| Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(e) (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 memory is a child but not your dependent ▶ Your finst name and middle initial Last name Your social security number VIVEK Parate 165 - 47 - 3903 Posed's social security number Viver, or poat office. If you have a P.O. box, see instructions. Apt. no. Spous's social security number 270 MCDUFF AVE CA 945 39 Posign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county You Spouse tensice Any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in axy virtual currency? Yes No Standard Spouse instructions): (Pi Social security endured bioling province/state/state) (Pi Will security file) (Pi Will security file) Advitime during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in axy virtual currency? Yes No Standard Spouse itensize on a separate return or you were a dual-status alien | 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | ⁽⁹⁹⁾ 202 | 20 | OMB No. 154 | 5-0074 | IRS Use 0 | Dnly– | -Do not wr | ite or staple | in this space. |
|--|--|----------------|--|----------------------|------------------------|-------|-----------------|----------|--------------|------------|----------------------------|---------------|----------------|
| VIVEX BAIRY 165-47-3903 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 270 MCDUFF AVE APt. no. Presidential Election Campaign City, tewr, or post office. If you have a foreign address, also complete spaces below. State ZIP code Presidential Election Campaign Foreign country name Foreign province/state/county Foreign postal code You Spouse finding (brity), wont 33 togo for his find. Checking a togo for | Check only | s 🗙 د If yo | Single D Married filing jointly under the n |] Marrie ame of y | ed filing separately | | | | • | <i>,</i> _ | | , , | . , . , |
| 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. Check here if you, or your 270 MCDUFFF AVE CA 94539 Spouse's social security want Sa FREMONT CA 94539 Spouse filing jointy, want S3 Foreign country name Foreign province/state/county Foreign postal code you, tax or refund. Foreign country name Foreign province/state/county Foreign postal code you, tax or refund. Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Dependents Gee instructions; (9) First name (9) First name (9) First name (9) First name If more than four dependents, see instructions; (9) First name 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | Your first name | and mi | iddle initial | Last nar | me | | | | | | Your so | cial securi | ty number |
| Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 270 MCDUFF AVE Check here if you, or your Gity, town, or post office. If you have a foreign address, also complete spaces below. State 2/P code 94539 Foreign country name Foreign province/state/country Foreign postal code your, tax or fund. Standard Someone can claim: You as dependent Your your spouse as a dependent your, tax or fund. Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You: Were born before January 2, 1956 Are blind Dependents (see instructions): (i) First name Last name I 1 40, 628. If more are elinstructions a b Depandents So I 1 40, 628. Standard Bersions and annuities Sa Depandents Sb Sa Depandents If more are instructions: (i) First name Last name I 1 40, 628. I 1 40, 628. Standard Berside amount Sa Depandents Sa Depandents Sa Depandents Sa | VIVEK | | | BAIR | Y | | | | | | 165-4 | 17-390 | 3 |
| 270 MCDUFF AVE Chickhore if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code toge of this ignite, want 33 Foreign country name Foreign province/state/country Foreign postal code you tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent You go to this ignite Standard Someone can claim: You as a dependent Your spouse as a dependent You for dualities for see instructions; Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Fieldionafing (4) U (first qualifies for see instructions): If more 1 Attach 2a Tax-exempt interest 2a 2b 3a 0 0 1 140, 628. Standard 1 140, 628. 1 140, 628. 3b 0 0 1 140, 628. Attach 2.4 2a Tax-exempt interest 2a 1 140, 628. 3b | lf joint return, s | pouse's | s first name and middle initial | Last nar | me | | | | | | Spouse's | s social see | curity number |
