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IRS e-file Signature Authorization

OMB No. 1545-0074

partment of the Treasury	
rnal Revenue Service	

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

Submission Identification Number (SID)

Taxpayer's name Social security number MANU GARG 757-02-5026 Spouse's name Spouse's social security number 507-67-8650 PALLAVI GARG Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.) Part I Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income 283,381. 1 1 2 2 50,608. 3 3 46,248. 4 4 5 5 <u>4,</u>360. Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

Taxpayer's PIN: check one box only

				FBO firm name	•	
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	L

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as mv

6

Enter five digits, but don't enter all zeros

7 8

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

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

Your signature 🕨

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC ERO firm name

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

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

Spouse's signature >	Date I					 		
Practitioner PIN Method Returns Only—contin	ie be	low						
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		 6 all ze	 9	89)

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

ERO's signature 🕨	Date ►			
	ERO Must Retain This Form — See Instructions			
	Don't Submit This Form to the IRS Unless Requested To Do So			
		_	0070	

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Date

to enter or generate my PIN

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2020

Detach Here and Mail With Your Payment and Return

Department of the Treasury Internal Revenue Service



Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.
 Do not staple this voucher or your payment to Form 1040.

Make your check or money order payable to the 'United States Treasury.'

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

(99)

Enter the amount of your payment ► 4 -

4,360.

REV 04/02/21 PRO 1555

FERNAL REVENUE SERV

MANU GARG PALLAVI GARG 538 LEVERINGTON AVE A PHILADELPHIA PA 19128 INTERNAL REVENUE SERVICE P.O. BOX 931000 LOUISVILLE, KY 40293-1000

Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 17,713. • Single or Married filing separately, \$12,400 8 Other income from Schedule 1, line 9	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta)		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS U	se Only	–Do not v	vrite or staple	in this space.
MANU GARG 757-02-5026 If join return, spouse's first name and middle initial Last name Spouse's social security number PALLAVI GARG 507-67-8650 Home address (number and street), If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 538 LEVERINGTON AVE A PallAVI PA 1912.8 Foreign country name Foreign province/state/country PA 1912.8 Foreign country name Foreign province/state/country Foreign postal code you fax or refund. Beduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Vou Sa odependent You Sa odependent You Sa born before January 2, 1956 Is blind Dependents (9 First name Last name You Sa odependent (1) First name 1 266, 536. If more 1 Wages, salaries, tips, etc. Attach Form(6) W-2 1 266, 536. 342. Attach 2a 3a 3, 547. b b Tax-exempt Interest 2a 3b 3, 819. Standard Bensions and annuities 5a b 5a b 342. <td< td=""><td>Check only</td><td>lf yo</td><td>ou checked the MFS box, enter the n</td><td>ame of y</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Check only	lf yo	ou checked the MFS box, enter the n	ame of y									
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Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your stop of office. If you have a foreign address, also complete spaces below. State ZP code The code if files [orbit, want S3 to go to this fund. Checking a post of the code if files [orbit, want S3 to go to this fund. Checking a you tax or refund. PA 19128 Foreign country name Foreign province/state/county Foreign postal code You Spouse you 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 X No Standard Someone can claim: You as a dependent Your spouse as a dependent 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; [0] First name Last name number Image: Child tax credit Standard	If joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse	's social se	curity number
538 LEVERINGTON AVE A Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State 2P code spouse if filling jointly, wart \$3 is your tax or filling jointly, wart \$3 is joint jointly, wart \$3 is your tax or filling jointl	PALLAVI			GARG	1						507-	67-865	0
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15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14											
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020)									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 497	2 3			16	49,520.
	17	Amount from Schedule 2, lin	ie3						17	0.
	18	Add lines 16 and 17							18	49,520.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie7						20	32.
	21	Add lines 19 and 20							21	32.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	49,488.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	1,120.
	24	Add lines 22 and 23. This is	your total tax					🕨	24	50,608.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25	5 a 46	5,186.		
	b	Form(s) 1099				25	ōb			
	с	Other forms (see instructions	s)			25	ōc	62.		
	d	Add lines 25a through 25c							25d	46,248.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 return				26	
qualifying child,	27	Earned income credit (EIC)				2	7			
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		2	8			
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		. 2	9			
see instructions.	30	Recovery rebate credit. See	instructions .			. 3	0			
	31	Amount from Schedule 3, lin	ie 13			3	1			
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refu	ndable	credits .	🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				🕨	33	46,248.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the am	nount yo	ou overpaid		34	
neruna	35a	Amount of line 34 you want			3 is attached, c	check h	ere	. 🕨 🗌	35a	
Direct deposit?	►b	Routing number X X X			► c Type:			Savings		
See instructions.	►d	Account number X X X	X X X X	XXXX	x x x x	X X	X			
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax	▶ 3	6			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			🕨	37	4,360.
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	not represent a	all of th	ie taxes you	owe for		
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instr	uctions for det	ails.					
instructions.	38	Estimated tax penalty (see in	nstructions) .			▶ 3	8			
Third Party		you want to allow another								
Designee	ins	structions				🕨	Yes. C	omplete	below.	× No
		signee's		Phone				sonal iden		
		me 🕨		no. 🕨				ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	Your occupatio					nt you an Identity
		al signature		Duic		511				PIN, enter it here
Joint return?					MANAGEME	NT CO	ONSULTAN	r (see	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occu	pation				nt your spouse an
Keep a copy for your records.	,					TC 7 7			ntity Prote e inst.) ►	ection PIN, enter it here
,				Fue elle elebrere	REPORTIN	NG AIN	ALISI	(300	, mot.) 🕨	
		one no. eparer's name	Preparer's signat	Email address			ate	PTIN		Check if:
Paid					ייגש עשכווס				20702	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPIA TALL		4/14/2021	P0208		Self-employed
Use Only		m's name ► GLOBAL TAX				11				(678)965-9522
		m's address ► 2530 Pebb.		in Cumming					n's EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	F	REV 04/02/21 PR	0		Form 1040 (2020)

BAA

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2020
Attachment Sequence No. 01

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

Name(s) shown on Fo	ame(s) shown on Form 1040, 1040-SR, or 1040-NR Your socia			
MANU & PALLAVI	GARG	757-02	-5026	
Part I Addition	onal Income			

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,849.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ► <u>Substitute Payment from 1099-Misc</u> 120.	8	120.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
Dor	line 8	9	-4,729.
	t II Adjustments to Income		
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 04/02/21 PRO	Schedu	le 1 (Form 1040) 2020

Department of the Treasury

Additional Taxes

OMB No. 1545-0074 2020

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

Department of the Treasury Internal Revenue Service	 Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information 	Attachment Sequence No. 02
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your social security number
MANU & PALLAVI	757-02-5026	

Pa			
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 .	3	
Par	t II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: $\mathbf{a} \square 4137$ $\mathbf{b} \square 8919$.	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a 🗵 Form 8959 b 🗵 Form 8960		
	c 🗌 Instructions; enter code(s)	8	1,120.
9	Section 965 net tax liability installment from Form 965-A 9		
10	Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	1,120.
For Pa	aperwork Reduction Act Notice, see your tax return instructions. BAA REV 04/02/21 PRO	Schedu	le 2 (Form 1040) 2020

