plans . . . . .			
12 a	Total from Box 12 . . . . .	618.		618.
b	Elective deferrals to qualified plans . . . . .	288.		288.
c	Roth contrib. to 401(k), 403(b), 457(b) plans . . . . .			
d	Deferrals to government 457 plans . . . . .			
e	Deferrals to non-government 457 plans . . . . .			
f	Deferrals 409A nonqual deferred comp plan . . . . .			
g	Income 409A nonqual deferred comp plan . . . . .			
h	Uncollected Medicare tax . . . . .			
i	Uncollected social security and RRTA tier 1 . . . . .			
j	Uncollected RRTA tier 2 . . . . .			
k	Income from nonstatutory stock options . . . . .			
l	Non-taxable combat pay . . . . .			
m	QSEHRA benefits . . . . .			
n	Total other items from box 12 . . . . .	330.		330.
14 a	Total deductible mandatory state tax . . . . .			
b	Total deductible charitable contributions . . . . .			
c	Total state deductible employee expenses . . . . .			
d	Total RR Compensation . . . . .			
e	Total RR Tier 1 tax . . . . .			
f	Total RR Tier 2 tax . . . . .			
g	Total RR Medicare tax . . . . .			
h	Total RR Additional Medicare tax . . . . .			
i	Total RRTA tips . . . . .			
j	Total other items from box 14 . . . . .			
k	Total sick leave subject to \$511 limit . . . . .			
l	Total sick leave subject to \$200 limit . . . . .			
m	Total emergency family leave wages . . . . .			
16	Total state wages and tips . . . . .			
17	Total state tax withheld . . . . .			
19	Total local tax withheld . . . . .			

Name as shown on return SURAJIT PAUL	Social Security Number 839-89-7062
-----------------------------------------	---------------------------------------

**Employer EIN** . . . . . 77-0205035  
**Employer Name** . . . . . HCL AMERICA INC  
 Name (continued) . . . . .  
**Street Address or P. O. Box** 330 POTRERO AVE  
**City** .SUNNYVALE **State** CA **ZIP** .94085-4113  
**Foreign Province/County** . . . . .  
**Foreign Postal Code** . . . . .  
**Foreign Country** . . . . .

**Spouse's W-2**  **Do not transfer this W-2 to next year**  
 **Automatically calculate** lines 3 through 6 and line 16.  
**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

<b>1</b> Wages, tips, other comp . . . . . 6,381.	<b>2</b> Federal income tax withheld . . . . . 1,137.
<b>3</b> Social security wages . . . . . 6,669.	<b>4</b> Social sec tax withheld . . . . . 413.
<b>5</b> Medicare wages and tips . . . . . 6,669.	<b>6</b> Medicare tax withheld . . . . . 97.
<b>7</b> Social security tips . . . . .	<b>8</b> Allocated tips . . . . .

**13 b**  Retirement plan  
 Foreign source income eligible for exclusion on **Form 2555**  
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	1.	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
D	288.	M: Enter amount attributable to RRTA Tier 2 tax . . . . .
DD	329.	P: Double-click to link to Form 3903, line 4 . . . . .
		R: Enter MSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		W: Enter HSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		G: <input type="checkbox"/> Employer is <b>not</b> a state or local government

State	Box 15 Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax

I confirm that the state withholding identification number(s) are accurate . . . . .

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

<b>9</b> Dependent care benefits (Check if employer furnished care at work) . . . . . <input type="checkbox"/>	<b>9</b>
<b>10</b> Dependent care benefits — Amount forfeited from flexible spending account . . . . .	<b>10</b>
<b>11</b> Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) . . . . .	<b>11</b>

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Keep for your records

SURAJIT PAUL	839-89-7062	Page 2
Employer Name . . . . . HCL AMERICA INC		

Part I – Statutory employees

A <input type="checkbox"/> Box 13a. Statutory employee	C	
B <input type="checkbox"/> Deducting expenses in connection with this income		
C <input type="checkbox"/> If deducting expenses, double-click to link to Schedule C . . . . .		

