IRS e-file Signature Authorization

OMB No. 1545-0074

epartment of the Treasury	
ternal Revenue Service	

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

Submission Identification Number (SID)

In

Тахрау	ver's name	Social secu	rity numbe	r				
MOH	IAN PITHANI	488-85	488-85-5747					
Spouse	o's name	Spouse's so	cial secur	ity number				
Par	t I Tax Return Information – Tax Year Ending December 31, (Ent	er year you	are auth	norizing.)				
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.							
1	Adjusted gross income		1	48,764.				
2	Total tax		2	4,168.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	5,898.				
4	Amount you want refunded to you		4	2,330.				
5	Amount you owe		5					

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. 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 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic 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.

Тахрау	er's PIN: che	eck one bo	x only					_		7	4 7]
X	I authorize	thorize GLOBAL TAXES LLC to enter or generate my PI				e mv PIN	5	5	/	4 7	as my	
	signature or	n the incom	e tax retu	ERO firm name Irn (original or amen	ded) I am now a	0	,				gits, but all zeros	
			, 0		(U	al or amended) I am Practitioner PIN me			<u> </u>			-
Your sig	nature 🕨	1.1-				Date ►	03/03/20)21				
Spouse	's PIN: chec	k one box	only									1
	I authorize					to enter or generat	e my PIN					as my
	signature o	n the incom	e tax retu	ERO firm name Irn (original or amen	ded) I am now a	authorizing.	-				gits, but all zeros	
			, 0		(U	al or amended) I am Practitioner PIN me			<u> </u>			-
Spouse'	s signature	•				Date 🕨						
			Prac	titioner PIN Meth	od Returns Or	nly—continue belo	w					

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.

7 2 7 8 б 1 9 Don't enter all zeros

8 9

5 8

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 Th Don't Submit This Form to t			
For Paperwork Reduction Act Notice, see your tax return instruction	ons. BAA	REV 02/21/21 PRO	Form 8879 (Rev. 01-2021)