Additional Credits and Payments

OMB No. 1545-0074

2020

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

Departm Internal	A	Littachment Bequence No. 03				
	(s) shown on Form 1040, 1040-SR, or 1040-NR			Your so		ecurity number
MAN	U & PALLAVI GARG			757-0)2-5()26
Par	rt I Nonrefundable Credits					
1	Foreign tax credit. Attach Form 1116 if required				1	32.
2	Credit for child and dependent care expenses.	Attach Form 2441			2	
3	Education credits from Form 8863, line 19				3	
4	Retirement savings contributions credit. Attach	Form 8880			4	
5	Residential energy credits. Attach Form 5695				5	
6	Other credits from Form: $\mathbf{a} \square 3800 \mathbf{b} \square 8$	801 c			6	
7 Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20						32.
Par	t II Other Payments and Refundable Cre	dits				
8	Net premium tax credit. Attach Form 8962				8	
9	Amount paid with request for extension to file (s	see instructions)			9	
10	Excess social security and tier 1 RRTA tax with	held			10	
11	Credit for federal tax on fuels. Attach Form 413	6			11	
12	Other payments or refundable credits:					
а	Form 2439		12a			
b	Qualified sick and family leave credits from S Form(s) 7202	()	12b			
С	Health coverage tax credit from Form 8885 .		12c			
d	Other:		12d			
е	Deferral for certain Schedule H or SE filers (see	instructions) .	12e			
f	Add lines 12a through 12e				12f	
13	Add lines 8 through 12f. Enter here and on Form	1040, 1040-SR, c	r 1040-NR, I	ine 31	13	
For Pa	aperwork Reduction Act Notice, see your tax return instruction	s. BAA	REV 04/02/21 PR	80 S	Schedu	le 3 (Form 1040) 2020

SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service (99)

lame(s) shown on return

Interest and Ordinary Dividends

OMB No. 1545-0074

Attachment Sequence No. 08

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

		Varia	social securit		
Name(s) shown on return MANU & PALLAV	T CAPC		social securit 7-02-502	-	er
Part I 1	List name of payer. If any interest is from a seller-financed mortgage and the	/5	Amc		
Interest	buyer used the property as a personal residence, see the instructions and list this				
Interest	interest first. Also, show that buyer's social security number and address ►			1 -	1 1
(See instructions	AMERICAN EXPRESS NATIONAL BANK				11. 97.
and the instructions for	ROBINHOOD SECURITIES LLC			15	
Forms 1040 and	ROBINHOOD SECURITIES LLC				$\frac{4}{20}$
1040-SR, line 2b.)	BROOKFIELD RENEWABLE PARTNERS L.P			-	30.
Note: If you		1			
received a Form 1099-INT, Form					
1099-OID, or					
substitute statement from					
a brokerage firm,					
ist the firm's name as the					
bayer and enter					
he total interest					
shown on that orm.					
2	Add the amounts on line 1	2		34	42.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3			
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR.	-			
-		4		34	42.
Not	e: If line 4 is over \$1,500, you must complete Part III.		Amo		
Part II 5	List name of payer Robinhood Securities LLC			1,85	51.
	Robinhood Securities LLC			1,01	
Ordinary	BROOKFIELD RENEWABLE PARTNERS L.P			86	58.
Dividends	BROOKFIELD RENEWABLE PARTNERS L.P			-	72.
See instructions	ENERGY TRANSFER LP				18.
and the					
nstructions for Forms 1040 and					
1040-SR, line 3b.)		5			
Note: If you					
eceived a Form					
1099-DIV or substitute					
statement from					
brokerage firm,					
ist the firm's name as the					
bayer and enter					
he ordinary: dividends shown	Add the employee on line 5. Enter the total have and an Ferm 1040 or 1040 SP				
on that form.	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6		3,81	1 0
Not	line 3b	U		5,0.	
	must complete this part if you (a) had over \$1,500 of taxable interest or ordinary divide	ends; (b) had a		
	gn account; or (c) received a distribution from, or were a grantor of, or a transferor to, a	a fore	gn trust.	Yes	No
Foreign 7	At any time during 2020, did you have a financial interest in or signature authority	over a	financial		
Accounts	account (such as a bank account, securities account, or brokerage account) locat				
and Trusts	country? See instructions				×
Caution: If	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank				
equired, failure	Accounts (FBAR), to report that financial interest or signature authority? See Find				
o file FinCEN	and its instructions for filing requirements and exceptions to those requirements .				
Form 114 may result in	If you are required to file FinCEN Form 114, enter the name of the foreign cou	ntry v	where the		
substantial	financial account is located				
penalties. See 8 nstructions.	During 2020, did you receive a distribution from, or were you the grantor of, or t				
	foreign trust? If "Yes," you may have to file Form 3520. See instructions				<u>×</u>

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. 12

20

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

MANU & PALLAVI GARG

Your social security number 757-02-5026

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? × No **Yes**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

lines	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, F line 2, columr		combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	174,926.	149,475.	2,0	39.	27,490.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	0.	14,000.			-14,000.
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1		5			
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	Carryover	6	()		
7	e any long-	7	13,490.			

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, colum	Part II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	12,756.	8,533.			4,223.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	0 Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	. ,	11			
12	Net long-term gain or (loss) from partnerships, S corporat			. ,	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions		-	-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .	•			15	4,223.

BAA

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	17,713.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains? X Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 		
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	□ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 04/02/21 PRO

Schedule D (Form 1040) 2020

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.



Internal Revenue Service Name(s) shown on return

Department of the Treasury

Name(s) shown on return		Social security number or taxpayer ide	entification number
MANU & PALLAVI	GARG	757-02-5026	

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.

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

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

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

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	f any, to gain or loss . amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	07/30/19	03/17/20	161,295.	137,100.	EW	2,088.	26,283.
ROBINHOOD SECURITIES LLC	05/28/20	07/17/20	13,631.	12,375.	EW	-49.	1,207.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			174,926.	149,475.		2,039.	27,490.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2020)	Attachment Sequence No. 12A
------------------	-----------------------------

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side MANU & PALLAVI GARG

MANU & PALLAVI GARG 757-02-5026 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

- [] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) (g) Code(s) from instructions Amount of adjustment		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<u> </u>					Instructions	adjustment	
ROBINHOOD SECURITIES LLC	05/30/18	03/17/20	8,511.	4,963.			3,548.
ROBINHOOD SECURITIES LLC	05/28/20	07/17/20	4,245.	3,570.			675.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►			12,756.	8,533.			4,223.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Page 2

Social security number or taxpayer identification number

Form	8949	
Form	0343	

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

20

(0)

Attachment

Department of the Treasury

▶ 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.

Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
MANU & PALLAVI GARG	757-02-5026

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.

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

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

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

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

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	f any, to gain or loss . amount in column (g), ode in column (f). arate instructions.	g), (h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
RAMESH AND CO - bad debt statement attached	04/02/18	10/01/20	0.	14,000.			-14,000.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked). or line 3 (if Box C	al here and inc is checked), lir	lude on your ne 2 (if Box B	0.	14,000.			-14,000.	

