E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

Filing Status Check only one box.	If yo	Single X Married filing jointly u checked the MFS box, enter the non is a child but not your dependent	ame of	. , ,	, —		,	,		, ,	` , ` ,
Your first name	and mi	ddle initial	Last n	ame				You	ır soc	cial security	y number
MANU			GAR	G				75	757-02-5026		
If joint return, s	pouse's	first name and middle initial	Last n	ame				Spo	Spouse's social security number		
PALLAVI			GAR	G				50	7-6	57-8650	J
Home address	(numbe	r and street). If you have a P.O. box, see	instruct	tions.			Apt. no.	Pres	sider	ntial Electic	on Campaign
538 LEVI	ERIN	GTON AVE A								ere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	State	ZIP	code				tly, want \$3 Checking a
PHILADEI	LPHI	A			PA	19	9128			w will not	•
Foreign country	/ name			Foreign province/state/o	county	For	reign postal co			or refund. You	Spouse
At any time du	ring 20	020, did you receive, sell, send, excl	nange,	or otherwise acquire	any financial	interest in	n any virtual	curren	cy?	Yes	⊠ No
Standard Deduction	_	eone can claim:	'			dent			7		
Age/Blindness	You:	Were born before January 2, 1	956	Are blind Spo	ouse: 🗌 Wa	as born b	efore Janua	ry 2, 19	56	☐ Is bli	nd
Dependents	s (see	instructions):		(2) Social security	(3) Rela	tionship	(4) 🗸	if qualifie	es for	(see instruc	ctions):
If more		(1) First name Last name number to you Child tax credit							- 1		ner dependents
than four											
dependents,											
see instructions and check	s ——			_							
here ▶											
	. 1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2					1	26	56,536.
Attach	2a	Tax-exempt interest	2a		<b>b</b> Taxable in	terest		. [	2b		342.
Sch. B if	За	Qualified dividends	3a	3,547.	<b>b</b> Ordinary of	lividends		. [	3b		3,819.
required.	4a	IRA distributions	4a		<b>b</b> Taxable a			. [	4b		
	5a	Pensions and annuities	5a		<b>b</b> Taxable at	mount .		. [	5b		
Standard	6a	Social security benefits	6a		<b>b</b> Taxable a	mount .		. [	6b		
Deduction for—	7	Capital gain or (loss). Attach Scheo	dule D	if required. If not requ	iired, check h	ere .	•	· 🗆 [	7	1	L7,713.
Single or Married filing	8	Other income from Schedule 1, lin	e9.						8	_	-4,729.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your <b>total inco</b>	ome			•	9	28	33,681.
• Married filing	10	Adjustments to income:									
jointly or Qualifying	а	From Schedule 1, line 22				10a					
widow(er),	b	Charitable contributions if you take	the sta	andard deduction. See	instructions	10b	3	300.			
\$24,800 Head of	С	Add lines 10a and 10b. These are						<b>•</b>	10c		300.
household, \$18,650	11	Subtract line 10c from line 9. This		-				▶	11		33,381.
If you checked	12	Standard deduction or itemized	-					.	12		24,800.
any box under Standard	13	Qualified business income deducti	_	•	•			.	13	1	
Deduction, see instructions.	14	Add lines 12 and 13						.	14	2	24,800.
See Instructions.	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less,	enter -0			.	15		58,581.

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

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	16	Tax (see instructions). Check if any from Form(s): 1 🔲 8814 2 🔲 4972 3 🔲	16	49,520.		
	17	Amount from Schedule 2, line 3	17	0.		
	18	Add lines 16 and 17	18	49,520.		
	19	Child tax credit or credit for other dependents	19			
	20	Amount from Schedule 3, line 7	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-employment tax, from Schedule 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				
	b	Form(s) 1099				
	С	Other forms (see instructions)				
	d	Add lines 25a through 25c	25d	46,248.		
If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26			
qualifying child,	27	Earned income credit (EIC)				
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule 8812				
nontaxable combat pay,	29	American opportunity credit from Form 8863, line 8				
see instructions.	30	Recovery rebate credit. See instructions				
	31	Amount from Schedule 3, line 13				
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32			
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	46,248.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34			
	35a	Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶ □	35a			
Direct deposit?	►b	Routing number X X X X X X X X X X X X X X X X X X X				
See instructions.	►d	Account number   X   X   X   X   X   X   X   X   X				
	36	Amount of line 34 you want applied to your 2021 estimated tax > 36				
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	4,360.		
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for				
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.				
instructions.	38	Estimated tax penalty (see instructions)				
Third Party		you want to allow another person to discuss this return with the IRS? See tructions	bolow	⊠ No		
Designee			Personal identification			
		ne ► no. ► number (PIN)				
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t	o the bes	t of my knowledge and		
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		, ,		
11010	You			nt you an Identity IN, enter it here		
Joint return?			e inst.)	IN, enter it fiere		
See instructions.	Spo		ne IRS ser	nt your spouse an		
Keep a copy for your records.			-	ection PIN, enter it here		
your records.		REPORTING ANALYST (See	e inst.) 🕨			
		one no. Email address		0		
Paid		parer's name Preparer's signature Date PTIN	00700	Check if:		
Preparer			Self-employed			
Use Only			Phone no. (678)965-9522			
			n's EIN ▶			
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the latest information.  BAA REV 04/02/21 PRO		Form <b>1040</b> (2020)		

