### **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single  Married filing jointly [ ou checked the MFS box, enter the son is a child but not your depender	name of										
Your first name	and m	iddle initial	Last na	me					You	r soc	cial security	y number	
SIVAJI 1	RAJA		MUGG	GARI					72	725-61-8429			
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spor	Spouse's social security number			
	•	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	- 1			n Campaign	
		G HORSE CT			-		T				ere if you, f filing ioint	or your tly, want \$3	
City, town, or post office. If you have a foreign address, also complete spaces below.												Checking a	
DUBLIN -			Ι,	Tourism musicines (stat	C.		-	1568			ow will not or refund.	change	
Foreign country	/ name			Foreign province/stat	e/coun	ity	For	eign postal cod	le your	lax	You	Spouse	
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquir	e any	financial intere	est ir	any virtual	currenc	y?	Yes	<b>⊠</b> No	
Standard Deduction		eone can claim:  You as a despouse itemizes on a separate retu	•	•		•							
Age/Blindness	You:	Were born before January 2,	1956	Are blind S	pouse	: Was bo	rn be	efore Januar	y 2, 195	56	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social secur	ity	(3) Relationsh	nip	(4) 🗸 ii	f qualifie	s for	(see instruc	ctions):	
If more	(1) First name Last name number to you Child tax cree								- 1		er dependents		
than four									]				
dependents, see instruction									]				
and check									]				
here ▶ □									]				
	_1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. L	1	7	6,124.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b 7	axable interes	t			2b			
required.	3a	Qualified dividends	3a	1.	<b>b</b> (	Ordinary divide	nds			3b		1.	
	4a	IRA distributions	4a		<b>b</b> 7	axable amoun	ıt.		.	4b			
	5a	Pensions and annuities	5a		b 7	axable amoun	ıt.			5b			
Standard	6a	Social security benefits	6a		b 7	axable amoun	ıt.		<u>.</u> ↓	6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D if	frequired. If not re	quirec	l, check here		•	·⊔ ∤	7	-	3,000.	
Married filing	8	Other income from Schedule 1, li	ne 9 .							8	_	5,355.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. T	his is your <b>total in</b>	come				•	9	6	57,770.	
Married filing jointly or	10	Adjustments to income:				1	1						
Qualifying	а	From Schedule 1, line 22				10	а						
widow(er), \$24,800	b Charitable contributions if you take the standard deduction. See instructions  c Add lines 10a and 10b. These are your total adjustments to income  Subtract line 10c from line 9. This is your adjusted gross income												
Head of							•	10c					
household, \$18,650							<b>•</b>	11		57,770.			
If you checked any box under	12	Standard deduction or itemized	deduct	ions (from Schedu	le A)				.	12	1	2,400.	
Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A								13			
Deduction, see instructions.	14	Add lines 12 and 13							.	14		2,400.	
	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	s, ente	er-0				15	5	55,370.	