Filing Status Namied filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying one box. Presens is a child but not your dependent b Your first name and middle initial Last name Your social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 17L Foreign country name Speud's social security number 17L Check here if you, or your 154.0 W BALL RD 17L Check here if you, or your Check here if you pouse if filing filinkly, want 33 ANATEE IN Foreign province/state/county Foreign province/state/county Foreign pout address, also complete spaces below. CA 228:02 your as or refund. Someone can claim: You as a dependent Your spouse as a dependent You You Someone can claim: You as a dependent You You Spouse Age/Bindness You: Were born before January 2, 1956 Is blind Spouse Is and the dual filing dividends 3b 1 Tergin country name (1) First name Last name Is analy	E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	20	OMB No. 1545	5-0074	IRS U	se Only	–Do not w	rite or staple	in this space.
MOHAN PITHANI 488-85-5747 If joint return, spouse is first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 171. Gibt, town, or post office. If you have a foreign address, also complete spaces below. State 27 code CA 92802 box below will not change Foreign country name Foreign province/state/country Foreign postal code you tax or retund. Standard Someone can claim: You as a dependent You spouse as a dependent You for retund. Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Is blind Dependents, see instructions: (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): 1 55, 495. If more than four dependents, see instructions: 3a b Daxable interest 2b 2b Attach 2a b D adale interest 2b 2b 55, 495. Standard See instructions: 4a b Tax-exempt interest	Check only	lf yo	ou checked the MFS box, enter the n	ame of	-									
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 17_L City, town, or poor office. If you have a foreign address, also complete spaces below. State 27_E ANAHEIM CA 92 Roode poot of this fund. Checking a box below will not change a box below below a box below below will not change a box box below a box below a box below a box bo	Your first name	and m	iddle initial	Last na	ame							Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 1540 W BALL RD 17L Check here if you, or your spouse if filing jointly, want S3 ANAHEIM CA 92802 Foreign country name Foreign province/state/county Foreign postal code you below will not change your it so this fund. Checking a box below will not change your it so the refund. Standard Someone can claim: O' ua as a dependent You as a dependent You is source an adapted refund or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are bind Spouse: Was born before January 2, 1956 Is blind Dependents gee instructions): (1) First name Last name (2) Social security (3) Relationship (4) V fuluilities for fees instructions): (1) First name Last name (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) V fulualities for fees instructions): (2) Social security (3) Relationship (4) V fulualities for fees instructions): (2) Social security (3) Relationship (3) Relationship (4) V fulualities for fees instructions): (5) Foreign postal code (5) Foreign postal code (5) Foreign postal c	MOHAN			PITH	IANI							488-	85-574	7
1540 W BALL RD 17L Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State 2/P code Spouse if filling jointly, want \$3 ANAHEIM CA 92802 box below will not change Foreign country name Foreign province/statk/country Foreign postal code your tax or refund. You Tax or refund. You a spouse as a dependent You spouse as a dependent You 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 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) 4' if qualifies for (see instructions): If more (1) First name Last name interest 2b see instructions interest 2b 2b and check interest 2b 2b here ▶ interest 2b 2b Standard Qualified dividends 2b 2b an Out field Ga Da interest 2b degendents, see interest	lf joint return, s	pouse's	s first name and middle initial	Last na	ame							Spouse	s social se	curity number
Chy, With, D Dat United a Delegin address, also Compare spaces below. State 20 Ode to go to this fund, Checking a ANXHEET CA 92802 box below will not change your tax or refund. ' You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You ryou spouse as a dependent You gouse 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 (1) First name Last name (2) Social security (3) Relationship (4) // It qualifies for (see instructions): Credit for other dependents if more 1 Tax-exempt interest 2a b b Taxable amount 1 55, 495. 3a Qualified dividends 3a b Taxable amount 5b 6b Standard Social security benefits 6a b Taxable amount 6b Standard Social security benefits				instructi	ions.							Check I	nere if you,	or your
ANAHEIM CA 92802 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse 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 allen Adependents (A) ✔ if qualifies for (see instructions): (A) ✔ if qualifies for (see instructions): If more than four dependents, see instructions (I) First name (I) Social security (I) Relationship (A) ✔ if qualifies for (see instructions): If more than four dependents, see instructions (I) First name (I) First name (I) Ø / I (I) Ø / I <td>City, town, or p</td> <td>ost offi</td> <td>ce. If you have a foreign address, also co</td> <td>mplete s</td> <td>spaces be</td> <td>low.</td> <td>Sta</td> <td>ite</td> <td>ZIP co</td> <td>ode</td> <td></td> <td></td> <td></td> <td></td>	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	ite	ZIP co	ode				
Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent 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): (2) Social security (3) Relationship (4) I' if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name (2) Social security (3) Relationship (4) I' I' cqualifies for (see instructions): If and check 1 Sp. 495. 1 Sp. 495. 2b Attach 2a 3a b Taxable interest 2b 2b Standard Deduction for- 6a Social security benefits 6a 6b 7 -312. Gualified dividends 5a Pensions and anunuities 5a b Tax	ANAHEIM						C	A	928	802		Ŭ		0
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse iternizes 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 (4) If qualifies for (see instructions): (1) First name Last name (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (1) First name Last name (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (6) Credit for other dependents (and there been dented to a point of the dependents (and there been dented to a point of the dependents (and there been dented to a point of the dependents (and there been dented to a point of the dependents (and there been dented to a point of the dependents (and there been dented to a point of the dependents (and there been dented to a point of the dependents (and there been dented to a point of the dependents (b) Tara-exempt interest (c) 2a (c) 1 (c) 2a	Foreign country	/ name			Foreign p	rovince/state	/coun	ty	Foreig	gn postal	code	your tax	or refund	
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (a) Pelationship (b) Pirst name (c) Periodities for Geee instructions): (c) Pirst name (c) Pirst name <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>You</td><td>Spouse</td></td<>													You	Spouse
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): (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name number to you Child tax credit Credit for other dependents see instructions and check Image: salaries, tips, etc. Attach Form(s) W-2 Image: salaris, tips, etc. Attach	At any time du	ring 20	020, did you receive, sell, send, excl	nange, o	or otherv	vise acquire	e any	financial intere	est in a	ıny virtı	ual cu	irrency?	Yes	X No
Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name Image: Child tax credit Credit for other dependents see instructions Image: Child tax credit Image: Child tax credit Image: Credit for other dependents see instructions Image: Child tax credit Image: Child tax credit Image: Credit for other dependents see instructions Image: Child tax credit Image: Credit for other dependents Image: Credit for other dependents see instructions Image: Child tax credit Image: Credit for other dependents Image: Credit for other dependents see instructions Image: Credit for other dependents Image: Credit for other dependents Image: Credit for other dependents see instructions Image: Credit for other dependents Image: Credit for other dependents Image: Credit for other dependents see instructions Image: Credit for other dependents Image: Credit for other dependents Image: Credit for other dependents see for cuick Image: Credit for other dependents Image: Credit for other dependents Image: Credit for other dependents		_	Spouse itemizes on a separate retur	n or you	u were a	dual-status		·						
If more than four dependents, dependents, see instructions and check Image: the standard deduction or temperature is you dependents, see instructions Credit for other dependents, dependents, see instructions Image: the standard deduction or temperature is you dependents, see instructions Image: the standard deduction or temperature is you dependents, see instructions Image: the standard deduction or temperature is you dependents, see instructions Image: the standard deduction or temperature is you adjusted gross income Image: the standard deduction or temperature is you adjusted gross income Image: the standard deduction or temperature is you adjusted gross income Image: the standard deduction or temperature is you adjusted gross income Image: the standard deduction or temperature is you adjusted gross income Image: the standard deduction or temperature is you adjusted gross income Image: the standard deduction or temperature is you adjusted gross income Image: the standard deduction or temperature is you adjusted gross income Image: the standard deduction or temperature is you adjusted gross income Image: the standard deduction or temperature is you adjusted gross income Image: the standard deduction or temperature is you adjusted gross income Image: the standard deduction or temperature is you adjusted gross income Image: the standard deduction or temperature is you adjusted gross income Image: the standard deduction or temperature is you adjusted gross income Image: the standard deduction or temperature is you adjusted gross income Image: the standard deduction or temperature is you adjusted gross income Image: the standard deduction or temperature is yo	Age/Blindness	S You:	: Were born before January 2, 1	956	Are b	lind Sp	ouse	: 🗌 Was bo	rn befo	ore Jan	uary 2	2, 1956	ls b	lind