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

	CHEDULE E Supplemental Income and Loss									No. 1545-0074				
(Form 1	Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.))	020				
Departme	Department of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041.									Attac	hment			
	ternal Revenue Service (99) Go to www.irs.gov/ScheduleE for instructions and the latest information.									Sequ	ence No. 13			
()	ne(s) shown on return										-			
-	& PALLAVI												-02-502	
Part						state and Ro	-		-				• •	
						n individual, rep								
	you make any							• • •						
	Yes," did you c												🗆	Yes 🗌 No
<u>1a</u>	Physical addr					city, state, ZII	- code	e)						
	ROHTAK HA	RYANA	LN	124001										
<u>В</u> С														
	Turpo of Dro	norty	0	F				·		Eair	Rental	Dorsor	nal Use	
a	Type of Pro (from list be		2	above, re	port the	eal estate pro e number of fa	ir rent	al and		-	Days		ays	QJV
Α		,000)		personal	use da	vs. Check the	QJV b	ox onlv	Α		365		0	
B	3			aualified	ioint ve	equirements to nture. See inst	o file a tructio	is a ns.	B		305		0	
C	+			-1	,				C					
	of Property:								U					
	le Family Resid	lanca	З	Vacation	/Short-	Term Rental	5 1 2	nd		7 Self-	Rontal			
-	i-Family Reside			Commer		Territar		yalties			r (describe)			
Incom	,		-	Committee	olui	Properties:			Α		B			С
3	Rents received	4				•	3			650.				•
4	Royalties rece						4							
Expen							+ •							
5	Advertising .						5							
6	Auto and trave						6							
7	Cleaning and I	•		,			7			600.				
8	Commissions.						8			000.				
9	Insurance						9							
10	Legal and othe						10							
11	Management f						11			800.				
12	Mortgage inter						12			000.				
13	Other interest.	-			-		13							
14	Repairs						14		1	200.				
15	Supplies						15			460.				
16	-						16		±,	100.				
17	Utilities						17		1	560.				
18	Depreciation e						18		±,	500.				
19	Other (list)	лрепве		•			19							
20	Total expense	ι bhΔ a					20		5	620.				
	Subtract line 2			0					5,	020.				
21	result is a (los													
	file Form 6198						21		-4.	970.				
22	Deductible rer								-,					
~~	on Form 8582						22	(-4.9	970.)	())
23a	Total of all am			,						23a	\	650		,
b	Total of all am									23b			-	
c	Total of all am									23c			-	
d	Total of all am									23d				
e	Total of all am									23e		5,620		
24	Income. Add									200		. 2 4		
25	Losses. Add ro									nter tot	al losses here			4,970.)
													- (-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
26	Total rental rehere. If Parts													
	Schedule 1 (Fo											. 26	6	-4,970.
For Pa	perwork Reduct								NPA		-4,97	~		(Form 1040) 2020

Schedule E (Form 1040) 2020

Sche	edule E (Form 1040) 2020						Attachment Sequence N	lo. 13		Page 2
Nam	e(s) shown on return. Do not enter	name and social sec	urity number if s	shown on	other side.			Your so	ocial securi	ty number
MA	NU & PALLAVI GARG							757-	-02-502	26
	ution: The IRS compares a		-							
Pa			-		-		If you report a loss,			•
				-			x in column (e) on line			•
		•		vity for w	which any ar	nount is r	not at risk, you must o	check th	he box in a	column (f) on
	line 28 and attach F	orm 6196. See ms	ructions.							
27										
	passive activity (if that see instructions before									
		e completing this		ter P for	(c) Check		(d) Employer		Check if	es 🔀 No (f) Check if
28	(a) Nan	ne	partne	ership; S orporation	foreign		identification	basis co	omputation	any amount is not at risk
Α	PTP-BROOKFIELD RENEWA	ABLE PARTNERS		P			number 98-1015903	15 16	equired	
B	PTP-MPLX LP			P			27-0005456			
C	PTP-BROOKFIELD RENEWA	ABLE PARTNERS		- P			98-0330545			
D	See line 28 inform						20 0000010		\square	
		ome and Loss				No	onpassive Income	and Lo	DSS	
	(g) Passive loss allowed	(h) Pas	sive income	(i) N	onpassive los	s allowed	(j) Section 179 expe	ense	(k) Non	passive income
	(attach Form 8582 if require	d) from Sc	hedule K-1	(see Schedule	K-1)	deduction from Form	4562	from S	Schedule K-1
Α		0.	0							0.
В		0.								
С		0.	0							0.
D		0.	0						L	121.
29	a Totals		0						L	121.
	b Totals	0.								
30								30	<u> </u>	121.
31								31	(0.)
32					ombine line	s 30 and	131	32	L	121.
Pa	rt III Income or Loss	s From Estates	s and Trus	ts						
33			(a) Name					(b) Employer identification number		
Α										
B										
	Pass	ive Income and	Loss				Nonpassive In	icome	and Los	S
	(c) Passive deduction or	loss allowed	(d) Pa	assive inco	ome	(e)	Deduction or loss	(f) Other income from		
	(attach Form 8582 if		from	Schedule	K-1	fro	om Schedule K-1		Sched	ule K-1
Α										
В										
34	a Totals									
	b Totals									
35								35		
36		, ,						36	()
37			,			<u></u>		37	L	•
Ра	rt IV Income or Loss						uits (REMICS)—F	resia	ual Hold	ler
38	(a) Name	(b) Employer ident number	tification	Schedu	s inclusion fro ules Q, line 2c	(u)	Taxable income (net loss om Schedules Q, line 1b	;)		me from s Q, line 3b
				(see	instructions)					,
39	Combine columns (d) a	nd (e) only. Enter	the result h	ore and	l include in	the total	on line /1 below	39		
	art V Summary		the result i					03	i	
40		or (loss) from Fo	rm 4835. Al	so com	nolete line 4	2 below	,	40		
41		. ,			•			41		-4,849.
42					1					1,0121
42	Reconciliation of farm farming and fishing incor									
	(Form 1065), box 14, cod									
	AD; and Schedule K-1 (F					42				
43	· · · · · · · · · · · · · · · · · · ·									
	(see instructions), enter the	•								
	1040, Form 1040-SR, or For									
	you materially participated u					43				

8959 Form Department of the Treasury Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.

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

► Go to www.irs.gov/Form8959 for instructions and the latest information.