Form 1040 (2020	))								Page <b>2</b>
	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	7,973.
	17							17	
	18	Add lines 16 and 17						18	7,973.
	19	Child tax credit or credit for other dependen	ts					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,						22	7,973.
	23	Other taxes, including self-employment tax,						23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>		•				24	7,973.
	25	Federal income tax withheld from:							.,,,,,,,,
	a	Form(s) W-2			25a	11	701.		
	b	Form(s) 1099			25b		, , , , , ,	-	
	c	Other forms (see instructions)			25c			1	
	d	Add lines 25a through 25c						25d	11,701.
	26	2020 estimated tax payments and amount a						26	11,701.
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)			27			20	
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule			28			-	
If you have nontaxable		American opportunity credit from Form 8863						-	
combat pay,	29		,		29			-	
see instructions.	30	Recovery rebate credit. See instructions .			30			-	
	31	Amount from Schedule 3, line 13			31		. •	-	
	32	Add lines 27 through 31. These are your total	32	11 701					
	33	Add lines 25d, 26, and 32. These are your to					. •	33	11,701.
Refund	34	If line 33 is more than line 24, subtract line 2			-	-		34	3,728.
51	35a	Amount of line 34 you want <b>refunded to you</b>						35a	3,728.
Direct deposit? See instructions.	▶b	Routing number 3 2 2 2 7 1 7			Checkin	g 🗌 S	avings		
	▶ d	Account number 4 2 0 1 6 3 5			+ + + +				
	36	Amount of line 34 you want applied to your							
Amount	37	Subtract line 33 from line 24. This is the amo	ount you owe	now			. ▶	37	
You Owe For details on		Note: Schedule H and Schedule SE filers,							
how to pay, see		2020. See Schedule 3, line 12e, and its instr			1 1				
instructions.	38	Estimated tax penalty (see instructions) .			38				
Third Party		you want to allow another person to disc				\ O-		la al acco	V Na
Designee		structions			. ▶ ∟	Yes. Co	•		X No
		signee's me ▶	Phone no. ▶				nal ident er (PIN)		
Sign		der penalties of perjury, I declare that I have examine			nedules and				at of my knowledge and
		ief, they are true, correct, and complete. Declaration							
Here	Yo	ur signature	Date	Your occupation			If th	e IRS sei	nt you an Identity
	k.								IN, enter it here
Joint return?	<b>—</b>			PLANS EXA			,	e inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat	tion		- 1		nt your spouse an ection PIN, enter it here
your records.								inst.) ▶	CHOILE IN THE IT HELE
	————	one no. (657)238-7296	Email address	SIVAJI.MUGG	ZNDT@CM	7 TT. COI	ντ 		
		eparer's name Preparer's signat		DIVAUI.NUGO	Date	AIU.COI	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		מון ביים דמו.ד. או		/2021	P0208	2703 	Self-employed
Preparer			MADAG FIFTE	COLIA IADUAN	1 0 0 / ± 3	, 2021			
<b>Use Only</b>		m's name ► GLOBAL TAXES LLC m's address ► 2530 Pebble Creek I	n Cummin	~ CZ 30041					678)965-9522 30-1017196
0-1			ii Culliliiii				Firm	n's EIN ▶	
GO to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 07	/28/21 PRO			Form <b>1040</b> (2020)

# SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

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

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

Attachment Sequence N

OMB No. 1545-0074

2020
Attachment
Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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

SIVAJI RAJA MUGGARI 725-61-8429 **Additional Income** Part I 1 Taxable refunds, credits, or offsets of state and local income taxes . . . . . . 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -5,400. 6 6 7 7 Other income. List type and amount ▶ Other Income from box 3 of 1099-Misc 45. 8 8 45. Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -5,355. Adjustments to Income Part II 10 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 Moving expenses for members of the Armed Forces, Attach Form 3903 . . . . . . 13 13 14 Deductible part of self-employment tax. Attach Schedule SE . . . . . . . . . . . 14 15 Self-employed SEP, SIMPLE, and qualified plans . . . . . . . . . . . . . . . . . 15 16 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction . . . . . . 20 20 21 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 . . . . . . . . . . . .

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

### **Capital Gains and Losses**

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. 12

Your social security number

725-61-8429 SIVAJI RAJA MUGGARI 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. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 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 . . . . . . . . . . . . . . . . . -20,784. 423,629. 462,009. 17,596. 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 . . . . . . . . . . . . . . . Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h), If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . 7 -20,784. 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . . . 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2020 Page 2

#### Part III **Summary** -20,784. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

### Form **8949**

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

► Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2020
Attachment
Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

725-61-8429

SIVAJI RAJA MUGGARI

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.

<ul><li>✗ (A) Short-term transactions</li><li>☐ (B) Short-term transactions</li><li>☐ (C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas				<b>:</b> )
1 (a)	(b)	(c) Date sold or	<b>(d)</b> Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Crypto LLC	07/08/20	08/28/20	15.	15.			0.
Robinhood Securities LLC	06/01/20	12/07/20	372,252.	409,107.	W	17,308.	-19,547.
AMERITRADE	10/12/20	12/03/20	46,124.	47,731.	W	276.	-1,331.
AMERITRADE	12/24/20	12/29/20	3,354.	2,829.			525.
APEX CLEARING	01/01/20	09/25/20	1,884.	2,327.	W	12.	-431.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box A)	al here and inc is checked), <b>lir</b>	lude on your ne 2 (if Box B	423 629	462 009		17 596	_20 784

**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.

#### **SCHEDULE E**

(Form 1040)

**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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Attachment Sequence No. **13** Your social security number 725 61 0420