In Hole Image: Standard Deduction for - Single or Married filing jointly or Capital gain or (loss). Attach bs Chedule D if required. If not required, check here Image: Married filing jointly or Married filing jointly or Married filing standard deduction or itemized deduction. See instructions Image: Married filing jointly or Married filing standard deduction or itemized deduction. See instructions Image: Married filing jointly or Married filing standard deduction or itemized deduction. See instructions Image: Married filing jointly or Married filing standard deduction or itemized deduction. See instructions Image: Married filing jointly or Married filing standard deduction or itemized deduction. See instructions Image: Married filing jointly or Married filing standard deduction or itemized deduction. See instructions Image: Married filing jointly or Married filing standard deduction or itemized deduction. See instructions Image: Married filing jointly or Married filing standard deduction or itemized deduction. See instructions Image: Married filing jointly or Married filing standard deduction or itemized deduction. See instructions Image: Married filing jointly or Married filing standard deduction or itemized deduction. See instructions Image: Married filing jointly or Married filing standard deduction or itemized deduction. See instructions Image: Maried filing jointly or Married filing standard deduction	-				(2)		ty		nip	• •				,
dependents, see instructions and check here Image: search of the sea		(1) 1	Easthanie				,				loun			
and check here image: solution of the solutic the solution of the solution of the solution of the	dependents,										$\overline{\neg}$			
here Attach Sch. B if required. 3a Qualified dividends 4a RA distributions 4a RA distributions 4a Pensions and annuities 5a Pensions and annuities 5a Pensions and annuities 5a Pensions and annuities 5a Schadard Deduction for- 6a Social security benefits 6a Social security benefits 6a Social security benefits 6a Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 7 7 7 7 7 7 7 7 7 9 48, 764. 10 11 48, 764. 10 11 48, 764. 12 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 14 14		s ——									$\overline{\Box}$			
Attach 2a Tax-exempt interest 2a b Taxable interest 2b Sch. B if 3a Qualified dividends 3a b Ordinary dividends 3b 1. Yequired. 4a IRA distributions 4a b Ordinary dividends 3b 1. 4a IRA distributions 4a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 4b 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 7 -312. Married filing separately, 512,400 Other income from Schedule 1, line 9 16 required. If not required, check here 7 7 -312. 8 Other income from Schedule 1, line 9 . . 8 -6,420. 9 48,764. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . 10a 10a 10b 10c 9 48,764. 10 Add lines 10a and 10b. These are your total adjustments to income . 11 48,764. 10c		-									$\overline{\Box}$			
Attach 2a Tax-exempt interest 2a b Taxable interest 2b Sch. B if 3a Qualified dividends 3a b Ordinary dividends 3b 1. Yequired. 4a IRA distributions 4a b Ordinary dividends 3b 1. 4a IRA distributions 4a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 5b 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 6b Yesparately, sile or Married filing separately, sile of Married filing jointly or Qualifying widow(en), \$24,800 Other income from Schedule 1, line 9 1f not required, check here 7 7 -312. 8 -6,420. 9 48,764. 9 48,764. 9 48,764. 9 Add lines 10, and 10b. These are your total adjustments to income 10a 10b 10c 11 48,764. 11 48,764. 12 12,400. 12 12,400. 18,650 11 Su		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1		<u> </u>
Sch. B if 3a Qualified dividends 3a b Ordinary dividends 3b 1. required. 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 7 • Single or Married filing separately, s12,400 0 Other income from Schedule 1, line 9 b Taxable amount 7 -312. 8 Other income from Schedule 1, line 9 8 -6,420. 9 48,764. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: a 10a 10a • Married filing jointly or Qualifying widow(er), \$24,800 C Add lines 10a and 10b. These are your total adjustments to income 10b 11 48,764. • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 48,764. 11 48,764. 12 12,400. 12 12,400. 12 12,400. • If you checked any box under Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400.		2a		```			bТ	axable interes	t.			. 2b		
4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 6b 7 7 -312. 8 -6,420. 8 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 -312. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 48,764. 10 Adjustments to income: 10a 10b 10b 9 48,764. 10b 10c 10c 9 Add lines 10a and 10b. These are your total adjustments to income 10c 11 48,764. 10 Subtract line 10c from line 9. This is your adjusted gross income 12 12,400. 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400.		3a	· ·	3a								. 3b		1.
Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b Single or Married filing separately, \$12,400 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -312. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 -6, 420. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 48, 764. 10 Adjustments to income: 10a 10b 10b 9 Add lines 10a and 10b. These are your total adjustments to income 10c 10c 9 Add lines 10a and 10b. These are your adjusted gross income 11 48, 764. 11 48, 764. 12 12, 400. 12 12, 400. 8 Add lines 12 and 13 4d lines 12 and 13 14 12, 400.	required.	4a	IRA distributions	4a				,				. 4b		
Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here > > 7 -312. * Single or Married filing separately, \$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income > > 8 -6, 420. 9 48, 764. 9 48, 764. 9 48, 764. • Married filing jointly or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10b 10b • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income • 11 48,764. 11 Subtract line 10c from line 9. This is your adjusted gross income • • 11 48,764. • 11 Subtract line 10c from line 9. This is your adjusted gross income • • 11 48,764. • 12 12,400. 12 12,400. 12 12,400. • 14 12,400. 14 12,400. 14 12,400.		5a	Pensions and annuities	5a			bТ	axable amoun	ıt			. 5b		
 Single or Married filing separately, \$12,400 Married filing separately, \$12,400 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 Head of household, \$18,650 Subtract line 10c from line 9. This is your adjusted gross income Married filing jointly or Qualifying widow(er), \$24,800 Married filing jointly or Qualifying Married filing jointly or Qualifying Married filing jointly or Qualifying Married filing jointly or Qualifying Head of household, \$18,650 Subtract line 10c from line 9. This is your adjusted gross income Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Married filing	Standard	6a	Social security benefits	6a			bТ	axable amoun	ıt			. 6b		
Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 8 -6,420 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 48,764 9 48,764 9 48,764 9 48,764 9 48,764 10 Adjustments to income: 10a 10b 9 48,764 10b 10b 8 -6,420 9 48,764 10 Adjustments to income: 10a 10b 9 48,764 10b 10b 8 -6,420 9 48,764 10 Adjustments to income: 10a 10b 9 48,764 10b 10b 10b 8 -6,420 10b 10b 10b 10b 8 -6,420 10b 10b 10b 10b 10c 9 48,764 10b 10b 10c 11 48,764 11 48,764 11 48,764 12 12,400 12 12,400 14 12,400		7	Capital gain or (loss). Attach Sche	dule D i	f require	d. If not rec	luired	, check here				7		-312.
\$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 48, 764. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10a • Married filing jointly or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10b 10b 10c • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income • • • • • • • • • • • • • • • • • • •		8	Other income from Schedule 1, lin	e9.								. 8		-6,420.
 Married filing jointy or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard deduction or itemized deduction. (from Schedule A) It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A It you checked any box under Standard Deductions. It you checked any box under Standard. It you checked any box under Stan		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is yo	our total ind	come					▶ 9		48,764.
Qualifying widow(er), \$24,800 a From Schedule 1, line 22 10a b Charitable contributions if you take the standard deduction. See instructions 10b 10b • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income		10	Adjustments to income:											
widow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b 10b Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income .		а	From Schedule 1, line 22					10	а					
 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions, see instructions, see instructions, see instructions. Add lines 10a and 10b. These are your total adjustments to income	widow(er),	b	Charitable contributions if you take	the star	ndard de	duction. Se	e inst	ructions 10	b					
\$18,650 11 Subtract line for from line 9. This is your adjusted gross income 11 48,764. • If you checked any box under Standard 13 Standard deduction or itemized deductions (from Schedule A) 12 12,400. 14 Add lines 12 and 13 Add lines 12 and 13 14 12,400.	 Head of 	с	Add lines 10a and 10b. These are	your to	tal adjus	stments to	inco	me				► 10e		
 If you checked any box under Standard Deduction, see instructions, see instructions. 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		11	Subtract line 10c from line 9. This	is your	adjuste	d gross inc	ome					▶ 11		48,764.
Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 Deduction, see instructions, see instructions. 14 12,400.	 If you checked 	12	Standard deduction or itemized	deduct	t ions (fro	m Schedul	e A)					. 12		12,400.
	Standard	13	Qualified business income deduct	on. Atta	ach Forn	n 8995 or F	orm 8	3995-A				. 13		
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14												
		15	Taxable income. Subtract line 14	from lir	ne 11. lf :	zero or less	, ente	er-0				. 15		36,364.