2020 Attachment Sequence No. 71 Your social security number

OMB No. 1545-0074

757-02-5026

MANU	& PALLAVI GARG	757-0	<u>2-5</u> 02	26
Part	Additional Medicare Tax on Medicare Wages			
1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	301,994.		
2	Unreported tips from Form 4137, line 6			
3	Wages from Form 8919, line 6 			
4	Add lines 1 through 3	301,994.		
5	Enter the following amount for your filing status:	301,994.		
5	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying widow(er) \$200,000 5	250,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0		6	51,994.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter he			51,774.
1	Part II		7	468.
Part		I	-	
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you			
•	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) 8			
9	Enter the following amount for your filing status:			
	Married filing jointly.			
	Married filing separately			
	Single, Head of household, or Qualifying widow(er) \$200,000 9			
10	Enter the amount from line 4			
11	Subtract line 10 from line 9. If zero or less, enter -0			
12	Subtract line 11 from line 8. If zero or less, enter -0		12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). En			
	go to Part III		13	
Part				
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14			
	(see instructions)			
15	Enter the following amount for your filing status:			
	Married filing jointly			
	Married filing separately			
	Single, Head of household, or Qualifying widow(er) \$200,000 15			
16	Subtract line 15 from line 14. If zero or less, enter -0		16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by	0.9% (0.009).		
	Enter here and go to Part IV		17	
Part				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 8 (
	(Form 1040-PR or 1040-SS filers, see instructions), and go to Part V		18	468.
Part				
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form			
00	W-2, enter the total of the amounts from box 6	4,441.		
20	Enter the amount from line 1	301,994.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages 21	4,379.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional M withholding on Medicare wages	1	22	62.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Fo			
	14 (see instructions)		23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this			
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form			
F D	1040-SS filers, see instructions)		24	62.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA	REV 04/02/21 PRO		Form 8959 (2020)

8960 Form

Department of the Treasury Internal Revenue Service (99)

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

2020

Attachment Sequence No. 72

Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

	shown on your tax return				curity number or EIN
	& PALLAVI GARG		757-	02-5	5026
Part					
	Section 6013(h) election (see instructions)				
	Regulations section 1.1411-10(g) election (see instruction)				
1	Taxable interest (see instructions)			1	342.
2	Ordinary dividends (see instructions)			2	3,819.
3	Annuities (see instructions)		· ·	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see	4	0.4.0		
	instructions)	-4,	849.		
b	Adjustment for net income or loss derived in the ordinary course of a non- section 1411 trade or business (see instructions)				
	section 1411 trade or business (see instructions) 4b 4b Combine lines 4a and 4b 			4c	4 9 4 9
с 5а	Net gain or loss from disposition of property (see instructions)	· · · ·		40	-4,849.
		⊥/,	713.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)				
с	Adjustment from disposition of partnership interest or S corporation stock (see				
C	instructions)				
d	Combine lines 5a through 5c			5d	17,713.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions) .			6	
7	Other modifications to investment income (see instructions)		-	7	120.
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	17,145.
Part					
9a	Investment interest expenses (see instructions)				
b	State, local, and foreign income tax (see instructions)				
С	Miscellaneous investment expenses (see instructions)				
d	Add lines 9a, 9b, and 9c		[9d	
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	
Part					
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, comp				
	Estates and trusts, complete lines 18a–21. If zero or less, enter -0		· ·	12	17,145.
40	Individuals:		2.0.1		
13	Modified adjusted gross income (see instructions) 13 Thread adjusted gross income (see instructions) 14	_	381.		
14	Threshold based on filing status (see instructions) 14 Subtract line 14 from line 13. If zero or less, enter -0- 15		000.		
15 16	Enter the smaller of line 12 or line 15		381.	16	17 1/5
	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter h			16	17,145.
17	on your tax return (see instructions)	ere and in	ciude	17	652.
	Estates and Trusts:			17	052.
18a	Net investment income (line 12 above)				
	Deductions for distributions of net investment income and deductions under				
	section 642(c) (see instructions)				
С	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0				
19a	Adjusted gross income (see instructions)				
b	Highest tax bracket for estates and trusts for the year (see instructions) 19b				
с	Subtract line 19b from line 19a. If zero or less, enter -0				
20	Fisher the suscellar of the dos on the dos			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038).				
	include on your tax return (see instructions)			21	
For Pa	perwork Reduction Act Notice, see your tax return instructions.	EV 04/02/21 PRO			Form 8960 (2020)

Nonbusiness Bad Debt Explanation Statement

Name(s) MANU & PALLAVI GARG	Social Security Number 757-02-5026
Form/Line: Form 8949	Line 1
Explanation of: Nonbusiness Bad Debt	
Description of debt: LOAN TO RAMESH AND CO Amount: \$14,000	
Date debt became due: 04/02/2018	
Name of debtor: RAMESH AND CO	
Relationship to debtor: FRIEND	
Efforts to collect:	
EFFORTS MADE TO RECOVER THE DEBT	
Why decided debt was worthless:	
RAMESH AND CO DECLARED THAT HE IS UNABLE TO PAY THE	DEBT

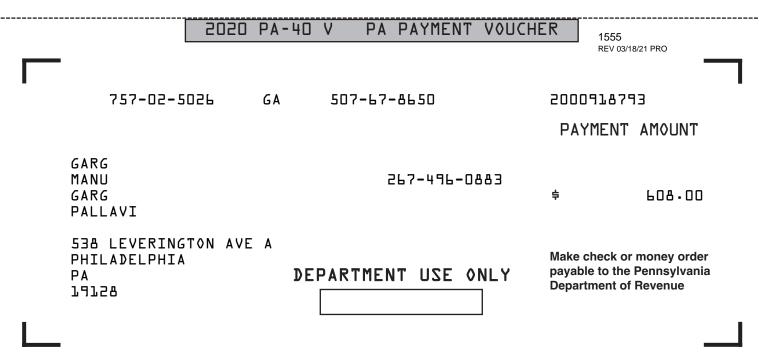
Schedule E: Supplemental Income and Loss

Line 28: Income or Loss from Partnership and S corporations

L 2 7 T	Name	Cod e	For eig n	EIN	Basi s Com p	Not At Ris k	Passive Loss Allowed Amt	Passive Income Amt	Nonpassiv e Loss Amt	Sec 179 Expense Dedn Amt	Nonpassiv e Income Amt
	PTP- ENTERPRISE PRODUCTS PARTNERS L.P	P		76-0568219			0.				
	PTP- ENTERPRISE PRODUCTS PARTNERS L.P	P		76-0568219			0.				
F	PTP-ENERGY TRANSFER LP	Ρ		30-0108820			0.	0.			121.
					-	Γotal	0.	0.			121.

Continuation Statement

MAKE CHECK PAYABLE TO: PENNSYLVANIA DEPARTMENT OF REVENUE MAIL TO: PENNSYLVANIA DEPARTMENT OF REVENUE PAYMENT ENCLOSED 1 REVENUE PLACE HARRISBURG, PA 17129-0001 NOTE: WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT), DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.