Part	JI RAJA MUGGARI	s From Rental Real Estate and Roy	valtio	e Note	. If you	ı ara in th	o businoss o		ing porcor		
Part		instructions. If you are an individual, repo	-		-				• .		
A Dic	d you make any payme	nts in 2020 that would require you to	file F	orm(s) 1	099?	See insti	ructions .			□ Ye	es 🛛 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?								□ Ye	es 🗌 No
1a		each property (street, city, state, ZIF									
Α	KUKATPALLY HYD	DERABAD TELANGANA IN 5000	72	•							
В											
С											
1b	Type of Property	2 For each rental real estate prop	perty I	isted		Fair	Rental	Per	sonal U	se	QJV
	(from list below)	above, report the number of fair personal use days. Check the	ir rent	al and			Days		Days		QUV
Α	3	if you meet the requirements to	o file a	is a	Α		365		0		
В		qualified joint venture. See inst	ructio	ns.	В						
С					С						
Туре	of Property:					•					
1 Sing	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental				
	ti-Family Residence		6 Ro	yalties		8 Othe	r (describe	)			
Incom	ie:	Properties:			Α		E	3			С
3	Rents received		3			650.					
4			4								
Expen											
5	Advertising		5			150.					
6	Auto and travel (see i	nstructions)	6			250.					
7	Cleaning and mainter	nance	7								
8	Commissions		8								
9	Insurance		9								
10	Legal and other profe	essional fees	10								
11	Management fees .		11								
12	Mortgage interest pai	d to banks, etc. (see instructions)	12								
13	Other interest		13		5	,500.					
14	Repairs		14			150.					
15	Supplies		15								
16	Taxes		16								
17	Utilities		17								
18		e or depletion	18								
19	Other (list)		19								
20	Total expenses. Add	lines 5 through 19	20		6	,050.					
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must									
	file <b>Form 6198</b>		21		-5	,400.					
22		l estate loss after limitation, if any,									
	•	structions)	22	(	-5,	400.)	(		)(		
23a		eported on line 3 for all rental prope				23a		6	50.		
b		eported on line 4 for all royalty prope	erties			23b					
С		eported on line 12 for all properties				23c					
d		eported on line 18 for all properties				23d					
е		eported on line 20 for all properties				23e		6,0	50.		
24	•	e amounts shown on line 21. <b>Do no</b> t		-					24		
25	Losses. Add royalty lo	sses from line 21 and rental real estate	losse	s from lir	ne 22. I	Enter tota	al losses her	е.	25 (		5,400.
26	Total rental real est	ate and royalty income or (loss).	Comb	ine lines	s 24 a	nd 25. E	inter the re	sult			
		V, and line 40 on page 2 do not a		-							
	Schedule 1 (Form 10)	<ol> <li>line 5. Otherwise, include this ar</li> </ol>	nount	t in the t	otal or	n line 41	on page 2		26		-5.400.