| Clip, Win, or Dost mice, in your have a hotegin address, and obinipete spaces below. State 24* doal to go to this fund, Checking a box below, Will not change your tax or refund. FREEMONT CA 94533 Box below, Will not change your tax or refund. 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 Your spouse as a dependent Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (i) First name Last name (i) First name Is blind If more (i) First name Last name Iii 140, 628. Iiii 140, 628. Sch. Bif ag Qualified dividends 3a Iiiii 140, 628. Standard Ga Galaries Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | | | | instructio | ons. | _ | | <i>,</i> | Apt. no. | | Check here if you, or your | | |
| FFEEMONT CA 94539 box below will not change Foreign country name Foreign province/state/county Foreign postal code You | City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete sp | paces below. | Sta | ite | ZIP co | ode | | | | |
| At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Aual-status alien Aual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Opendents (see instructions): (1) First name Last name number Child tax credit Credit for other dependents see instructions Interest 1 140, 628. Attach 2a Tax-exempt interest 2a 2a b Dordinary dividends 3b Standard Gualified dividends 5a b Taxable amount 4b b Taxable amount 4b Standard Gualified dividends 5a b Taxable amount 5b b Taxable amount 5b b Taxable amount 5b b Taxable amount 5b capital gain or (loss). Attach Schedule D if required | FREMONT | | | | | C | A | 945 | 539 | | box belo | w will not | change |
| Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Felationship (4) V' It qualifies for (see instructions): If more than four dependents, see instructions: (1) First name Last name (2) Social security (3) Felationship (4) V' It qualifies for (see instructions): If more than four dependents, see instructions: (1) First name Last name (1) First name (2) Social security (3) Felationship (4) V' It qualifies for (see instructions): and check | Foreign countr | / name | | F | Foreign province/state | /coun | ty | Foreig | gn postal co | de | | | |
| Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions Immber (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions Immber Immber (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): If more than four dependents Immber | At any time du | ring 20 | 020, did you receive, sell, send, exch | nange, o | r otherwise acquire | any | financial inter | est in a | any virtual | cur | rency? | Yes | X No |
| Dependents (see instructions): (1) First name Last name (2) Social security number (6) Relationship to you (1) I' it qualifies for (see instructions): Child tax credit Credit for other dependents see instructions and check here > 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 140, 628. Attach Sch. B if required. 2a 2a b b Tax-exempt interest 2b Attach Sch. B if required. 1 Wages, salaries, tips, etc. Attach Form(s) W-2 b D Taxable interest 2b Attach Sch. B if required. 2a 3a b D Taxable interest 2b 4a 1 140, 628. 2b 5b 5b 5a Pensions and annuities 5a 5a 5b 5b 6a 5a alou of (loss). Attach Schedule D if required. If not required, check here 7 7 8 Other income from Schedule 1, line 2 | | _ | | • | | | | | | | | | |
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| required. 4a 1a 1a <th1a< th=""> <th1a< th=""> 1a 1a</th1a<></th1a<> | Sch. B if | | · · | | | | | | | • • | | + | |
| 5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 6b * Single or Married filing separately, \$12,400 * Capital gain or (loss). Attach Schedule D if required. If not required, check here • • 7 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income • 8 9 140, 628. • Married filing jointly or Qualifying widow(er), \$24,800 • • • 9 140, 628. • Charitable contributions if you take the standard deduction. See instructions • 10a • 10b • Head of household, \$18,650 • • • • 10c • • Hou checked any box under Standard Deduction or itemized deductions (from Schedule A) • 11 140, 628. 12 12, 400. • If you checked Standard Deduction, see instructions. • 13 • 14 12, 400. 13 14 12, 400. 13 14 12, 400. 13 14 12, 400. 13 14 12, 400. 14 12, 400. 15 | required. | | | | | | · · · | | | • • | | + | |