PA-40 - 2020 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (06-20)

				N	Extension.	Ν	Amended Return.
757025026	50767865	50		R	Residency Stat	tus.	
GARG					•		Part-Year Resident
					from	_	to
MANU		Occupation	MANAGEMENT	J	Single, Marrie	-	
					Married/Filing	g Separately	y, F inal Return
PALLAVI		Occupation	REPORTING	N	Deceased		
GARG				N	Decensed		
BARB				N	Taxpayer Date	of Death	
				N	Spouse Date of	f Death	
538 LEVERING	TON AVE A						
				N	Farmers.		
PHILADELPHIA		PA	19159		School District	t Name PH	IILADELPHIA
267-4	496-0883		51500	I			

la Gross Compensation. Do not include exempt income, such as combat zone pay and 301481 1a qualifying retirement benefits. See the instructions. lb Unreimbursed Employee Business Expenses. 1b lc 301481 Net Compensation. Subtract Line 1b from Line 1a. 1c2 2 Interest Income. Complete PA Schedule A if required. З 3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required. 4 4 Net Income or Loss from the Operation of a Business, Profession or Farm. -1365 5 5 Net Gain or Loss from the Sale, Exchange or Disposition of Property. 15632 Ь Net Income or Loss from Rents, Royalties, Patents or Copyrights. -4970 6 7 7 Estate or Trust Income. Complete and submit PA Schedule J. 8 Gambling and Lottery Winnings. Complete and submit PA Schedule T. 8 9 9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 321274 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6. 10 10 Other Deductions. Enter the appropriate code for the type of deduction. Ν See the instructions for additional information. 77 321274 11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

1555 REV 03/18/21 PRO





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Page 1 of 2

PA-40 - 2020

Social Security Number

757025026 Name(s) MANU & PALLAVI GARG

12 13	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions.	73 75	9863 9255
14 15 16 17 18	Credit from your 2019 PA Income Tax return. 2020 Estimated Installment Payments. REV-459B included. N 2020 Extension Payment. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	14 15 16 17 18	
19a	Forgiveness Credit. Submit PA Schedule SP.Filing Status:01 Unmarried or Separated02 Married03 DeceasedDependents, Section II, Line 2, PA Schedule SPTotal Eligibility Income from Section III, Line 11, PA Schedule SP.Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.	19a 19b 20 21	00 00 0
22 23 24 25 26 27	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1 . Total Other Credits. Submit your PA Schedule OC . TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23. USE TAX. Due on internet, mail order or out-of-state purchases. See instructions. TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. N	22 23 24 25 26 27	0 9255 0 608 0
28 29	TOTAL PAYMENT DUE. See the instructions. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	28 29	608 0
30 31	The total of Lines 30 through 36 must equal Line 29. Refund – Amount of Line 29 you want as a check mailed to you. REFUND Credit – Amount of Line 29 you want as a credit to your 2021 estimated account. REFUND	30 31	0 0
32 33 34 35 36	Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions.	32 33 34 35 36	
	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.		
You	Signature Spouse's Signature, if filing jointly		
SY	arer's Name and Telephone Number Date E-File Op AM PRIYA RAM SAGAR GUPTA TALLAM D41421 39659522 Firm FEIM Preparer's	ł	N 301017196 P02082703
	1555 REV 03/18/21 PRO Page 2 of 2		

2000217352



PA-40 A (EX) 06-20 (I) PA Department of Revenue

	OFFICIAL USE ONLY
Name shown first on the PA-40 (if filing jointly)	Social Security Number (shown first)
MANU GARG	757-02-5026

CAUTION: Federal and PA rules for taxable interest income are different. **Read the instructions.**

2020

If your total PA-taxable interest income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and you have no amounts for Lines 2 through 15 (not including subtotal Lines 4 and 10) of PA Schedule A, you must report your income on Line 2 of the PA-40, but you do not have to submit PA Schedule A. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 15 (not including subtotal Lines 4 and 10) of the schedule, you must complete and submit PA Schedule A with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 15 (not including subtotal Lines 4 and 10) of Schedule A. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule A is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE A - PA-Taxable Interest Income (See the instructions.)

Taxpayer 💼 Spouse 👝 Joint 👝		
1. Interest income reported on your federal return. See instructions.	1.	\$ 338
2. Tax-exempt interest income included in Line 2a of your federal return.	2.	\$
3. Other addition adjustments. See instructions. Description:	3.	\$
4. Add Lines 1, 2 and 3.	4.	\$ 338
5. Interest income from federal Schedule(s) K-1. See instructions.	5.	\$ 30
 Interest income from direct obligations of the Commonwealth of Pennsylvania and/or its municipalities. 	6.	\$
7. Interest income from direct obligations of the U.S. government.	7.	\$ 0
 Other reduction adjustments. See instructions. Description: 	8.	\$
9. Add Lines 5, 6, 7 and 8.	9.	\$ 30
10. Subtract Line 9 from Line 4.	10.	\$ 308
 Distributions from Life Insurance, Annuity or Endowment Contracts included in federal taxable income. 	11.	\$
12. Distributions from Charitable Gift Annuities included in federal taxable income.	12.	\$
 Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes. 	13.	\$
 Distributions from Health/Medical Savings Accounts included in federal taxable income. 	14.	\$
 Interest income from PA S corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1. 	15.	\$ 30
16. Total PA-Taxable Interest Income. Add Lines 10 through 15. Enter on Line 2 of your PA-40.	16.	\$ 338

1555 REV 03/18/21 PRO



500757005P



PA-40 A (EX) 06-20 (I) PA Department of Revenue

PA-40 A (EX) 06-20 (I) PA Department of Revenue 2020	OFFICIAL USE ONLY
Name shown first on the PA-40 (if filing jointly)	Social Security Number (shown first)
MANU GARG	757-02-5026

CAUTION: Federal and PA rules for taxable interest income are different. Read the instructions.

If your total PA-taxable interest income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and you have no amounts for Lines 2 through 15 (not including subtotal Lines 4 and 10) of PA Schedule A, you must report your income on Line 2 of the PA-40, but you do not have to submit PA Schedule A. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 15 (not including subtotal Lines 4 and 10) of the schedule, you must complete and submit PA Schedule A with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 15 (not including subtotal Lines 4 and 10) of Schedule A. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpaver. spouse or joint. If a separate PA Schedule A is prepared for a taxpaver and spouse, include only the taxpaver or spouse share of the income for each line.

PA SCHEDULE A - PA-Taxable Interest Income (See the instructions.)

Taxpayer 👝 Spouse 🔳 Joint 🥽		
1. Interest income reported on your federal return. See instructions.	1.	\$ 4
2. Tax-exempt interest income included in Line 2a of your federal return.	2.	\$
3. Other addition adjustments. See instructions. Description:	3.	\$
4. Add Lines 1, 2 and 3.	4.	\$ 4
5. Interest income from federal Schedule(s) K-1. See instructions.	5.	\$
 Interest income from direct obligations of the Commonwealth of Pennsylvania and/or its municipalities. 	6.	\$
7. Interest income from direct obligations of the U.S. government.	7.	\$ 0
 Other reduction adjustments. See instructions. Description: 	8.	\$
9. Add Lines 5, 6, 7 and 8.	9.	\$ 0
10. Subtract Line 9 from Line 4.	10.	\$ 4
 Distributions from Life Insurance, Annuity or Endowment Contracts included in federal taxable income. 	11.	\$
12. Distributions from Charitable Gift Annuities included in federal taxable income.	12.	\$
 Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes. 	13.	\$
 Distributions from Health/Medical Savings Accounts included in federal taxable income. 	14.	\$
 Interest income from PA S corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1. 	15.	\$
16. Total PA-Taxable Interest Income. Add Lines 10 through 15. Enter on Line 2 of your PA-40.	16.	\$ 4

1555 REV 03/18/21 PRO



5007570056



2001210029

PA-40 B (EX) 06-20 (I) PA Department of Revenue

2020

Name shown first on the PA	A-40 (if filing jointly)
----------------------------	--------------------------

Social Security Number (shown first) 757-02-5026

OFFICIAL USE ONLY

MANU GARG

CAUTION: Federal and PA rules for dividend income are different. Read the instructions.