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	4972	3			16	4,168.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	4,168.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lir	ne7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0						22	4,168.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	10.				23	0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	4,168.
	25	Federal income tax withheld	l from:								
	а	Form(s) W-2					25a	5	,898		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	5,898.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returi	n				26	
qualifying child,	27	Earned income credit (EIC)			¹	Nọ .	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30		600		
	31	Amount from Schedule 3, lir	ne 13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	d refunda	able cr	redits	. 🕨	32	600.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	6,498.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	. This is t	he amou	nt you	overpaid		34	2,330.
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attac	hed, cheo	ck here	ə		35a	2,330.
Direct deposit?	►b	Routing number 1 1 1	9 0 0 6	59	► c Ty	vpe: 🗙	Chec	king	Savings	6	
See instructions.	►d	Account number 6 6 0	8 8 8 0	3 3 9							
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax .	. 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				. 🕨	37	
You Owe		Note: Schedule H and Sch		-						r	
For details on		2020. See Schedule 3, line 1								-	
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with t	the IRS?	See				
Designee	ins	structions					. 🕨	Yes. C	omplete	e below.	🗙 No
		signee's		Phone						ntification	
		me 🕨		no. 🕨					ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date		cupation					nt you an Identity
	. 10	ur signature		Date	four occ	cupation					IN, enter it here
Joint return?					SOFT	WARE I	ENGI	NEER	(se	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse'	s occupati	ion				nt your spouse an
Keep a copy for your records.	•									,	ection PIN, enter it here
your rocordo.									(Se	e inst.) 🕨	
		one no.	Duran and 1	Email address							Ob a shaife
Paid		eparer's name	Preparer's signat		orra		Date		PTIN	00000	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA	TALLAM	02/	28/2021		82703	Self-employed
Use Only		m's name ► GLOBAL TA							Ph	one no. (678)965-9522
	Firi	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA :	30041			Fir	m's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		B/	AA	REV	/ 02/21/21 PRO)		Form 1040 (2020)