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| Deduction for- 7 Single or Married filing separately, \$12,400 8 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 9 140,628. 9 140,628. 9 140,628. 9 140,628. 9 140,628. 9 140,628. 9 140,628. 9 140,628. 10 Adjustments to income: a From Schedule 1, line 22 a From Schedule 1, line 22 b Charitable contributions if you take the standard deduction. See instructions 10a 10b 9 140,628. 11 140,628. 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 | Standard | | | | | | | | | • • | | + | |
| Single or Married filing separately, \$12,400 Married filing separately, \$12,400 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 Subtract line 10c from line 9. This is your adjusted gross income If you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A Igoualified business income deduction. Attach Form 8995 or Form 8995-A Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- Igoualify a function of the second seco | | | ···· , ··· _ | | required If not rec | | | n | | | _ | | |
| separately, \$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 140,628. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10a • Deduction, see instructions. • 10a 10b 10b 10c • Head of household, \$18,650 • • 10c 11 140,628. • If you checked any box under Standard deduction, see instructions. • 11 140,628. 12 12,400. • If you checked any box under Standard • • 12 12,400. 13 12 12,400. • • • • 13 • 14 12,400. • • • • 13 • 14 12,400. • • • • 14 12,400. 128,228. • • • • • 14 128,228. | | | | | | | , CHECK HEIE | • • | • | | - | | |
| Maried filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: a From Schedule 1, line 22 10a b Charitable contributions if you take the standard deduction. See instructions 10a 10b • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income 10b 10c 11 Subtract line 10c from line 9. This is your adjusted gross income 11 1140,628. 14 Add lines 12 and 13 113 114 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 128,228. | | | | | | | | • • | | | | 1. | 10 628 |
| jointly or Qualifying widow(er), \$24,800 a From Schedule 1, line 22 10a b Charitable contributions if you take the standard deduction. See instructions 10b 10b • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income • • 10c • If you checked any box under Standard 11 Standard deduction or itemized deductions (from Schedule A) • 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. 14 12,400. 12 128,228. 128,228. | | | | | | ome | | • • | | | 9 | | 10,020. |
| widow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income | jointly or | | | | | | 10 | | | | | | |
| \$24,800 C Add lines 10a and 10b. These are your total adjustments to income 10c • Head of household, \$18,650 Subtract line 10c from line 9. This is your adjusted gross income • • • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) • 12 12,400. • If you checked any box under Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A • 13 • If Add lines 12 and 13 • • • 14 12,400. • If Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- • 15 128,228. | | | | | | | | | | | _ | | |
| Image: household, \$18,650 Image: household, \$12 Image: household, \$13 Image: household, \$14 Image: household, \$12 Image: household, \$12 Image: household, \$13 Image: household, \$14 Image: household, \$14 Image: household, \$12 < | \$24,800 | | | | | | | | | | - 10 | | |
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| any box under Standard Deduction, see instructions.131314Add lines 12 and 131412,400.15Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-15128,228. | \$18,650 | | | | | | | | | | | | |
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

| Form 1040 (2020 |)) | | | Page 2 |
|------------------------------------|---------|---|------------|---------------------------|
| | 16 | Tax (see instructions). Check if any from Form(s): 1 	8814 2 4972 3 . | 16 | 24,854. |