TAXABLE YEAR FORM

2020	California e-file Signature Authorization for Individuals	8879

Your SSN or ITN	2020	California e-file Signature Autho	rizatio	on f	or	Inc	liv	idu	ıals	3		8	879
Part I Tax Return Information (whole dollars only)  1 California Adjusted Gross Income (AGI). See instructions 2 Amount You Owe. See instructions 3 1_1_32  Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)  Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I ruther declare that the information I provide to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual sicentification unmber) and the amounts shown in Part I allove agree with the information admanust shown in the corresponded to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual sicentification in unmber) and the amounts shown in Part I allove agree with the information admanust shown in Part I allove agree with the information admanust shown in Part I allove agree with the information and amounts shown in Part I allove agree with the information and amounts shown in Part I allove agree with the information and amounts shown in Part I allove agree with the information and amounts shown in Part I allove agree with the information and amounts shown in the other special part of the manual special part of the information stated on my return. If I have fled a joint return, this is an irrevocable appointment of the other special part of the information and the part of the Individual and the part of the Individual and Individual and the Individual and Individual and Individual and Indi	Your name							Yo	ur SSN	l or IT	'IN		
Part I Tax Return Information (whole dollars only)  1 California Adjusted Gross Income (AGI), See instructions													
1 California Adjusted Gross Income (AGI). See instructions	Spouse's/RDP's nan	ne						Sp	ouse's	/RDP'	s SSN	or ITIN	1
2 Amount You Owe. See instructions	Part I Tax Retu	urn Information (whole dollars only)											
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)  Under penalties of perjuny, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge and bellef, it is true, correct, and complete. I further declare that the information I provide to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown on the corresponding lines of my electronic number tax return. If applicable, I authorize an electronic funds withdrawal of the amount shown on the corresponding lines of my electronic acre tax return. If applicable, I authorize the Resort for Individuals, or a comparable form. If applicable, I declare did rect deposit refund amount on agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the returned was sent. If it an filing habitation expressed provider, and/or transmitter the reason(s) for the delay or the date when the returned was sent. If it an filing habitation expressed that it the does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I he read and consent to the Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC  FRO firm name  as my signature on my 2020 e-filed California individual income tax return.  I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you	2 Amount You Ov	we. See instructions								. 2 _			
Under penalties of perjury. I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tay year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provide to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individua tax identification number part that the information and anomusts shown on the corresponding lines of my electron income tax return. If applicable, I authorize an electronic tunds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FIB 8456, Sallfornia e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit authorization stated on my return, if it have filed a joint return, this is an irrevocable appointment of the tenter spouse/PID Ps as agent to authorize an electronic funds withdrawal or direct deposit authorization stated on my return, if it have filed a joint return, this shall interved and the provider to transmit my complete return to the Financines Tax Board (FIB). If the processing of my return or refund is delayed, I authorize the FIB to disclose to my FIBO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the return day sent. If I am filing a balance due return, I understand that if the F does not receive full and timely payment of my tax itsibility, a fream liable for the tax liability and and applicable interest and penalties. I acknowledge that it read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identificat number (PIN) as my signature on my 2020 e-filed California individual income tax return.  □ I will enter my PIN as my signature on my 2020 e-filed California individual income tax return.  □ I w	3 Refund or No A	Amount Due. See instructions								. 3 _		1	,326.