If your total PA-taxable dividend and capital gains distributions income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and does not include any amounts for Lines 2 through 11 (not including subtotal Line 6) of PA Schedule B, you must report your income on Line 3 of the PA-40, but you do not have to submit PA Schedule B. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 11 (not including subtotal Line 6), you must complete and submit PA Schedule B with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 11 (not including subtotal Line 6) of Schedule B. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule B is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE B - PA-Taxable Dividend and Capital Gains Distributions Income (See the instructions.)

Taxpayer 💼 Spouse 🧰 Joint 🧰		
1. Dividend income from Line 3b of your federal return. See instructions.	1.	\$ 2,809
2. Dividend income from federal Schedule K-1(s). See instructions.	2.	\$ 958
3. Pennsylvania exempt-interest dividend income. See instructions.	3.	\$
 Other reduction adjustments. See instructions. Description:	4.	\$
5. Add the amounts on Lines 2, 3 and 4.	5.	\$ 958
6. Subtract Line 5 from Line 1.	6.	\$ 1,851
7. Total exempt-interest dividends. See instructions.	7.	\$
 Other addition adjustments. See instructions. Description: 	8.	\$
 9. Repatriation of foreign income. See instructions. a. Total earnings and profits included on Line 1 of IRC Section 965 Transition Tax Statement. b. Total payments of earnings and profits included in Line 9a received in prior years. 9b		
c. Payments of earnings and profits included in Line 9a received in current year.	9c.	\$
10. Capital Gains Distributions - See instructions.	10.	\$
 Dividend income from PA S corporation(s) and partnerships, reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1. 	11.	\$ 958
12. Total PA-Taxable Dividend Income. Add Lines 6, 7, 8, 9c, 10 and 11. Enter on Line 3 of your PA-40.	12.	\$ 2,809

1555 REV 03/18/21 PRO



2001210029



2001210029

PA-40 B (EX) 06-20 (I) PA Department of Revenue

2020

Name shown first on the PA-40	(if filing jointly)

Social Security Number (shown first) 757-02-5026

OFFICIAL USE ONLY

MANU GARG

CAUTION: Federal and PA rules for dividend income are different. Read the instructions.

If your total PA-taxable dividend and capital gains distributions income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and does not include any amounts for Lines 2 through 11 (not including subtotal Line 6) of PA Schedule B, you must report your income on Line 3 of the PA-40, but you do not have to submit PA Schedule B. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 11 (not including subtotal Line 6), you must complete and submit PA Schedule B with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 11 (not including subtotal Line 6) of Schedule B. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule B is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE B - PA-Taxable Dividend and Capital Gains Distributions Income (See the instructions.)

Taxpayer 🦳 Spouse 🔳 Joint 🦳							
1. Dividend income from Line 3b of your federal return. See instructions.	1.	\$ 1,010					
2. Dividend income from federal Schedule K-1(s). See instructions.	2.	\$					
3. Pennsylvania exempt-interest dividend income. See instructions.	3.	\$					
4. Other reduction adjustments. See instructions. Description:	4.	\$					
5. Add the amounts on Lines 2, 3 and 4.	5.	\$					
6. Subtract Line 5 from Line 1.	6.	\$ 1,010					
7. Total exempt-interest dividends. See instructions.	7.	\$					
8. Other addition adjustments. See instructions. Description:	8.	\$					
 9. Repatriation of foreign income. See instructions. a. Total earnings and profits included on Line 1 of IRC Section 965 Transition Tax Statement. b. Total payments of earnings and profits included 							
in Line 9a received in prior years. 9b	9c.	\$					
10. Capital Gains Distributions - See instructions.	10.	\$					
 Dividend income from PA S corporation(s) and partnerships, reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1. 	11.	\$					
12. Total PA-Taxable Dividend Income. Add Lines 6, 7, 8, 9c, 10 and 11. Enter on Line 3 of your PA-40.	12.	\$ 1,010					

1555 REV 03/18/21 PRO



PA SCHEDULE D

2001310024

Sale, Exchange or Disposition of Property

PA-40 D (EX) 06-20 (I) PA Department of Revenue

2020

If you need more space, you r	nay photocopy.
Name of the taxpayer filing this schedule MANU GARG	Social Security Number (shown first) $757 - 02 - 5026$

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. Read the instructions. Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(d)	(f) in or loss: minus (e) fill in the oval).
· · · ·						,
1.ROBINHOOD SECURITIES	07/30/19	03/17/20	161,295.	137,100.		24,195.
RAMESH AND CO - bad	04/02/18	10/01/20	0.	14,000.	LOSS	14,000.
ROBINHOOD SECURITIES	05/30/18		8,511.	4,963.	LOSS	3,548.
	00,00,20		0,0111	-,,,,,,,	LOSS	0,0101
					LOSS	
					LOSS	
					\bigcirc	
					LOSS	
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					LOSS	
					LOSS	
					LOSS	
					LOSS	
					LOSS	
					0	
					LOSS	
2. Net gain (loss) from above sales.		·		LOSS 2.		13,743.
3. Gain from installment sales from PA Schedule I		-,				
 Gammon instalment sales nom ra concure r Taxable distributions from C corporations. 						
	,			= 4. LOSS 5	L	
5. Net gain (loss) from the sale of 6-1-71 property						
6. Net PA S corporation and partnership gain (loss		42.				

Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7.

	(a)	(b)	(C)	(d)	(e)	(f)
	Address of	Date acquired:	Date sold:	Gross sales price	Cost or adjusted basis of	Gain or loss:
	residence	Month/day/year	Month/day/year	less expenses of sale	the property sold	(d) minus (e)
7.	Taxable gain from the sale of your principal residence. If y	ou realized a los	s on the sale of	vour principal residence	e. enter a zero.	
	If you realized a gain/loss on the sale of the nonresidentia					
8. Taxable distributions from partnerships from REV-999						
9.	9. Taxable distributions from PA S corporations from REV-998					
10. Taxable gain from exchange of insurance contracts. 10.						
11. Total PA Taxable Gain (Loss). Add Lines 2 through 10. Enter on Line 5 of your PA-40. (If a net loss, fill in the oval) Loss 11.						13,701.





2001310024

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PA SCHEDULE D

2001310024

Sale, Exchange or Disposition of Property

PA-40 D (EX) 06-20 (I) PA Department of Revenue

2020

	If you need more space, you may photocopy.
Name of the taxpayer filing this schedule	
PALLAVI GARG	

Taxpayer 🔵

Spouse

Joint (

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. **Read the instructions.** Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

(a Describe th 100 shares of 10 acres in Da	e property: XYZ stock, or	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).
1.ROBINHOOD	SECURITIES	05/28/20	07/17/20	13,631.	12,375.	LOSS 1,256.
ROBINHOOD	SECURITIES	05/28/20	07/17/20	4,245.	3,570.	<u>675.</u>
						LOSS
						LOSS
						LOSS
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						LOSS
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						LOSS
						LOSS
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						LOSS
						LOSS
2. Net gain (loss) from a	2.	1,931.				
3. Gain from installment						
4. Taxable distributions	from C corporations					
					= 4.	
• • • •	he sale of 6-1-71 property					
 Net PA 5 corporation 	and partnership gain (loss) from your PA Sche	eaule(s) KK-1 of NR	Κ-Ι	LOSS 6.	