| | 17 | Amount from Schedule 2, line 3 | 17 | |
| | 18 | Add lines 16 and 17 | 18 | 24,854. |
| | 19 | Child tax credit or credit for other dependents | 19 | |
| | 20 | Amount from Schedule 3, line 7 | 20 | |
| | 21 | Add lines 19 and 20 | 21 | |
| | 22 | Subtract line 21 from line 18. If zero or less, enter -0 | 22 | 24,854. |
| | 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| | 24 | Add lines 22 and 23. This is your total tax | 24 | 24,854. |
| | 25 | Federal income tax withheld from: | | |
| | а | Form(s) W-2 | | |
| | b | Form(s) 1099 | | |
| | С | Other forms (see instructions) | | |
| | d | Add lines 25a through 25c | 25d | 26,503. |
| • If you have a | 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | |
| If you have | 28 | Additional child tax credit. Attach Schedule 8812 | | |
| nontaxable combat pay, | 29 | American opportunity credit from Form 8863, line 8 | | |
| see instructions. | 30 | Recovery rebate credit. See instructions | | |
| | 31 | Amount from Schedule 3, line 13 | | |
| | 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 26,503. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 1,649. |
| | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here | 35a | 1,649. |
| Direct deposit? | ►b | Routing number 0 1 1 0 0 1 3 8 ► c Type: X Checking Savings | | |
| See instructions. | ►d | Account number 0 0 4 6 6 9 1 9 3 5 3 2 | | |
| | 36 | Amount of line 34 you want applied to your 2021 estimated tax | | |
| Amount | 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| You Owe | | Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for | | |
| For details on how to pay, see | | 2020. See Schedule 3, line 12e, and its instructions for details. | | |
| instructions. | 38 | Estimated tax penalty (see instructions) | | |
| Third Party | | you want to allow another person to discuss this return with the IRS? See | In a Laura | |
| Designee | | tructions | | × No |
| | | signee's Phone Personal ident ne ▶ number (PIN) | | |
| Sign | Un | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t | | t of mv knowledge and |
| | be | ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which | ch prepare | er has any knowledge. |
| Here | Yo | | | nt you an Identity |
| | N. | | e inst.) 🕨 | IN, enter it here |
| Joint return? See instructions. | <u></u> | | , | nt your spouse an |
| Keep a copy for | | | | ection PIN, enter it here |
| your records. | | (see | e inst.) 🕨 | |
| | Ph | one no. Email address | | |
| Paid | Pre | eparer's name Preparer's signature Date PTIN | | Check if: |
| Preparer | SYAM | PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/04/2021 P0208 | 32703 | Self-employed |
| Use Only | | | one no. (| 678)965-9522 |
| | Fir | n's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm | n's EIN ▶ | 30-1017196 |
| Go to www.irs.go | ov/Forr | n1040 for instructions and the latest information. BAA REV 01/25/21 PRO | | Form 1040 (2020) |
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| TAX | ABL | E YEAR | FORM | | | | | | | | |
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| | 20 | 20 California Resident Income Tax Return | 540 | | | | | | | | |
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| | | Enter your county at time of filing (see instructions) | | | | | | | | | |
| ence | $oldsymbol{O}$ | If your address above is the same as your principal/physical residence address at the time of filing, check this box | | | | | | | | | |
| Principal Residence | | If not, enter below your principal/physical residence address at the time of filing. | | | | | | | | | |
| ipal F | $oldsymbol{igstar}$ | Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no. | | | | | | | | | |
| Princ | \bigcirc | City State ZIP code | | | | | | | | | |
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| | | If your California filing status is different from your federal filing status, check the box here | | | | | | | | | |
| S | 1 | × Single 4 Head of household (with qualifying person). See instructions. | | | | | | | | | |
| Statu | 2 | Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died. | | | | | | | | | |