year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. Further declare that the information i provide to my electronic return originator (ERQ), transmitter, or intermediate service provider (including my name, address, and social security number or individual as identification number) and the amounts shown in Part labove agree with the information and amounts shown on the corresponding lines of my electron income tax return. If applicable, lauthorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 845s, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit return day and the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable apposit return day support to the second of the processing of my return or refund is delayed, I authorize the FTB offices to my RED, intermediate service provider to transmit my complete return to the fractionistic and the processing of my return or refund is delayed, I authorize the FTB offices to my RED, intermediate service provider to transmit my complete return to the fractionistic and the processing of my return or refund is delayed, I authorize the FTB offices to my RED, intermediate service provider to transmit my complete return to the fractionistic formation the responsive to the float of the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the fodes not receive full and timely appeared or my attain liability for remain liable for the tax liability and real applicable or the provider transmit my selected a personal identificat number (PIN) as my signature for my electronic income tax return. The extremition of the center my PIN and the return or fetting the provider and provider a		· · · · · ·					n coh	odule	oc and	ctato	monte	forth	no tay
Taxpayer's PIN: check one box only	tax identification n income tax return. and on form FTB 8 agrees with the dir agent to authorize return to the Franc provider, and/or tr does not receive furead and consent t	umber) and the amounts shown in Part I above agree with the informa If applicable, I authorize an electronic funds withdrawal of the amount 455, California e-file Payment Record for Individuals, or a comparable ect deposit authorization stated on my return. If I have filed a joint retuan electronic funds withdrawal or direct deposit. I authorize my ERO, thise Tax Board (FTB). If the processing of my return or refund is delay ansmitter the reason(s) for the delay or the date when the refund will and timely payment of my tax liability, I remain liable for the tax liab to the Electronic Funds Withdrawal Consent included on the copy of my	tion and am on line 2 au form. If appurn, this is a transmitter, tyed, I authous as sent. If I ility and all a y electronic	nounts nd/or t plicable in irrev or inte orize t am fili applica incom	shown he est e, I de ocable rmedia he FTI ng a b ble int e tax r	n on timate clare applate sea applate sea applate sea alance alan	the contact that of the contact of t	orres c payr direct nent c e prov e retu pena ave se	pondinents depo f the dider t my E Irn, I u	ng lin as sh sit re other o trar <b>RO, i</b> under	es of r nown of fund a spous nsmit r nterm stand	my ele on my mount se/RDF my cor ediate that if ge tha	ctronic return t on line to as an mplete service the FTB t I have
As my signature on my 2020 e-filed California individual income tax return.  I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's/RDP's PIN: check one box only  I authorize  ERO firm name  as my signature on my 2020 e-filed California individual income tax return.  I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your ow and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's/RDP's signature  Practitioner PIN Method Returns Only continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  5 8 7 2 7 8 6 1 9 8 9  Do not enter all zeros  Loertify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated ab confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authe-file Providers.	,			41140			00	,,,,,,					
as my signature on my 2020 e-filed California individual income tax return.  I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature   Date   Spouse's/RDP's PIN: check one box only  I authorize	X Lauthorize G	LOBAL TAXES LLC				t	o ent	ter m	v PIN		8	4	2 9
□ I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature   □ Date  □ Date  □ Do not enter my PIN check one box only  □ I authorize □ to enter my PIN □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		ERO firm name							,	Do	not e	nter a	II zeros
Your signature ▶	as my signati	ure on my 2020 e-filed California individual income tax return.											
Spouse's/RDP's PIN: check one box only	· ·	•		Check <sup>•</sup>	this bo	x <b>on</b> l	<b>ly</b> if y	ou ar	e ente	ering	our o	wn Pl	N and yo
ERO firm name as my signature on my 2020 e-filed California individual income tax return.    I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your ow and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.    Spouse's/RDP's signature   Date   Practitioner PIN Method Returns Only continue below	Your signature >		[	Date									
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Practitioner PIN Method Returns Only continue below  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  5 8 7 2 7 8 6 1 9 8 9  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated ab confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Auth e-file Providers.	Spouse's/RDP's sig	gnature •			Da	ite )							
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Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated ab confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Auth e-file Providers.	Part III Certifi	cation and Authentication — Practitioner PIN Method Only											
confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Auth e-file Providers.	ERO's EFIN/PIN. E	inter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8							9	8	9	
ERO's signature Date 09/15/2021	confirm that I am												
	ERO's signature	<b>)</b>	D	ate		9/1	L5/	202	1				