Taxable gain from selling a principal residence. Complete and submit PA Schedule 19. Complete Columns (a) through (e) and enter your total gain on Line 7.

	(a)	(b)	(C)	(d)	(e)	(f)			
	Address of	Date acquired:	Date sold:	Gross sales price	Cost or adjusted basis of	Gain or loss:			
	residence	Month/day/year	Month/day/year	less expenses of sale	the property sold	(d) minus (e)			
7	Taxable gain from the sale of your principal residence. If y	ou realized a los	s on the sale of	vour principal residence	e. enter a zero.				
	If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1 7.								
8									
9									
10	Taxable gain from exchange of insurance contracts				10.				
11. 1	Total PA Taxable Gain (Loss). Add Lines 2 through 10.	Enter on Line 5	of your PA-40. (If a net loss, fill in the c	oval) Coss 11.	1,931.			

1555 REV 03/18/21 PRO



2001310024

OFFICIAL USE ONLY

Social Security Number (shown first)

757-02-5026

PA SCHEDULE E

Rents and Royalty Income (Loss)

2001410022

PA-40 E (EX) 06-20 (I) PA Department of Revenue

2	0	2	0

	OFFICIAL USE ONLY
Name of the taxpayer filing this schedule	Social Security Number (shown first) or EIN
MANU GARG	757-02-5026
Sales Tax License Number (if applicable) See the instructions	Are rental navments made by lessees through a third party broker?

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. Note: If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

SECTION I PROPERTY DESCRIPTION

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

	Туре	Description of Property	For Profit Prope	rty Complete Address (street, city, state and ZIP code)
_			YES 🔳	ROHTAK
A	3	503/4 RAJINDER NAGAR	NO 👝	HARYANA, 124001, India
в			YES 👝	
D			NO 👝	
С			YES 🔵	
Ŭ			NO 🔘	
Dre		human 1. Cingle femily regidence 2. Vegetien/abo	t term rentel E la	nd 7 Colf rontol

 Property type:
 1. Single family residence
 3. Vacation/short-term rental
 5. Land
 7. Self-rental

 2. Multi-family residence
 4. Commercial
 6. Royalties
 8. Other, describe:

INCOME & EXPENSES SECTION II Property A Property B Property C Line a: Identify the property from Section I and indicate ownership (T/S/J) Т s J Т S J т s J Line b: Is the property rental location in PA? YES) NO YES NO YES NO Line c: Is the property rented for any period less than 30 days? YES NO YES NO YES NO 650 1. Rent received Income: 1 2. Royalties received 2 Expenses: 3. Advertising 3 4. Automobile and travel 4 600 5. Cleaning and maintenance 5. 6 Commissions 6 7. Insurance ... 7 8. Legal and professional fees 8 800 9. Management fees 9 1,200 12. Repairs ... 12 1,460 14. Taxes - not based on net income14. 1,560 15. Utilities 5,620 18. Total Expenses - Add Lines 3 through 17 18. Income or Loss: 20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) ... 20. 4,970 21 4,970 22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions.(fill in the oval, if a net loss) 22 23. Rent or royalty income (loss) from PAS corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1.(fill in the oval, if a net loss) 23 24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, 4,970 .(fill in the oval, if a net loss) total all Line 22 and 23 amounts and include on Line 6 of your PA-40. 24 REV 03/18/21 PRO 1555



CLGS-32-1	(04-16)
a A.	23
ZAR	54
1.0556	-D -

TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.

*If you have relocated during the tax year, please supply a	dditional information.					Tax Year 20		
DATES LIVING AT EACH ADDRESS STI	REET ADDRESS (No PO	Box, RD or	RR)	CITY O	R POST OFFI	CE	STATE	ZIP
то								
то								
-							, ,	se see back of form.
LAST NAME, FIRST NAME, MIDDLE INITIAL GARG , MANU			SPOUSE'S LA GARG , PA	ST NAME, FIRS	T NAME, MID	DLE INITIAL	-	
STREET ADDRESS (No PO Box, RD or RR)			GARG, PA	ТПЧАТ				
538 LEVERINGTON AVE A								
SECOND LINE OF ADDRESS								
CITY				STATE		ZIP CODE		
PHILADELPHIA				PA		19128		
DAYTIME PHONE NUMBER	RESIDENT PSD C		EYTE	NSION	AMENDED F			ESIDENT
	P H I L	A D			AWENDED		NON-N	
The calculations reported in the first column MU	ST pertain to the name p	printed		Social Security			ouse's Socia	
in the column, regardless of whether the hus Combining income is NOT	sband or wife appears fir		7 5 7		0 2 6	5 0		8 6 5 0
	permitted.		If you had che	I NO EARNED	INCOME, why:	lf you	had NO EAI check the re	RNED INCOME, ason why:
ONLY USE BLACK OR BLUE INK TO	COMPLETE THIS F	ORM	disabled	. 🗌	student		bled	student
			decease		military retired		eased Iemaker	military retired
Single X Married, Filing Jointly Married,	Filing Separately Fina	al Return*	unemplo	yed		unei unei	mployed	
1. Gross Compensation as Reported on W-2(s). (Enclose W-2s)			20	00. 9870			95051.00
2. Unreimbursed Employee Business Expense	s. (Enclose PA Schedule	UE)			0.00			0.00
3. Other Taxable Earned Income *					0.00			0.00
4. Total Taxable Earned Income (Subtract Line	2 from Line 1 and add Lin	ne 3)		20	09870.00			95051.00
5. Net Profit (Enclose PA Schedules*) NON-TAXABLE S-Corp earnings check this box:					0.00			0.00
6. Net Loss (Enclose PA Schedules*)					0.00			0.00
7. Total Taxable Net Profit (Subtract Line 6 from Lir	ne 5. If less than zero, ente	er zero)			0.00			0.00
8. Total Taxable Earned Income and Net Profit ((Add Lines 4 and 7)			20	00. 07870			95051.00
9. Total Tax Liability (Line 8 multiplied by 3	.8712)				8124 .00			3680.00
10. Total Local Earned Income Tax Withheld (Ma	ay not equal W-2 - See Ins	structions)			8125.00			3680.00
11.Quarterly Estimated Payments/Credit From	Previous Tax Year				0.00			0.00
12. Out-of-State or Philadelphia Credits (include	supporting documentation	n)			0.00			0.00
13. TOTAL PAYMENTS and CREDITS (Add Lin	nes 10 through 12)				8125.00			3680.00
14. Refund IF MORE THAN \$1.00, enter amou	unt (or select option in 15)			1.00			0.00
15. Credit Taxpayer/Spouse (Amount of Line 13 ye		ccount)			0.00			0.00
16. EARNED INCOME TAX BALANCE DUE (L	ine 9 minus Line 13)				0.00			0.00
17. Penalty after April 15* (multiply Line 16 by)				0.00			0.00
18. Interest after April 15* (multiply Line 16 by)				0.00			0.00
19. TOTAL PAYMENT DUE (Add Lines 16, 17, an	id 18)				0.00			0.00
*See Instructions		3/18/21 PRO						
	perjury, I (we) declare the and statements and to the							
YOUR SIGNATURE		SPOUSE'S S	SIGNATURE (II	Filing Jointly)			DATE (N	/IM/DD/YYYY)
PREPARER'S PRINTED NAME & SIGNATURE SYAM PRIYA RAM SAGAR GUPTA 7	TALLAM					PHONE NU (678)9	MBER 65-9522	