| Filing Status | | See instructions. | | | | | | | | | |
| | 3 | Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. |] | | | | | | | | |
| | 6 | If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst | | | | | | | | | |
| | - | or line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. | | | | | | | | | |
| ► su | 7 | Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked | Vhole dollars only | | | | | | | | |
| Exemptions | 8 | box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. (\odot 7 1 X \$124 = (\odot \$ Blind: If you (or your spouse/RDP) are visually impaired, enter 1; | 124 | | | | | | | | |
| Exer | 9 | if both are visually impaired, enter 2 | | | | | | | | | |
| | - | if both are 65 or older, enter 2 | | | | | | | | | |
| | | REV 01/28/21 PRO | | | | | | | | | |
| | | 175 3101204 Form 540 20 | 20 Side 1 | | | | | | | | |

| Υοι | ır na | me: | BAIR | Y | | Your SSN or | ITIN: | 165-4 | 7-3903 | | | | | | |
|-----------------|-------|---|-----------------------------|---------------------|---|-------------------|-----------|------------------|------------|-------------|-------------|----------|------|--|--|
| | 10 | Depen | dents: | | ot include yourself or yo Dependent 1 | our spouse/RDP. | | ndent 2 | | | Donondont 2 | | | | |
| | | Firs | t Name | $oldsymbol{igstar}$ | | | | | | | Dependent 3 | | | | |
| S | | Last | t Name | ۲ | | | | | | |) | | | | |
| Exemptions | | | I. See ructions. | • | | | | | | | | | | | |
| Exen | | Dep | endent's tionship | | | | | | | | | | | | |
| | | to yo | | C | | | | | | | | | | | |
| | Tota | al depe | ndent e | exemp | otions | | | • • • • | 10 | X \$383 = (| • \$ | | | | |
| | 11 | Exen | nption | amou | Int: Add line 7 through li | ne 10. Transfer t | his amo | ount to line | e 32 | | 11 \$ | 12 | 24 | | |
| | 12 | | | | n your federal x 16 | • 12 | | | 14062 | 8 .00 | | | | | |
| | 13 | | . , | | isted gross income from | | | 1040-SB 1 | ine 11 | () 13 | | 140628 | . 00 | | |
| | 14 | Calif | ornia ad | djustr | nents – subtractions. En | ter the amount fi | rom Sc | hedule CA | (540), | | | | | | |
| | 15 | | | | lumn B | | | | | • 14 | | 1.10.500 | . 00 | | |
| ome | 16 | | | | nents – additions. Enter | | | | | 15 | | 140628 | . 00 | | |
| e Inc | | | | | lumn C | | | | | \bullet 16 | | | - 00 | | |
| Taxable Income | 17 | 7 California adjusted gross income. Combine line 15 and line 16 | | | | | | | | | | | | | |
| Ë | 18 | Enter the Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: | | | | | | | | | | | | | |
| | | large | er of | | r California standard dec ngle or Married/RDP filin | | | - | • | \$4,601 | } | | | | |
| | | Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$9,202 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions 18 4601 | | | | | | | | | | | | | |
| | 19 | Subtract line 18 from line 17. This is your taxable income. | | | | | | | | | | | | | |
| | | If les | If less than zero, enter -0 | | | | | | | | | | | | |
| | | | | | Tax | Table | × Tax | Rate Sch | edule | | | | | | |
| | 31 | Tax. | Check t | the bo | ox if from: | | 9779 | . 00 | | | | | | | |
| | 32 | 2 Exemption credits. Enter the amount from line 11. If your federal AGI is more than | | | | | | | | | | | | | |
| Тах | | \$203 | 9,341, s | ee in | structions | | 124 | . 00 | | | | | | | |
| | 33 | Subt | ract line | e 32 1 | rom line 31. If less than | zero, enter -0 | | | ······ | 🖲 33 | | 9655 | . 00 | | |
| | 34 | Tax. | See ins | tructi | ons. Check the box if fro | om: • Sche | edule G | -1 • | FTB 5870 | A • 34 | | | . 00 | | |
| | 35 | Add | line 33 | and 1 | ine 34 | | | | | 🖲 35 | | 9655 | . 00 | | |
| ts | 40 | м. | | LI- 0 | hild and Deners 1 1 0 | Evenerate 0 | | | | | | | . 00 | | |
| Credi | 40 | | | | hild and Dependent Care | Expenses Grean | i. See li | Istruction | 5 | • 40 | | | | | |
| Special Credits | 43 | Enter | r credit | name | 9 | (| code ● | | and amount | t • 43 | |] | . 00 | | |
| Spe | 44 | Enter | r credit | nam | e | (| code 🗨 | | and amoun | t • 44 | | | . 00 | | |
| | | | ev 01/28 2 Form | | | 175 | 310 | 2204 | | | | | | | |
| | • | 5105 2 | | . 0-10 | 2020 | | JTU | 220 4 | | | | | | | |