TAXABLE YEAR

FORM

## **2020 California Resident Income Tax Return**

540

API

ATTACH FEDERAL RETURN

725-61-8429 MUGG SIVAJIRAJA MUGGARI 20

3562 ROCKING HORSE CT

DUBLIN CA 94568

06-19-1992

		Enter your county at time of filing (see instructions)								
Φ	•	ALAMEDA								
ü	_	If your address above is the same as your principal/physical residence address at the time of filing, check this box • ×								
ige		If not, enter below your principal/physical residence address at the time of filing.								
3es										
<u>a</u>		Street address (number and street) (If foreign address, see instructions.)  Apt. no/ste. no.								
Principal Residence	ledow									
ŗ		City State ZIP code								
_	•									
_										
		If your California filing status is different from your federal filing status, check the box here								
(n	1	x Single 4 Head of household (with qualifying person). See instructions.								
atus	•	X Single Tread of nodseriold (with qualifying person). See instructions.								
Filing Status	2	Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.								
Ē		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								
$\overline{}$	Fo	r 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.								
S	. 10 7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked								
o	•	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.   7   1   X \$124 = • \$								
ρţ	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1:								
Exemptions	if both are visually impaired, enter 2									
ш	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1;								
		if both are 65 or older, enter 2								

REV 05/29/21 PRO

Yoı	ır na	me: MUGG	BARI		Your SSN o	or ITIN:	725-6	1-8429							
	10	Dependents:	Do n	ot include yourself Dependent 1	or your spouse/RD	P. Depend	dont 2			Dependent 3					
		First Name	•	Dependent 1		• Deheim	ueiii Z			Dependent 3					
suc		Last Name	•			•									
Exemptions		SSN. See instructions	•			•									
Exen		Dependent's relationship				•									
	T-4-	to you						40 V							
				otions					\$383 = (		12	24			
_	11	Exemption	amou	ınt: Add line 7 throu	gn line 10. Transfei	tnis amou	Int to line	32		1 \$ [					
	12	State wage Form(s) W	s fron -2, bo	n your federal x 16	• 12	2		76124	<b>.</b> 00						
	13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 • 13													
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B													
e	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses.  See instructions													
Taxable Income	16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C													
axable	17	California a	djuste	ed gross income. Co	mbine line 15 and l	line 16			• 17		67770	. 00			
_	18		You • Si • Ma If Ma ie 18	r California itemized r California standard ngle or Married/RDF arried/RDP filing join arried/RDP filing separa from line 17. This is enter -0	I deduction shown I filing separately Intly, Head of housel Italiately or the box on line I your taxable incor	below for y hold, or Qu e 6 is checken ne.	your filin nalifying ved, <b>STOP</b> .	g status:s widow(er)s See instructions	\$4,601 \$9,202 • <b>18</b>		4601	<b>.</b> 00			
		11 1000 than	2010,												
	31	Tax. Check	the b	ox if from:	Tax Table	Tax F	Rate Sch	edule							
	32	Evenntion	cradit	s. Enter the amount	FTB 3800 • [			ro than	• 31		3006	<b>.</b> 00			
Тах	<b>3</b> 2			structions					. • 32		124	<b>.</b> 00			
	33	Subtract lir	ie 32	from line 31. If less	than zero, enter -0-		<u></u>	· · · · · · · · · · · · · · · · · · ·	33		2882	.00			
	34	Tax. See in:	struct	ions. Check the box	if from: • So	hedule G-1	1	FTB 5870A	• 34			. 00			
	35	Add line 33	and I	ine 34					• 35		2882	<b>.</b> 00			
its	40	Nonrefund	hle C	hild and Dependent	Care Expenses Cre	dit See ins	structions		• 4n			. 00			
Special Credits					Outo Exponses ofe		, ii dollollo					.00			
ecial	43	Enter credi				code ●		and amount							
Sp	44	Enter credi	t nam 9/21 PF			code ●		and amount	• 44			<b>.</b> 00			

**Side 2** Form 540 2020

You	r nar	ne:	MUGGARI	Your SSN or ITIN:	725-61-8429					
y,	45	To o	claim more than two credits. See instr	uctions. Attach Schedule	P (540)	•	45			<b>.</b> 00
Credit	46	Non	nrefundable Renter's Credit. See instru	octions		•	46			. 00
Special Credits	47	Add	l line 40 through line 46. These are yo	•	47			<b>.</b> 00		
Sp	48	Sub	tract line 47 from line 35. If less than	•	48		2882	<b>.</b> 00		
	61	Alte	rnative Minimum Tax. Attach Schedul	•	61			. 00		
xes	62	Mer	ntal Health Services Tax. See instruction	ons			62			<b>.</b> 00
Other Taxes	63	Oth	er taxes and credit recapture. See inst	•	63			<b>.</b> 00		
o	64	Exc	ess Advance Premium Assistance Sub	•	64			<b>.</b> 00		
	65	Add	l line 48, line 61, line 62, line 63, and l	line 64. This is your total	tax	•	65		2882	<b>.</b> 00
	71	Cali	fornia income tax withheld. See instru	octions		•	71		4208	. 00
	72	202	0 CA estimated tax and other paymen	ts. See instructions		•	72			<b>.</b> 00
"	73	With	hholding (Form 592-B and/or 593). Se	•	73			<b>.</b> 00		
Payments	74	Exc	ess SDI (or VPDI) withheld. See instru	•	74			<b>.</b> 00		
Pay	75	Earr	ned Income Tax Credit (EITC)	•	75			<b>.</b> 00		
	76	You	ng Child Tax Credit (YCTC). See instru	•	76			<b>.</b> 00		
	77 78	Add	Premium Assistance Subsidy (PAS).  line 71 through line 77. These are yo instructions	ur total payments.			Γ		4208	<b>.</b> 00
UseTax	91		<b>Tax.</b> Do not leave blank. See instruct ne 91 is zero, check if:	ionsuse tax is owed.	_	se tax obl	igation (	0 <sub>• 00</sub> directly to CDTFA.		
ISR   Penaltv	`92	Indi	vidual Shared Responsibility (ISR) Pe	•	• 92			.00		
Overpaid Tax/Tax Due	93 94 95 96	Use Pay sub	ments balance. If line 78 is more than  Tax balance. If line 91 is more than ments after Individual Shared Respon tract line 92 from line 93 vidual Shared Responsibility Penalty I tract line 93 from line 92	line 78, subtract line 78 sibility Penalty. If line 93	from line 91	<b>•</b>	94 [ 95 [		4208	- 00 - 00 - 00
_			REV 05/29/21 PRO				-			