PA-8879 (EX) 06-20

Declaration Control Number/Submission ID

Primary Taxpayer's I	lame	Social	Security Number	
MANU GARG		757-	02-5026	
Secondary Taxpayer	s Name	Social	Security Number	
PALLAVI GARG		507-	67-8650	
SECTION I	TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2	2020 (\	whole dollars only)	
1. Adjusted	PA Taxable Income (Form PA-40, Line 11)		1	321,274
2. PA Tax Li	ability (Form PA-40, Line 12)		2.	9,863
3. Total PA	Fax Withheld (Form PA-40, Line 13)		3	9,255
4 Refund (F	Form PA-40, Line 30)		4	
5. Total Pay	ment (Tax Due) (Form PA-40, Line 28)		5	608

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2020 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Primary Taxpayer's Personal Identification Number (PIN): (mark one oval only)

	to enter my Pin	25026	as my signature on my tax
year 2020 electronically filed income tax return.			
I will enter my PIN as my signature on my tax year 2020 electronic	tronically filed income ta:	x return.	
Signature		Dete	
Signature		Date	
Secondary Taxpayer's PIN: (mark one oval only)			
I authorize GLOBAL TAXES LLC	to enter my PIN	78650	as my signature on my tax
year 2020 electronically filed income tax return.			
I will enter my PIN as my signature on my tax year 2020 electronic	tronically filed income tax	x return.	
Signature		Date	
Signature Practitioner PIN Program Part	cipants Only – Cor		N
-			N
Practitioner PIN Program Part	ION	ntinue Belov	

ERO's signature

Date

ERO must retain this form and the supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE

Name MANU GARG Social Security Number 757-02-5026

	Federal Forms W-2							
# of W2	* NT / TX B L	TS	NRI	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID	
		T S		ZS ASSOCIATES INC 36-3249852 MANAGED MARKETS INSIGHT & TECHNOLOGY LLC 27-3143658	<u>190,695.</u> 206,943. 75,841. 95,051.	206,430. 6,337. 95,051. 2,918.	PA PA	

Pennsylvania W-2	Taxpayer 206,430.	Spouse 95,051.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	6,337.	2,918.

Federal Forms W-2: Local Tax

# of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
		T S	36-3249852 27-3143658	PHILCITYW/H PHILADEL	209,870. 95,051.	<u>8,125.</u> <u>3,680.</u>	<u>PA</u> <u>PA</u>

	Taxpayer	Spouse
Pennsylvania Local W-2	209,870.	95,051.
Federal Form 4137, Unreported Tips, line 6		
Withholding	8,125.	3,680.

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount
				·

	Taxpayer	Spouse
Excess Reimbursements	-	

	Payer Name)		Pa	yer EIN	T/S	Code	PA Taxabl Comp.	e PA Tax Withheld	Fed. Income
novl	vania Payment type:			1				I		
	ecutor fee		н	Other	nonemplo	oyee co	mpensa	ation.		
	y duty pay			Descr		-				
	ector's fee pert witness fee		l J	Empic Distrib	ver spons	n IRA (Traditior	nt/pension/de	eferred compen	isation plan
Ho	norarium		κ	Distrib	ution from	n Life Ír	surance	e, Annuity or	Endowment C	ontracts
	venant not to compete mages or settlement f							ft Annuities ock Ownersh	nin Plan	
los	t wages, other than			Descri	be:	•			iip i iuni	
per	sonal injury		N O	Fiduci Other	ary fees fr	rom a ti ot lister	rust Labove			
				Descri						
								Тах	payer	Spouse
	laneous Compensatio									opence
Vithhe	olding	•••	•••					· ·		
		Co	mpe	ensati	on from	Fede	ral For	ms 1099R		
*	Payer's EIN Payer's Name	T S	Fed #	РА Туре	Gro Distrib		1	Basis	PA Taxable	PA Tax Withheld
		.					_			
		-								
		-	—	——			-		<u> </u>	
		-					_			
* F	nter an 'X' if this incor	ne is	Not	subiec	t to Penns	svlvania	a tax - F	PA Part-Year	and Nonreside	ents Only.
				oubjec		oyivani				
	vania Distribution ty	pe:				12:) l'm n	ot eligible ve	et; plan is eligib	le in PA
	school, state, or mun			loyee	plan	J1	I Trad	itional or Ro	th IRA; I'm over	r 59.5
Ňo PA	I11 United Mine Workers pension J2 Traditional or Roth IRA; I'm under 59.5 I22 Military pension I/2									
No PA Un	 32 Military pension 33 U.S. Civil service retirement/disability/annuity K2 Non-qualified deferred compensation plan K3 Life insurance or endowment 							ation plan		
No PA Uni Mili	K1 Annuity or Non-civil service disability L Distribution from Charitable Gift Annuities									
No PA Uni Mili U.S	Justine Ousl Jaint Cum								ated ESOP Stock L	
No PA Uni Mili U.S Ani (inc	cluding Qual Joint Sur	12 Rollover					B KSO	P: Taxable E	ESOP within a 4	401(k)
No PA Uni U.S Ani (inc Eai Ro	cluding Qual Joint Sur Iy distribution from a i lover		D A 4	av)		M4	4 KSO	P: Nontaxab	le ESOP within	n a 401(k)
No PA Uni U.S Ani (inc Eai Ro	cluding Qual Joint Sur Iy distribution from a i	e (no	PAt	ал)						
No PA Uni U.S Ani (inc Eai Ro I'm	cluding Qual Joint Sur Iy distribution from a i lover							Тах	payer	Spouse

Total Gross Compensation

Total gross compensation to Form PA-40 line 1a	Taxpayer Spouse 206,430. 95,05	
Withholding to Form PA-40 line 13.	6,337.	2,918.
otal gross compensation to Form PA-40 line 1a		301,481.

Additional information from your 2020 Pennsylvania Tax Return

PA Sch D: Sale, Exchange or Disposition of Property (Taxpayer) **RK-1 Capital Gain (loss)**

Explanation Statement

Line 6			
Entity Name	FEIN	Gain(Loss)	
BROOKFIELD RENEWABLE PARTNERS L.P	98-1015903	Ş	
MPLX LP	27-0005456	\$ -1	
BROOKFIELD RENEWABLE PARTNERS L.P	98-0330545	\$	
ENTERPRISE PRODUCTS PARTNERS L.P	76-0568219	\$ -41	
ENERGY TRANSFER LP	30-0108820	\$	