| You | ır nar | ne: BAIRY | | Your SSN or IT | IN: 165-47 | -3903 | | | | |
|----------------------|----------|--|---|------------------------|---------------------------------|----------|---------------------------------|-----------------------------|--------|--|
| Ś | 45 | To claim more than t | vo credits. See instru | uctions. Attach Sch | edule P (540) | | • 45 | | | . 00 |
| Special Credits | 46 | Nonrefundable Rente | r's Credit. See instru | | • 46 | | | . 00 | | |
| ecial (| 47 | Add line 40 through I | ine 46. These are yo | ur total credits | | (| • 47 | | | . 00 |
| Spe | 48 | Subtract line 47 from | line 35. If less than | zero, enter -0 | | (| • 48 | | 9655 | . 00 |
| | | | | | | | | | | |
| | 61 | Alternative Minimum | | | | | | | | • 00 |
| axes | 62 | Mental Health Servic | | | | | | | | • 00 |
| Other Taxes | 63 | Other taxes and cred | t recapture. See inst | ructions | | | • 63 | | | <u> 00 </u> |
| ō | 64 | Excess Advance Prer | nium Assistance Sub | sidy (APAS) repay | ment. See instru | ctions | • 64 | | | . 00 |
| | 65 | Add line 48, line 61, | ine 62, line 63, and l | ine 64. This is your | total tax | | 65 | | 9655 | . 00 |
| | 71 | California income tax | withheld. See instru | ctions | | | 71 | | 10797 | . 00 |
| | 72 | 2020 CA estimated ta | x and other payment | ts. See instructions | | | • 72 | | | - 00 |
| | 73 | Withholding (Form 5 | 92-B and/or 593). Se | e instructions | | | • 73 | | | - 00 |
| Payments | 74 | Excess SDI (or VPDI) | withheld. See instru | ctions | | | • 74 | | | . 00 |
| Рауг | 75 | Earned Income Tax C | redit (EITC) | | | | • 75 | | | . 00 |
| | 76 | Young Child Tax Crec | it (YCTC). See instru | ctions | | | • 76 | | | . 00 |
| | 77 78 | Net Premium Assista Add line 71 through I See instructions | | | | | 7778 | | 10797 | - <u>00</u> - <u>00</u> |
| Use Tax | 91 | Use Tax. Do not leav If line 91 is zero, che | | ons | | 91 | obligation | 0 .00 directly to CDTFA. | | |
| ISR Penaltv | 92 | Individual Shared Re • X Full-year h | sponsibility (ISR) Pe ealth care coverage. | nalty. See instructio | ons | 92 | | .00 | | |
| and Xr | 93 | Payments balance. If | line 78 is more than | line 91, subtract li | ne 91 from line 7 | | • 93 | | 10797 | . 00 |
| Overpaid Tax/Tax Due | 94 95 | Use Tax balance. If I Payments after Indivisubtract line 92 from | dual Shared Respon | an line 92, | 9495 | | 10797 | - <u>00</u> | | |
| Overpa | 96 | Individual Shared Re subtract line 93 from | sponsibility Penalty E | Balance. If line 92 is | s more than line | 93, then | • 95 • 96 | | | . 00 |
| | | REV 01/28/21 PRO | | 175 3 | 103204 | | | Form 540 2020 | Side 3 | |

| Υοι | ır nar | me: BAIRY Your SSN or ITIN: 165-47-3903 | |
|----------------------|--------|---|-------------|
| IX Due | 97 | Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95 | . 00 |
| Overpaid Tax/Tax Due | 98 | Amount of line 97 you want applied to your 2021 estimated tax | . 00 |
| | 99 | Overpaid tax available this year. Subtract line 98 from line 97 | . 00 |
| Ove | 100 | Tax due. If line 95 is less than line 65, subtract line 95 from line 65 (100 | . 00 |
| | | <u>Code</u> <u>Amount</u> | |
| | | California Seniors Special Fund. See instructions | - 00 |
| | | Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | . 00 |
| | | Rare and Endangered Species Preservation Voluntary Tax Contribution Program | - 00 |
| | | California Breast Cancer Research Voluntary Tax Contribution Fund | - 00 |
| | | California Firefighters' Memorial Voluntary Tax Contribution Fund | . 00 |
| | | Emergency Food for Families Voluntary Tax Contribution Fund | - 00 |
| | | California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | . 00 |
| | | California Sea Otter Voluntary Tax Contribution Fund | . 00 |
| suc | | California Cancer Research Voluntary Tax Contribution Fund | . 00 |
| Contributions | | School Supplies for Homeless Children Fund | . 00 |
| Cont | | State Parks Protection Fund/Parks Pass Purchase | . 00 |
| | | Protect Our Coast and Oceans Voluntary Tax Contribution Fund | - 00 |
| | | Keep Arts in Schools Voluntary Tax Contribution Fund | . 00 |
| | | Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | . 00 |