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

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

 Department of the Treasury Internal Revenue Service
 Go to w

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

MOHAN PITHANI

or 1040-NR			

Your social security number 488-85-5747

Part I Additional 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	-6,420.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
D	line 8	9	-6,420.
Par	t II Adjustments to Income		
10	Educator expenses	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 02/21/21 PRO	Schedul	e 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

2020 Attachment Sequence No. 12

Name(s) shown on return MOHAN PITHANI

Department of the Treasury

Internal Revenue Service (99)

Your social security number 488-85-5747

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

	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 le dollars.	(sales price)	(or other basis)	Form(s) 8949, I line 2, column	Part I,	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	19,011.	19,559.	1	88.	-360.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	235.	200.			35.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
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	y, from line 8 of y	-	Carryover	6	()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	0	()	, ,	7	-325.

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

See instructions for how to figure the amounts to enter on the lines 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		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	35.	24.			11.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	9.	7.			2.
10	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	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any	/, from line 13 of y	our Capital Loss	Carryover		
	Worksheet in the instructions			-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a	a through 14 in co	lumn (h). Then, go	o to Part III		
	on the back				15	13.

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

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-312.
	• 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?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
	□ 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	(312.)
	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 02/21/21 PRO

Schedule D (Form 1040) 2020

Form 8949	
------------------	--

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

20

Department of the Treasury Internal Revenue Service ► 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.

 1b, 2, 3, 8b, 9, and 10 of Schedule D.
 Attomnetion

 Social security number or taxpayer identification number

variic(5) Si	lowin on retain		
MOHAN	PITHANI		

488-85-5747

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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

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

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

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 c	amount in column (g), ode in column (f).	(h) Gain or (loss). Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	(Mo., day, yr.)	(c) ate sold or sposed of lo., day, yr.) (d) Proceeds (sales price) (see instructions) Cost or other basis. See the Note below and see Column (e) in the separate instructions See the separate instructions. See the separate instructions. See the separate instructions instructions Subscription (f) Subscriptio	combine the result with column (g)			
ROBINHOOD SECURITIES LLC	12/02/20	12/11/20	19,011.	19,559.	EW	188.	-360.
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your 1e 2 (if Box B	19,011.	19,559.		188.	-360.

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

Form 8949 (2020)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no, not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side MOHAN PITHANI

488-85-5747

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 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	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e)	Adjustment, ir If you enter an enter a c See the sep			
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	(Mo., day, yr.)		in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
ROBINHOOD SECURITIES LLC	10/12/18	10/16/20	35.	24.			11.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), lir	lude on your 1e 9 (if Box E	35.	24.			11.	

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.

Form	8949	
Form	0343	

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

20

Department of the Treasury Internal Revenue Service ► 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

 Social security number or taxpayer identification number

varie(s) shown off return	Social security num
MOHAN PITHANI	488-85-5747

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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

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

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

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

X (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)(d)(e)If you enter a enter asold or sed of day, yr.)Proceeds (sales price)See the Note below and see Column (e) in the separate instructionsSee the set (f) Code(s) from	br other basis. The Note below See the separate instru		(h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)			in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD CRYPTO LLC	12/17/20	12/17/20	235.	200.			35.
2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 1b (if Box A abo above is checked), or line 3 (if Box	otal here and inc ve is checked), li i	lude on your ne 2 (if Box B	235.	200.			35.

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

Form 8949 (2020)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no, not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side MOHAN PITHANI

488-85-5747

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 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)

- X (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 (e)</i> in the separate instructions	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	09/29/18	04/06/20	9.	7.			2.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your 1e 9 (if Box E	9.	7.			2.

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.

	Revenue Service (99)	ÞG	do to www.irs.ge	ov/ScheduleE fo	or inst	ructions	and th	e latest	information		Attac Sequ	hment ence No. 13
Name(s)	shown on return									Your se	ocial securi	
MOHA	N PITHANI									488-	-85-574	7
Part	Income or Loss	s From	Rental Real	Estate and Ro	yaltie	s Note	: If you	are in th	e business c	of renting	personal p	roperty, use
	Schedule C. See	instruct	tions. If you are a	n individual, rep	ort farr	m rental i	ncome	or loss fi	om Form 48	335 on pa	ige 2, line 4	ю.
A Dic	l you make any payme	nts in 2	2020 that would	d require you to	file F	orm(s) 1	099? 5	See instr	uctions .		🗆 '	Yes 🔀 No
B If "	Yes," did you or will yo	ou file i	required Form(s) 1099?							🗆 '	Yes 🗌 No
1a	Physical address of e											
Α	GANDHI NAGAR H			-		-						
В												
С												
1b	Type of Property	2	For each rental	real estate prop	oertv l	isted		Fair	Rental	Perso	nal Use	QJV
	(from list below)	;	above report th	ne number of fa	ir rent	al and		0	Days	Da	ays	QJV
Α	3	1	personal use da if you meet the	requirements to	o file a	ox only	Α		186		0	
В			qualified joint ve	enture. See inst	ructio	ns.	В					
С							С					
Tvpe o	of Property:						-					
	le Family Residence	3	Vacation/Short	-Term Rental	5 La	nd		7 Self-	Rental			
	ti-Family Residence	4	Commercial		6 Ro	yalties		8 Othe	r (describe)		
Incom				Properties:		<u>,</u>	Α	0 0 1110	E			С
3	Rents received				3			380.				
4	Royalties received .				4							
Expen												
5	Advertising				5							
6	Auto and travel (see in				6							
7	Cleaning and mainter		-		7			700.				
8	Commissions				8							
9	Insurance				9							
10	Legal and other profe				10							
11	Management fees .				11			950.				
12	Mortgage interest pai				12			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
13	Other interest				13							
14	Repairs				14		1.	850.				
15	Supplies				15			500.				
16	Taxes				16							
17	Utilities				17		1.	800.				
18	Depreciation expense				18		- /					
19	Other (list)		-		19							
20	Total expenses. Add	lines 5	through 19 .		20		6.	800.				
21	Subtract line 20 from		•				- 1					
~ 1	result is a (loss), see		()									
	file Form 6198			•	21		-б,	420.				
22	Deductible rental real											
	on Form 8582 (see in			· · · · ·	22	(-6,4	420.)	()(
23a	Total of all amounts re							23a	-	380	•	
b	Total of all amounts re	-						23b				
С	Total of all amounts re	•						23c				
d	Total of all amounts re	•						23d				
e	Total of all amounts re	-						23e		6,800		
24	Income. Add positive	-								. 24		
25	Losses. Add royalty lo					-			al losses her			6,420.
26	Total rental real esta										`	
20	here. If Parts II, III, I											
	Schedule 1 (Form 104			•		-				. 2	6	-6,420.