Part II – Clergy, church employees, members of recognized religious sects

<b>Clergy only:</b>		D E
D <input type="checkbox"/>	Enter your designated housing or parsonage allowance . . . . .	
E <input type="checkbox"/>	Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .	
F <input type="checkbox"/>	If no FICA was withheld, check the applicable box below	
1 <input type="checkbox"/>	Pay self-employment tax on housing or parsonage allowance only	
2 <input type="checkbox"/>	Pay self-employment tax on W-2 income only	
3 <input type="checkbox"/>	Pay self-employment tax on W-2 income and housing allowance	
4 <input type="checkbox"/>	Exempt from SE tax and have an approved exemption Form 4361	
<b>Non-Clergy:</b>		
G <input type="checkbox"/>	If no FICA was withheld, check the applicable box below	
1 <input type="checkbox"/>	Pay self-employment tax on this W-2 income	
2 <input type="checkbox"/>	Exempt from self-employment tax and have an approved Form 4029	

Part III – Unreported Tip Income

H 1 <input type="checkbox"/>	Tips \$20 or more in a month which were not reported to employer . . . . .	H1	
2 <input type="checkbox"/>	Tips less than \$20 in a month which were not required to be reported . . . . .	H2	
3 <input type="checkbox"/>	Value of non-cash tips, such as tickets or passes, not reported to employer . . . . .	H3	
4 <input type="checkbox"/>	Actual amount of allocated tips if different than the amount in box 8 . . . . .	H4	
5 <input type="checkbox"/>	Tips paid out through a tip-sharing arrangement . . . . .	H5	
6 <input type="checkbox"/>	Employer is a federal, state, or local government and tips are only subject to Medicare tax		

Part IV – Substitute Form W-2

I a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . . ▶ \_\_\_\_\_

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

\_\_\_\_\_

\_\_\_\_\_

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

\_\_\_\_\_

\_\_\_\_\_

d QuickZoom to completed Form 4852 for reference . . . . . ▶ \_\_\_\_\_

Part V – Inmate in a Penal Institution

J a Pay from work performed while an inmate in a penal institution . . . . .

Part VI – Additional Information for Electronic Filing and Certain States (See Help)

13 c  Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) . . . . . \_\_\_\_\_

Employee information: Correct to match employee information on W-2

Employee's SSN. . . . . 839-89-7062

First name SURAJIT M.I. Last name PAUL Suff. \_\_\_\_\_

Address 9939 FREDERICKSBURG ROAD, Apt. 1811 City SAN ANTONIO St TX ZIP code 78240

Foreign Province/County \_\_\_\_\_ Foreign Postal Code \_\_\_\_\_

Foreign Country \_\_\_\_\_

# Tax Payments Worksheet

**2020**

▶ Keep for your records

Name(s) Shown on Return <b>SURAJIT PAUL</b>	Social Security Number <b>839-89-7062</b>
------------------------------------------------	----------------------------------------------

**Estimated Tax Payments for 2020** (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	07/15/20		07/15/20			07/15/20		
2	07/15/20		07/15/20			07/15/20		
3	09/15/20		09/15/20			09/15/20		
4	01/15/21		01/15/21			01/15/21		
5								
<b>Tot Estimated Payments . . .</b>								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2020 . . . . .					
7 Credited by estates and trusts . . . . .					
8 <b>Totals</b> Lines 1 through 7 . . . . .					
9 2020 extensions . . . . .					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2 . . . . .	1,137.		
11 Forms W-2G . . . . .			
12 Forms 1099-R . . . . .			
13 Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G . . . . .			
14 Schedules K-1 . . . . .			
15 Forms 1099-INT, DIV and OID . . . . .			
16 Social Security and Railroad Benefits . . . . .			
17 Form 1099-B . . . . .			
18 a Other withholding . . . . .			
b Other withholding . . . . .			
c Other withholding . . . . .			
d Additional Medicare Tax . . . . .			
19 <b>Total Withholding</b> Lines 10 through 18d . . . . .	1,137.		
20 <b>Total Tax Payments for 2020</b> . . . . .	1,137.		

Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2019 extensions . . . . .				
22 2019 estimated tax paid after 12/31/2019 . . . . .				
23 Balance due paid with 2019 return . . . . .				
24 Other (amended returns, installment payments, etc) . . . . .				

# Earned Income Worksheet

**2020**

▶ Keep for your records

Name(s) Shown on Return SURAJIT PAUL	Social Security Number 839-89-7062
-----------------------------------------	---------------------------------------

## Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .	_____	_____	_____
<b>b</b> Optional Method and Church Employee income . . . . .	_____	_____	_____
<b>c</b> Add lines 1a and 1b . . . . .	_____	_____	_____
<b>d</b> One-half of self-employment tax . . . . .	_____	_____	_____
<b>e</b> Subtract line 1d from line 1c . . . . .	_____	_____	_____
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .	_____	_____	_____
<b>b</b> Net nonfarm profit or (loss) . . . . .	_____	_____	_____
<b>c</b> Add lines 2a and 2b . . . . .	_____	_____	_____
<b>3 If filing Schedule C as a statutory employee,</b> enter the amount from line 1 of that Schedule C . . . . .	_____	_____	_____
<b>4</b> Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .	_____	_____	_____

## Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above) . . . . .	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	6,381.	_____	6,381.
7 <b>a</b> Taxable employer-provided adoption benefits . . . . .	_____	_____	_____
<b>b</b> Foreign earned income exclusion . . . . .	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19 . . . . .	6,381.	_____	6,381.
9 <b>a</b> Taxable dependent care benefits . . . . .	_____	_____	_____
<b>b</b> Nontaxable combat pay . . . . .	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	6,381.	_____	6,381.
11 Scholarship or fellowship income not on W-2 . . . . .	_____	_____	_____
12 SE exempt earnings less nontaxable income . . . . .	_____	_____	_____
13 Distributions from nonqualified/Sec. 457 plans . . . . .	_____	_____	_____
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	6,381.	_____	6,381.

## Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss) . . . . .	_____	_____	_____
16 Wages, salaries, tips, etc . . . . .	6,381.	_____	6,381.
17 Net self-employment loss . . . . .	_____	_____	_____
18 Alimony received . . . . .	_____	_____	_____
19 Nontaxable combat pay . . . . .	_____	_____	_____
20 Foreign earned income exclusion . . . . .	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction . . . . .	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, In 2. . . . .	6,381.	_____	6,381.

## Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

23 Self-employed, church and statutory employees . . . . .	_____	_____	_____
24 Wages, salaries, tips, etc . . . . .	6,381.	_____	6,381.
25 Nontaxable combat pay . . . . .	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2. . . . .	6,381.	_____	6,381.

# Federal Carryover Worksheet

**2020**

▶ Keep for your records

Name(s) Shown on Return SURAJIT PAUL	Social Security Number 839-89-7062
-----------------------------------------	---------------------------------------

**2019 State and Local Income Tax Information**

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
<b>Totals . .</b>						

**2019 State Extension Information**

(a) State	(b) Paid With Extension

**2019 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2019 State Estimates Information**

(a) State	(c) Estimates Paid After 12/31

**2019 Locality Estimates Information**

(a) Locality	(c) Estimates Paid After 12/31

**2019 State Taxes Due Information**

(a) State	(e) Paid With Return

**2019 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2019 State Refund Applied Information**

(a) State	(g) Applied Amount

**2019 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2019 State Tax Refund Information**

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

**2019 Locality Tax Refund Information**

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2019	2020
1	Filing status . . . . .		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		0.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		6,381.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		0.
7	Alternative minimum tax . . . . .		
8	Federal overpayment applied to next year estimated tax . . . . .		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

Excess Contributions		2019	2020
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .		
b	Spouse's excess HSA contributions as of 12/31 . . . . .		

Loss and Expense Carryovers		2019	2020
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss . . . . .		
b	AMT Short-term capital loss . . . . .		
13 a	Long-term capital loss . . . . .		
b	AMT Long-term capital loss . . . . .		
14 a	Net operating loss available to carry forward . . . . .		
b	AMT Net operating loss available to carry forward . . . . .		
15 a	Investment interest expense disallowed . . . . .		
b	AMT Investment interest expense disallowed . . . . .		
16	Nonrecaptured net Section 1231 losses from:	a	2020 . . . . .
		b	2019 . . . . .
		c	2018 . . . . .
		d	2017 . . . . .
		e	2016 . . . . .
		f	2015 . . . . .
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2020 . . . . .
		b	2019 . . . . .
		c	2018 . . . . .
		d	2017 . . . . .
		e	2016 . . . . .
		f	2015 . . . . .



# Tax Summary Report

2020

Name(s) Shown on Return

SURAJIT PAUL

Filing status . . . . . Single . . . . . Number of exemptions . . . . . 1

**Gross Income**

Wages and salaries . . . . .	6,381.
Interest and dividend income . . . . .	_____
Business income (loss) . . . . .	_____
Capital gains (losses) . . . . .	_____
Pensions and annuities . . . . .	_____
Rents, royalties, partnerships, etc . . . . .	_____
Farm income (loss) . . . . .	_____
Social security benefits . . . . .	_____
Other income . . . . .	_____
<b>Total Gross Income</b> . . . . .	<b>6,381.</b>

**Adjustments to Income** . . . . .

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . \_\_\_\_\_ 6,381.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	_____
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	_____
Standard deduction . . . . .	12,400.

**Taxable Income** . . . . .

	0.
Income tax . . . . .	0.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	0.
Nonbusiness credits . . . . .	_____
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	_____
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 0.