Your name: MUGGARI Your SSN or ITIN: 725-61-8429

Overpaid Tax/Tax Due 1326 00 97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95...... 0 00 98 Amount of line 97 you want applied to your **2021** estimated tax ..... 1326 00 00 Code Amount . 00 California Seniors Special Fund. See instructions..... 00 Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . . . . . . • 401 . 100 Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . . . . . • 403 00 California Breast Cancer Research Voluntary Tax Contribution Fund..... . 00 00 Emergency Food for Families Voluntary Tax Contribution Fund ...... • 407 . 00 California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund...... • 408 . 00 00 .00 School Supplies for Homeless Children Fund..... **.** |00 . 00 . 00 . 00 Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . . . . • 431 . 00 . 00 Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund...... • 439 . 00 00 . 00 

You	r nan	ne:	MUGGARI		Your SSN or ITIN:	725-61-84	129		
Amount You Owe	111	Mail	-	AX BOARD, PO I	n amount on line 99, add l BOX 942867, SACRAME ore information.			ee instructions. I	Do not send cash.
and ies			est, late return pena erpayment of estima		ayment penalties		112		_00
Interest and Penalties		Chec	k the box:	FTB 5805 attac	hed • FTB 5809	5F attached	• 113		.00
	114	Total	amount due. See in	structions. Encl	ose, but <b>do not</b> staple, a	ny payment	114		00
	115	REFL	JND OR NO AMOUN	NT DUE. Subtrac	t the sum of line 110, lir	ne 112 and line 1	13 from line 99. See i	nstructions.	
		Mail	to: <b>Franchise Tax</b>	( BOARD, PO BO	)X 942840, SACRAMEN	TO CA 94240-00	01 • 115		1326 .00
Refund and Direct Deposit		See i	nstructions. <b>Have y</b> r the following amou	<b>rou verified the I</b> unt of my refund	deposit of your refund in routing and account nur (line 115) is authorized	<b>nbers?</b> Use whol	e dollars only.		k or a deposit slip.
Dire		• R	louting number	Type  Checking	<ul> <li>Account number</li> </ul>			● <b>116</b> Direct	deposit amount
and			322271724		42016357099			1326 .00	
fund		The		Savings	- 445\ is subboulesd for	dina ak dana aik ink.		h a l a	
Be		rne r	•	or my retuna (line • Type	e 115) is authorized for (	arect deposit into	o the account shown i	delow:	
		• R	louting number	Checking	Account number			● 117 Direct	deposit amount
				Savings					00
IMP	ORTA	NT: S	See the instructions	to find out if you	should attach a copy of	your complete fe	deral tax return.		
ftb.c	a.gov	v/forn	<b>ns</b> and search for <b>11</b>	131. To request the	e your information, and the his notice by mail, call 80	00.852.5711.			
knov	vledg	e and	s of perjury, I declare belief, it is true, cor	e that I have exa rect, and comple	mined this tax return, inc ete.	luding accompar			
Your	signat	ure			Date		Spouse's/RDP's signatu	ure (if a joint tax re	eturn, both must sign)
			Your email addre	oss Entor only one	omail address			(A) Proj	erred phone number
•			Tour email addre	ess. Litter only one	email address.			-	2387296
	gn		Paid preparer's sign	nature (declaration	of preparer is based on a	all information of w	which preparer has any		1307230
He	re			`	R GUPTA TALLAM		mion proparer nac any	ourougo,	
	unlaw rge a	rful	Firm's name (or you						PTIN
spot RDF	ıse's/ ''s		GLOBAL TAX		,				P02082703
sign	ature.		Firm's address						● Firm's FEIN
Joint retur	n?		2530 PEBBL	E CREEK LI	N CUMMING GA 30	0041			301017196
(See instr	uctior	ns)	Do you want to al	Yes	× No				
			Print Third Party De		hone Number				
			REV 05/29/21 PRO						