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.

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Department of the Treasury

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

()

2 '((

Attachment

175	DO NOT M	AIL THIS	FORM TO 1	THE FTB
TAXABLE YEAR				FORM
2020	California e-file Signature Authorization for Indivi	iduals	8	879
Your name		Your SSN	or ITIN	
MOHAN PIT		488-85		
Spouse's/RDP's na	ne	Spouse's/F	IDP's SSN or ITI	N
Part I Tax Ret	urn Information (whole dollars only)			
	sted Gross Income (AGI). See instructions			
2 Amount You C	we. See instructions		21	020
	Amount Due. See instructions		3	_,030.
	rer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) [•] perjury, I declare that I have examined a copy of my individual income tax return and accompanying sch			
and on form FTB agrees with the di agent to authorize return to the Fran provider, and/or does not receive f read and consent	If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax 3455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that or rect deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service chise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclow ransmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due ull and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent included on the copy of my Electronic Funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Consent included on the copy of my electronic funds Withdrawal Cons	direct deposi- tient of the o provider to se to my ER e return, I un penalties. I a ave selected	t refund amour ther spouse/RD transmit my co 0, intermediat derstand that it icknowledge the	nt on line 3 P as an Implete e service f the FTB at I have
. ,	heck one box only	Joint.		
I authorize C	LOBAL TAXES LLC to ent	er my PIN	5 5 7	4 7
	ERO firm name		Do not enter a	
as my signa	ure on my 2020 e-filed California individual income tax return.			
	ny PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if y d using the Practitioner PIN method. The ERO must complete Part III below.	ou are enter	ing your own P	IN and you
Your signature	Date			
Spouse's/RDP's I	'IN: check one box only			
I authorize	to ent	er mv PIN		
	ERO firm name ure on my 2020 e-filed California individual income tax return.		Do not enter a	all zeros
	ny PIN as my signature on my 2020 e-filed California individual income tax return. Check this box o urn is filed using the Practitioner PIN method. The ERO must complete Part III below.	n ly if you a	re entering you	ur own PIN
Spouse's/RDP's s	gnature			
	Practitioner PIN Method Returns Only continue below			
Part III Certif	ication and Authentication — Practitioner PIN Method Only			
ERO's EFIN/PIN.	Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 Do not enter all	6 1 zeros	9 8 9	
	bove numeric entry is my PIN, which is my signature for the 2020 California individual income tax retur submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub			
ERO's signature	▶ Date ▶02/28/2	2021		

2020 California Resident Income Tax Return

	APE	ATTACH FEDERAL RETURN
488-85-5747 PITH MOHAN PITHANI	· · · · · · · · · · · · · · · · · · ·	20
1540 W BALL RD ANAHEIM CA 928	APT 17L	
03-30-1988		

		Enter your county at time of tiling (see instructions)
ő	$oldsymbol{igodol}$	ORANGE
Principal Residence		If your address above is the same as your principal/physical residence address at the time of filing, check this box • 🗙
sid		If not, enter below your principal/physical residence address at the time of filing.
Re		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
ipal	۲	
inc	\bigcirc	
2		City State ZIP code
	ullet	
		If your California filing status is different from your federal filing status, check the box here
s	1	× Single 4 Head of household (with qualifying person). See instructions.
atu	-	
Filing Status	2	Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.
ilin		
ш		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst • 6
	Fo	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.
س	7 T	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked Whole dollars only
ü Ö	'	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. (\circ 7 1 X \$124 = (\circ \$ 124
npt	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1;
Exemptions		if both are visually impaired, enter 2
ш	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2
		if both are 65 or older, enter 2
		REV 02/21/21 PRO
		175 3101204 Form 540 2020 Side 1

540

Υοι	ır na	ıme:	PITH	ANI				Your SS	N or ITIN	V: 4	88-8	85-574	47					
	10	Depen	dents:		ot includ Depende	-	elf or yo	our spouse,		epende	m+ 0				D	ependent 3		
		Firs	t Name	۲	Deheune					eheiine	ant 2					spendent 5		
S		Last	Name	igodoldoldoldoldoldoldoldoldoldoldoldoldol] .									
Exemptions			I. See															
Exem		Dep	ructions. endent's												' L \ [
		rela to yo	tionship ou	۲											Ľ			
	Tota	al depe	ndent e	xemp	otions						•	10	X	\$383 = (•	\$		
	11	Exen	nption a	amou	Int: Add	line 7 th	rough lii	ne 10. Tran	sfer this a	amoun	t to lin	e 32		🖲 1	11 \$	S		124
	12	State	e wages	from	n your fe	deral						5	5495	. 00				
															Γ		48764	1
	13 14				-			federal Fo ter the amo						• 13			1070	
	15													• 14				
ome	16	See i	nstruct	ions				the amoun						15			48764	± .00
e Inc	10							· · · · · · · · · · · · · · · · · · ·						• 16				.00
Taxable Income	17	Califo	ornia ac	ljuste	ed gross	income.	Combir	ne line 15 a	nd line 16	S				• 17			48764	1 . 00
Ë	18		r the					uctions fro						R				
		Targe	er of					l uction sho g separatel		-		-		4,601	}			
			l			-		Head of ho or the box or						9,202			4603	L .00
	19	Subt	ract line	e 18 f	rom line	17. Thi	s is vour	taxable ir	icome.					• ••	Γ		44163	3 .00
		THES	s than a	2010,	enter -0-	·			· · · · · · · · ·					Ig Ig				
	31	Tax.	Check t	he bo	ox if fron	יי בי א	< Tax	Table		Tax Ra	ate Sch	edule						
							FTB	3800		FTB 38	803			• 31			1473	L .00
×	32		•					n line 11. lf	5					32			124	1 .00
Тах	33	Subt	ract line	e 32 f	rom line	31 If le	ss than	zero, enter	-0-					33			134	7.00
					ons. Che				Schedul				5870A	C	Γ			
	34													_			134'	
	35	Add	line 33	and li	ine 34		•••••							• 35			101	/00
dits	40	Nonr	efundal	ble Cl	hild and	Depende	ent Care	Expenses	Credit. Se	e instr	ruction	S		• 40				. 00
Special Credits	43	Enter	r credit	name	e				code			and an	nount	• 43				. 00
pecia	44		r credit						code	Γ			nount					.00
S			EV 02/21/									anu di		• 44				
			? Form				•	175	31	1022	204	Γ						