## **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)

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

Attachment Sequence No. **13** 

Name(s)	shown on return							Your soc	ial securit	y number
MANU	& PALLAVI GARG	3						757-0	2-502	6
Part			Real Estate and Ro u are an individual, rep	-	-					
A Dia	you make any payme									
	Yes," did you or will yo	ou file required	FORM(S) 1099?						. 🗀 '	res No
<u>1a</u> A	Physical address of		street, city, state, Zir	ode)						
B	HYD HYDERABAD	IN								
С										
	Town of Dunnant.	0				Fair	Rental	Рекория	Ulac	
1b	Type of Property (from list below)	2 For each	rental real estate proport the number of fa	perty liste air rental a	ed and	_	nentai Days	Persona Day		QJV
	,	- personal :	use davs. Check the	QJV box	onlv.——			Day		
A B	3	it you mee	et the requirements to oint venture. See ins	o tile as a tructions			365		0	
С		- qualifica j	onit ventare. Oce ms	ti dotiono.						
	(5)				С					
	of Property:	0. \/!!	/Olt T Dt-1	5 L I		7 0 15	David			
•	gle Family Residence		/Short-Term Rental			7 Self-				
2 Mur Incom	ti-Family Residence	4 Commerci	Properties:	6 Roya		8 Othe	r (describe		ı	
					A	750	E	3		С
3	Rents received			3		650.				
_ 4	Royalties received .			4						
Expen				1 _ //						
5	Advertising			5						
6	Auto and travel (see in			6						
7	Cleaning and mainter			7		600.				
8	Commissions			8						
9	Insurance			9						
10	Legal and other profe			10						
11	Management fees .			11		800.				
12	Mortgage interest pai			12						
13	Other interest			13						
14	Repairs			14		1,200.				
15	Supplies			15		1,460.				
16	Taxes			16						
17	Utilities			17		1,560.				
18	Depreciation expense	e or depletion		18						
19	Other (list)			19						
20	Total expenses. Add	lines 5 through	19	20		5,620.				
21	Subtract line 20 from	line 3 (rents) ar	nd/or 4 (royalties). If							
	result is a (loss), see	instructions to 1	find out if you must							
	file <b>Form 6198</b>			21		4,970.				
22	Deductible rental real		er limitation, if any,							
	on Form 8582 (see in			22 (	-4	,970.)	(	)	(	)
23a	Total of all amounts re					23a		650.		
b	Total of all amounts re					23b				
С	Total of all amounts re					23c				
d	Total of all amounts re					23d				
е	Total of all amounts re					23e		5,620.		
24	Income. Add positive				-			. 24		
25	Losses. Add royalty lo	sses from line 21	and rental real estate	e losses fr	om line 22	. Enter tota	al losses her	e . <b>25</b>	(	4,970.)
26	Total rental real esta	ate and royalty	income or (loss).	Combine	lines 24	and 25. E	nter the re	sult		
	here. If Parts II, III, I									
	Schedule 1 (Form 104	40), line 5. Othe	rwise, include this a	mount in	the total	on line 41	on page 2	. 26		-4,970.

NPA

chedule E (Form 1040) 2020	Attachment Sequence No. 13	Page <b>2</b>

Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number 757-02-5026 MANU & PALLAVI GARG Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of Part II stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions. 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section . (b) Enter P for (f) Check if any amount is (c) Check if foreign (d) Employer (e) Check if 28 partnership: S basis computation is required identification for S corporation partnership number Α PTP-BROOKFIELD RENEWABLE PARTNERS L.P 98-1015903 P В PTP-MPLX LP Ρ 27-0005456 C PTP-BROOKFIELD RENEWABLE PARTNERS L.P Р 98-0330545 See line 28 information **Passive Income and Loss** Nonpassive Income and Loss (j) Section 179 expense (g) Passive loss allowed (h) Passive income (i) Nonpassive loss allowed (k) Nonpassive income (attach Form 8582 if required) from Schedule K-1 (see Schedule K-1) deduction from Form 4562 from Schedule K-1 Α 0. 0. В 0. C 0. 0. 0. D 0. 0. 121. 29a Totals 0. 121. 0. Totals b 30 Add columns (h) and (k) of line 29a. 30 121. 31 Add columns (g), (i), and (j) of line 29b. 31 0. 32 Total partnership and S corporation income or (loss). Combine lines 30 and 31 121 Part III **Income or Loss From Estates and Trusts** (b) Employer 33 (a) Name identification number Α В Passive Income and Loss Nonpassive Income and Loss (c) Passive deduction or loss allowed (d) Passive income (e) Deduction or loss (f) Other income from (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 Schedule K-1 Α В 34a Totals Totals Add columns (d) and (f) of line 34a 35 35 36 Add columns (c) and (e) of line 34b 36 37 Total estate and trust income or (loss). Combine lines 35 and 36 37 Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder Part IV (c) Excess inclusion from (b) Employer identification (d) Taxable income (net loss) (e) Income from 38 (a) Name Schedules Q, line 2c (see instructions) 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below Part V Summary 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below . 40 41 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 ▶ -4,849. 42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions. 42 43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040. Form 1040-SR, or Form 1040-NR from all rental real estate activities in which

43

you materially participated under the passive activity loss rules

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

MANU & PALLAVI GARG 757-02-5026

## Additional information from your 2020 Federal Tax Return

## **Schedule E: Supplemental Income and Loss**

Line 28: Income or Loss from Partnership and S corporations

**Continuation Statement** 

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.		7		
	PTP- ENTERPRISE PRODUCTS PARTNERS L.P	P		76-0568219			0.				
	PTP-ENERGY TRANSFER LP	P		30-0108820			0.	0.			121.
					•	Γotal	0.	0.			121.