| | | California Senior Citizen Advocacy Voluntary Tax Contribution Fund • 438 | . 00 |
| | | Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | . 00 |
| | | Rape Kit Backlog Voluntary Tax Contribution Fund | - 00 |
| | | Schools Not Prisons Voluntary Tax Contribution Fund | . 00 |
| | | Suicide Prevention Voluntary Tax Contribution Fund | - 00 |
| | 110 | Add code 400 through code 444. This is your total contribution • 110 | . 00 |

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| You | r nan | ne: | BAIRY | | | Your SSN | or ITIN: | 165-47- | -39(| 03 | | | | | | |
|--------------------------------|----------------|--|--|--|-------------------------------|--|-----------------------------|---------------------------------|--------------|--------------|-----------------------------------|-------------------|-----------------|------------------|-----------|--|
| Amount You Owe | 111 | Mail | UNT YOU OWE. If to: FRANCHISE Online – Go to ftb. | TAX BOARD |), PO B | OX 942867, | SACRAME | | | | | ee instru | ctions. Do |) not send c | ash. | |
| Interest and Penalties | | Interest, late return penalties, and late payment penalties 112 Underpayment of estimated tax. 112 | | | | | | | | | | | | .00 | | |
| Inter Pen | 114 | | k the box: ● amount due. See | _ FTB 5805 | | - | | 5F attached ny payment . | | | 113114 | | | | • 00 | |
| | 115 | REFL | UND OR NO AMO | UNT DUE. SI | ubtract | the sum of I | ine 110, lir | ne 112 and lir | ne 11 | 3 from line | 99. See i | nstructio | ons. | | | |
| | | Mail | to: FRANCHISE T | AX BOARD, | PO BO) | X 942840, S | ACRAMEN | TO CA 94240 | -000 | 1 | 115 | | | 11 | 42 .00 | |
| ct Deposit | | Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: | | | | | | | | | | | | t slip. | | |
| Refund and Direct Deposit | | | Routing number Oli 1000138 Savings Account number Oli 1000138 Savings Account number Oli 116 Direc | | | | | | | | Direct de | eposit amou 11 | | | | |
| Ref | | | remaining amount Routing number | • Type Checl | king | 115) is auth Account in | | direct deposit | t into | the accoun | t shown | | Direct de | eposit amou | unt 00 | |
| To le ftb.c Unde knov | arn a a.gov | bout y v/forn nalties e and | See the instructior your privacy rights ns and search for s of perjury, I decl I belief, it is true, c | s, how we ma 1131 . To req are that I hav | ay use uest thi /e exan | your informa is notice by r nined this tax | tion, and the nail, call 80 | ne consequer 00.852.5711. | nces npan | for not prov | iding the ules and s | stateme | nts, and to | o the best o | of my | |
| | | | Your email add | dress. Enter or | nly one e | email address. | * | | | | | | <u> </u> | red phone nu | umber | |
| Si | - | | | | | | | | | | | | 5712305815 | | | |
| He | ere | Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM | | | | | | | | | | | | | | |
| to fo | unlaw rge a | /ful | Firm's name (or y | | | | | | | | | | | PTIN |] | |
| RDP | | s/ GLOBAL TAXES LLC | | | | | | | | | | | | P0208 | 2703 | |
| Joint | ature. | | Firm's address | | | | | | | | | | | Firm's F | EIN | |
| retur (See | n? | 2530 PEBBLE CREEK LN CUMMING GA 30041 | | | | | | | | | | 30101 | 7196 | | | |
| ` | uctior | ns) | Do you want to | allow anoth | er perso | on to discuss | s this tax re | eturn with us? | See | instruction | s | | Yes | × No | | |
| | | Print Third Party Designee's Name | | | | | | | | | | | Telephone | hone Number | | |
| | | | | | | | | | | | | | | | | |
| | | | REV 01/28/21 PRO | | _ | 1.0.0 | | | - | | | | | | | |
| | | | | | | 175 | 310 | 5204 | | | | Fo | rm 540 <i>1</i> | 2020 Side | e 5 | |

Smart Worksheets from your 2020 California Tax Return

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

| | Form 540 California Income Tax Withheld Smart Worksheet | |
|---|--|--|
| Α | California income tax withheld from the Tax Payments Worksheet | |
| В | Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A Note : Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A. | |
| С | California income tax withheld for line 71. Subtract line B from line A | |
| | | |

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