You	ir nar	ne:	PITHANI		Your SSN or ITIN:	488-85-5	747				
S	45	To c	laim more than two credit	s. See inst	ructions. Attach Schedu	ıle P (540)		45			. 00
Credit	46	Non	refundable Renter's Credit	. See instr	uctions			46			. 00
Special Credits	47	Add	line 40 through line 46. T	nese are ye	our total credits			9 47			. 00
Spe	48	Subt	tract line 47 from line 35.	f less thar	n zero, enter -0			9 48		1347	. 00
	61	Alter	rnative Minimum Tax. Atta	ch Schedu	le P (540)		• • • • •	61			• 00
xes	62	Men	tal Health Services Tax. Se	e instruct	ions		• • • • •	62			- 00
Other Taxes	63	Othe	er taxes and credit recaptu	re. See ins	tructions		• • • • • •	63			. 00
ō	64	Exce	ess Advance Premium Ass	istance Su	bsidy (APAS) repaymer	nt. See instruction	ns •	64			. 00
	65	Add	line 48, line 61, line 62, lin	ne 63, and	line 64. This is your tot	al tax	• • • •	65		1347	. 00
	71	Calif	ornia income tax withheld	See instr	uctions			71		2377	. 00
	72) CA estimated tax and oth								. 00
	73		holding (Form 592-B and,								. 00
nts	74		ess SDI (or VPDI) withheld						. 00		
Payments			· · ·						. 00		
σ.	75		ed Income Tax Credit (EIT	,							
	76		ng Child Tax Credit (YCTC)								• 00
	77 78	Add	Premium Assistance Subs line 71 through line 77. Tl instructions	,			_	77 78		2377	• <u>00</u>
		366						/ /0			• 00
Use Tax	91	Use	Tax. Do not leave blank. S	ee instruc	tions		1		0 .00		
Use		lf lin	e 91 is zero, check if:	× No	use tax is owed.	You paid y	vour use tax ob	oligation	directly to CDTFA.		
t	02	Indiv	<i>v</i> idual Shared Responsibili	ty (ISB) P	analty. See instructions		2		.00		
ISR Penaltv	JL	•	× Full-year health car		-		E [
Due	93	Pour	nents balance. If line 78 is	more the	n line 01 eubtract line (1 from line 79) 03		2377	. 00
/Tax	94	-	Tax balance. If line 91 is) 94			. 00
id Tax	94 95	Payr	ments after Individual Sha	ed Respo	nsibility Penalty. If line 9	93 is more than l	ine 92,			2377	
Overpaid Tax/Tax Due	96	Indiv	ract line 92 from line 93 /idual Shared Responsibil ract line 93 from line 92	ty Penalty	Balance. If line 92 is m	ore than line 93,	then) 95) 96			• 00 • 00
_			REV 02/21/21 PRO								
					175 310)3204			Form 540 2020 S	ide 3	

You	ır nar	ne: PITHANI Your SSN or ITIN: 488-85-5747				
Overpaid Tax/Tax Due	97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	• 97	1030].	00
Гах/Та	98	Amount of line 97 you want applied to your 2021 estimated tax	• 98	0].	00
paid T	99	Overpaid tax available this year. Subtract line 98 from line 97	• 99	1030].	00
Ovei	100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65) 100] .	00
			<u>Code</u>	Amount	_	
		California Seniors Special Fund. See instructions	• 400].	00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401			00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403			00
		California Breast Cancer Research Voluntary Tax Contribution Fund.	• 405].	00
		California Firefighters' Memorial Voluntary Tax Contribution Fund	• 406].	00
		Emergency Food for Families Voluntary Tax Contribution Fund	• 407].	00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	• 408		.	00
		California Sea Otter Voluntary Tax Contribution Fund	• 410			00
suc		California Cancer Research Voluntary Tax Contribution Fund	• 413].	00
Contributions		School Supplies for Homeless Children Fund	• 422		.	00
Cont		State Parks Protection Fund/Parks Pass Purchase	• 423			00
		Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	• 424].	00
		Keep Arts in Schools Voluntary Tax Contribution Fund	• 425].	00
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 431			00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438			00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439			00
		Rape Kit Backlog Voluntary Tax Contribution Fund	• 440			00
		Schools Not Prisons Voluntary Tax Contribution Fund	• 443		.	00
		Suicide Prevention Voluntary Tax Contribution Fund	• 444			00
	110	Add code 400 through code 444. This is your total contribution	• 110].	00

REV 02/21/21 PRO
Side 4 Form 540 2020

Γ

You	r nam	ne:	PITHANI		Your SSN	or ITIN:	488-85-	-574	47					
Amount You Owe	111	Mail	UNT YOU OWE. If y to: FRANCHISE T Dnline – Go to ftb.c	TAX BOARD, PO E	BOX 942867,	SACRAME					ee instruc	tions. Do) not send cash	
Interest and Penalties			est, late return pena erpayment of estima		yment penalti	es				112				.00
Penal		Chec	k the box:	FTB 5805 attacl	hed	FTB 5805	F attached			113				. 00
-	114	Total	amount due. See i	nstructions. Enclo	ose, but do no	t staple, a	ny payment .			114				. 00
	115	REFL	JND OR NO AMOU	NT DUE. Subtract	the sum of li	ne 110, lin	e 112 and lin	ne 11	3 from line	99. See i	nstructio	ns.		
		Mail	to: FRANCHISE TAX	X BOARD, PO BO	X 942840, S <i>i</i>	CRAMEN	TO CA 94240	-000	1	115			1030	. 00
Refund and Direct Deposit		See i All oi		you verified the r	outing and ac (line 115) is a	count nun authorized	n bers? Use v	vhole	dollars only	/.	own belo	w:	·	p.
nd Di			louting number	× Checking	 Account r 6608880]			• 116	Direct de	posit amount 1030	
ind ai			111900659	Savings	000000	222							1030	00
To le ftb.c Unde know	arn a a.go\ er per	ANT: Sabout y v/form nalties e and	See the instructions your privacy rights, ns and search for 1 s of perjury, I declar belief, it is true, con	how we may use 131. To request th re that I have exar	your informat is notice by n mined this tax	a copy of ion, and th nail, call 80	ne consequer 0.852.5711.	nces npan	for not provi ying schedu	ding the	requeste	ed inform its, and to	-	-
	Jignat]		e eighti			,	9/
Sig	an		Your email addr	ress. Enter only one	email address.			_			(<u> </u>	red phone numb	er
He	-		Paid preparer's sig	nature (declaration	of preparer is	based on a	II information	of wh	nich preparei	has any	knowledg	ge)		
lt is ι to for	unlaw	/ful		A RAM SAGAR		ALLAM								
spou RDP	se's/		GLOBAL TAX	urs, if self-employed	1)								● PTIN P020827	03
•	ature.		Firm's address										Firm's FEIN	
Joint retur (See	n?		2530 PEBBI	LE CREEK LN	I CUMMING	GA 30	041						3010171	96
`	uctior	ns)	Do you want to a	allow another pers	on to discuss	this tax re	turn with us?	See	instructions	6		Yes	× No	
			Print Third Party De	esignee's Name							- r	Telephone	Number	
			REV 02/21/21 PRO	·	175	310	5204	Г			For	m 540 2	2020 Side 5	