Withholding . . . . .	1,137.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	1,737.
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 1,737.

**Refund** . . . . . 1,737.

**Amount Applied to Estimate** . . . . . \_\_\_\_\_

**Amount Due** . . . . . 0.

Tax bracket . . . . .	10.0 %
Effective tax rate . . . . .	0.00 %

# Recovery Rebate Credit Worksheet

**2020**

Name(s) Shown on Return  
SURAJIT PAUL

Social Security No.  
839-89-7062

**This worksheet is used to compute the allowed recovery rebate credit for line 30 of Form 1040 or 1040-SR after accounting for any economic stimulus payment previously received.**

<p><b>1</b> Can you be claimed as a dependent on another person's 2020 return?  <input checked="" type="checkbox"/> <b>No.</b> Go to line 2  <input type="checkbox"/> <b>Yes. Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p>		
<p><b>2</b> Does your 2020 return include a valid social security number for you, and if filing a joint return, your spouse?  <input checked="" type="checkbox"/> <b>Yes.</b> Skip lines 3 and 4 and go to line 5.  <input type="checkbox"/> <b>No.</b> If you are filing a joint return, go to line 3. If you aren't filing a joint return, <b>Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p>		
<p><b>3</b> Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number?  <input type="checkbox"/> <b>Yes.</b> Your credit is not limited. Go to line 5.  <input type="checkbox"/> <b>No.</b> Go to line 4.</p>		
<p><b>4</b> Does one of you have a valid social security number?  <input type="checkbox"/> <b>Yes.</b> Your credit is limited. Go to line 5.  <input type="checkbox"/> <b>No. Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p>		
<p><b>5</b> Enter: ● \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or                  ● \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3. . . . .</p>	<b>5</b>	1,200.
<p><b>6</b> Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number . . . . .</p>	<b>6</b>	
<p><b>7</b> Add lines 5 and 6 . . . . .</p>	<b>7</b>	1,200.
<p><b>8</b> Enter: ● \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or                  ● \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3. . . . .</p>	<b>8</b>	600.
<p><b>9</b> Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number . . . . .</p>	<b>9</b>	
<p><b>10</b> Add lines 8 and 9 . . . . .</p>	<b>10</b>	600.
<p><b>11</b> Enter the amount from line 11 of Form 1040 or 1040-SR . . . . .</p>	<b>11</b>	6,381.
<p><b>12</b> Enter the amount shown below for your filing status :                  ● \$150,000 if married filing jointly or qualifying widow(er)                  ● \$112,500 if head of household                  ● \$75,000 if single or married filing separately</p>	<b>12</b>	75,000.
<p><b>13</b> Is the amount on line 11 more than the amount on line 12?  <input checked="" type="checkbox"/> <b>No.</b> Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.  <input type="checkbox"/> <b>Yes.</b> Subtract line 12 from line 11. . . . .</p>	<b>13</b>	
<p><b>14</b> Multiply line 13 by 5% (0.05) . . . . .</p>	<b>14</b>	
<p><b>15</b> Subtract line 14 from line 7. If zero or less, enter -0- . . . . .</p>	<b>15</b>	1,200.
<p><b>16</b> Enter the amount, if any, of the economic impact payment (EIP) 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here. . . . .</p>	<b>16</b>	1,200.
<p><b>17</b> Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15 you don't have to pay back the difference . . . . .</p>	<b>17</b>	0.
<p><b>18</b> Subtract line 14 from line 10. If zero or less, enter -0- . . . . .</p>	<b>18</b>	600.
<p><b>19</b> Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here. . . . .</p>	<b>19</b>	0.
<p><b>20</b> Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18 you don't have to pay back the difference . . . . .</p>	<b>20</b>	600.
<p><b>21</b> <b>Recovery rebate credit.</b> Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR. . . . .</p>	<b>21</b>	600.

# Smart Worksheets from your 2020 Federal Tax Return

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 2 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 3 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 4 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 5 . . . . .

SMART WORKSHEET FOR: Federal Information Worksheet  
Print page 6 . . . . .

SMART WORKSHEET FOR: Form W-2 Worksheet (HCL AMERICA INC)

<b>Qualified Business Income Deduction Smart Worksheet</b>			
<i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C (Part I, row B is not checked).</i>			
A	Is this activity a qualified trade or business under Section 199A? . . . . .	<input type="checkbox"/>	Yes <input type="checkbox"/> No
B	QBI worksheet to report . . . . .	<input type="checkbox"/>	Yes <input type="checkbox"/> No
C	Specified Service Trade or Business (SSTB)? . . . . .	<input type="checkbox"/>	Yes <input type="checkbox"/> No