Г

Г

Filing Status Namied filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying one box. Presens is a child but not your dependent b Your first name and middle initial Last name Your social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 17L Foreign country name Speud's social security number 17L Check here if you, or your 154.0 W BALL RD 17L Check here if you, or your Check here if you pouse if filing filinkly, want 33 ANATEE IN Foreign province/state/county Foreign province/state/county Foreign pout address, also complete spaces below. CA 228:02 your as or refund. Someone can claim: You as a dependent Your spouse as a dependent You You Someone can claim: You as a dependent You You Spouse Age/Bindness You: Were born before January 2, 1956 Is blind Spouse Is and the dual filing dividends 3b 1 Tergin country name (1) First name Last name Is analy	E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) urn	202	20	OMB No. 1545	5-0074	IRS U	se Only	–Do not w	rite or staple	in this space.
MOHAN PITHANI 488-85-5747 If joint return, spouse is first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 171. Gibt, town, or post office. If you have a foreign address, also complete spaces below. State 27 code CA 92802 box below will not change Foreign country name Foreign province/state/country Foreign postal code you tax or retund. Standard Someone can claim: You as a dependent You spouse as a dependent You for retund. Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Is blind Dependents, see instructions: (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): 1 55, 495. If more than four dependents, see instructions: 3a b Daxable interest 2b 2b Attach 2a b D adale interest 2b 2b 55, 495. Standard Genits truets 3a b Tax-exempt interest <	Check only	lf yo	ou checked the MFS box, enter the n	ame of	-									
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 17_L City, town, or poor office. If you have a foreign address, also complete spaces below. State 27_E ANAHEIM CA 92 Roode poot of this fund. Checking a box below will not change a box below below a box below below will not change a box box below a box below a box below a box bo	Your first name	and m	iddle initial	Last na	ame							Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 1540 W BALL RD 17L Check here if you, or your spouse if filing jointly, want S3 ANAHEIM CA 92802 Foreign country name Foreign province/state/county Foreign postal code you below will not change your it so this fund. Checking a box below will not change your it so the refund. Standard Someone can claim: O' ua as a dependent You as a dependent You is source an adapted refund or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are bind Spouse: Was born before January 2, 1956 Is blind Dependents gee instructions): (1) First name Last name (2) Social security (3) Relationship (4) V fuluilities for fees instructions): (1) First name Last name (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) V fulualities for fees instructions): (2) Social security (3) Relationship (4) V fulualities for fees instructions): (2) Social security (3) Relationship (3) Relationship (4) V fulualities for fees instructions): (5) Foreign postal code (5) Foreign postal code (5) Foreign postal c	MOHAN			PITH	IANI							488-	85-574	7
1540 W BALL RD 17L Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State 2/P code Spouse if filling jointly, want \$3 ANAHEIM CA 92802 box below will not change Foreign country name Foreign province/statk/country Foreign postal code your tax or refund. You Tax or refund. You a spouse as a dependent You spouse as a dependent You 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 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) 4' if qualifies for (see instructions): If more (1) First name Last name interest 2b see instructions interest interest 2b and check interest interest 2b here ▶ interest interest 2b Sch. Bif a Qualified dividends interest 2b an Autheins Sa b Taxable amount interest if required.	lf joint return, s	pouse's	s first name and middle initial	Last na	ame							Spouse	s social se	curity number
Chy, With, D Dat United a Delegin address, also Compare spaces below. State 20 Ode to go to this fund, Checking a ANXHEET CA 92802 box below will not change your tax or refund. ' You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You ryou spouse as a dependent You gouse 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 (1) First name Last name (2) Social security (3) Relationship (4) // It qualifies for (see instructions): Credit for other dependents if more 1 Tax-exempt interest 2a b b Taxable amount 1 55, 495. 3a Qualified dividends 3a b Taxable amount 5b 6b Standard Social security benefits 6a b Taxable amount 6b Standard Social security benefits				instructi	ions.							Check I	nere if you,	or your
ANAHEIM CA 92802 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse 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 allen Adependents (A) ✔ if qualifies for (see instructions): (A) ✔ if qualifies for (see instructions): If more than four dependents, see instructions (I) First name (I) Social security (I) Relationship (A) ✔ if qualifies for (see instructions): If more than four dependents, see instructions (I) First name (I) First name (I) Ø / I (I) Ø / I <td>City, town, or p</td> <td>ost offi</td> <td>ce. If you have a foreign address, also co</td> <td>mplete s</td> <td>spaces be</td> <td>low.</td> <td>Sta</td> <td>ite</td> <td>ZIP co</td> <td>ode</td> <td></td> <td></td> <td></td> <td></td>	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	ite	ZIP co	ode				
Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent 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): (2) Social security (3) Relationship (4) I' if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name (2) Social security (3) Relationship (4) I' I' cqualifies for (see instructions): If and check 1 Sp. 495. 1 Sp. 495. 2b Attach 2a 3a b Taxable interest 2b 2b Standard Deduction for- 6a Social security benefits 6a 6b 7 -312. Gualified dividends 5a Pensions and anunuities 5a b Tax	ANAHEIM						C	A	928	802		Ŭ		0
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse iternizes 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 (4) If qualifies for (see instructions): (1) First name Last name (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (1) First name Last name (1) First name Last name (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): (4) If qualifies for (see instructions): (6) Credit for other dependents (and there been dented to a point of the dependents (and there been dented to a point of the dependents (and there been dented to a point of the dependents (and there been dented to a point of the dependents (and there been dented to a point of the dependents (and there been dented to a point of the dependents (and there been dented to a point of the dependents (and there been dented to a point of the dependents (b) Tara-exempt interest (c) 2a (c) 1 (c) 2a	Foreign country	/ name			Foreign p	rovince/state	/coun	ty	Foreig	gn postal	code	your tax	or refund	
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (a) Pelationship (b) Pirst name (c) Periodities for Geee instructions): (c) Pirst name (c) Pirst name <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>You</td><td>Spouse</td></td<>													You	Spouse
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): (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name number to you Child tax credit Credit for other dependents see instructions and check Image: salaries, tips, etc. Attach Form(s) W-2 Image: salaris, tips, etc. Attach	At any time du	ring 20	020, did you receive, sell, send, excl	nange, o	or otherv	vise acquire	e any	financial intere	est in a	ıny virtı	ual cu	irrency?	Yes	X No
Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name Image: Child tax credit Credit for other dependents see instructions Image: Child tax credit Image: Child tax credit Image: Credit for other dependents see instructions Image: Child tax credit Image: Child tax credit Image: Credit for other dependents see instructions Image: Child tax credit Image: Credit for other dependents Image: Credit for other dependents see instructions Image: Child tax credit Image: Credit for other dependents Image: Credit for other dependents see instructions Image: Credit for other dependents Image: Credit for other dependents Image: Credit for other dependents see instructions Image: Credit for other dependents Image: Credit for other dependents Image: Credit for other dependents see instructions Image: Credit for other dependents Image: Credit for other dependents Image: Credit for other dependents see for cuick Image: Credit for other dependents Image: Credit for other dependents Image: Credit for other dependents		_	Spouse itemizes on a separate retur	n or you	u were a	dual-status		·						
If more than four dependents, dependents, see instructions and check Image: the standard deduction or temperature is you dependents, see instructions Credit for other dependents, dependents Attach 2a 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 55, 495. Attach 2a 1 55, 495. 2b 2b Attach 3a b 1. 55, 495. Sch. B if required. 4a b Tax-exempt interest 2b Attach 3a Qualified dividends 3a b 1. Fequired. 4a IRA distributions 4a b 5b Standard Deduction for- 6a Social security benefits 6a Social security benefits 6a Sigle or Married fling politity or Qualifying Vice (Ptr), \$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 7 Married fling politity or Qualifying Vice (Ptr), \$12,400 Extradard deduction or itemized deduction. See instructions 9 448, 764. Namide fling politity or Researche your total alguistments to income: 10a 10b 10c Number of the see and provemole in the seandard deduction. See instructions 11 </td <td>Age/Blindness</td> <td>S You:</td> <td>: Were born before January 2, 1</td> <td>956</td> <td> Are b</td> <td>lind Sp</td> <td>ouse</td> <td>: 🗌 Was bo</td> <td>rn befo</td> <td>ore Jan</td> <td>uary 2</td> <td>2, 1956</td> <td> ls b</td> <td>lind</td>	Age/Blindness	S You:	: Were born before January 2, 1	956	Are b	lind Sp	ouse	: 🗌 Was bo	rn befo	ore Jan	uary 2	2, 1956	ls b	lind
In Hole Image: Second Seco	-				(2)		ty		nip	• •				,
dependents, see instructions and check here Image: search of the sea		(1) 1	Easthanie					,		Office		loun		
and check here image: solution of the solutic the solution of the solution of the solution of the	dependents,										$\overline{\neg}$			
here Attach Sch. B if required. 3a Qualified dividends 4a RA distributions 4a RA distributions 4a Pensions and annuities 5a Pensions and annuities 5a Pensions and annuities 5a Pensions and annuities 5a Schadard Deduction for- 6a Social security benefits 6a Social security benefits 6a Social security benefits 6a Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 7 7 7 7 7 7 7 7 7 9 48, 764. 10 11 48, 764. 10 11 48, 764. 12 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 14 14		s ——									$\overline{\Box}$			
Attach 2a Tax-exempt interest 2a b Taxable interest 2b Sch. B if 3a Qualified dividends 3a b Ordinary dividends 3b 1. Yequired. 4a IRA distributions 4a b Ordinary dividends 3b 1. 4a IRA distributions 4a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 4b 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 7 -312. Married filing separately, 512,400 Other income from Schedule 1, line 9 16 required. If not required, check here 7 7 -312. 8 Other income from Schedule 1, line 9 . . 8 -6,420. 9 48,764. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . 10a 10a 10b 10c 9 48,764. 10 Add lines 10a and 10b. These are your total adjustments to income . 11 48,764. 10c		-									$\overline{\Box}$			
Attach 2a Tax-exempt interest 2a b Taxable interest 2b Sch. B if 3a Qualified dividends 3a b Ordinary dividends 3b 1. Yequired. 4a IRA distributions 4a b Ordinary dividends 3b 1. 4a IRA distributions 4a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 5b 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 6b Yesparately, sile or Married filing separately, sile of Married filing jointly or Qualifying widow(en), \$24,800 Other income from Schedule 1, line 9 1f not required, check here 7 7 -312. 8 -6,420. 9 48,764. 9 48,764. 9 48,764. 9 Add lines 10, and 10b. These are your total adjustments to income 10a 10b 10c 11 48,764. 11 48,764. 12 12,400. 12 12,400. 18,650 11 Su		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1		<u> </u>
Sch. B if 3a Qualified dividends 3a b Ordinary dividends 3b 1. required. 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 7 • Single or Married filing separately, s12,400 0 Other income from Schedule 1, line 9 b Taxable amount 7 -312. 8 Other income from Schedule 1, line 9 8 -6,420. 9 48,764. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: a 10a 10a • Married filing jointly or Qualifying widow(er), \$24,800 C Add lines 10a and 10b. These are your total adjustments to income 10b 11 48,764. • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 48,764. 11 48,764. 12 12,400. 12 12,400. 12 12,400. • If you checked any box under Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400.		2a		```			bТ	axable interes	t.			. 2b		
4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 6b 7 7 -312. 8 -6,420. 8 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 7 -312. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 48,764. 10 Adjustments to income: 10a 10b 10b 9 48,764. 10b 10c 10c 9 Add lines 10a and 10b. These are your total adjustments to income 10c 11 48,764. 10 Subtract line 10c from line 9. This is your adjusted gross income 12 12,400. 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400.		3a	· ·	3a								. 3b		1.
Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b Single or Married filing separately, \$12,400 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 -312. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 -6, 420. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 48, 764. 10 Adjustments to income: 10a 10b 10b 9 Add lines 10a and 10b. These are your total adjustments to income 10c 9 Add lines 10a and 10b. These are your adjusted gross income 11 48, 764. 11 48, 764. 12 12, 400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12, 400. 14 12, 400.	required.	4a	IRA distributions	4a				,				. 4b		
Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here > > 7 -312. * Single or Married filing separately, \$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income > > 8 -6, 420. 9 48, 764. 9 48, 764. 9 48, 764. • Married filing jointly or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10b 10b • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income • 11 48,764. 11 Subtract line 10c from line 9. This is your adjusted gross income • • 11 48,764. • 11 Subtract line 10c from line 9. This is your adjusted gross income • • 11 48,764. • 12 12,400. 12 12,400. 12 12,400. • 14 12,400. 14 12,400. 14 12,400.		5a	Pensions and annuities	5a			bТ	axable amoun	ıt			. 5b		
 Single or Married filing separately, \$12,400 Married filing separately, \$12,400 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 Head of household, \$18,650 Subtract line 10c from line 9. This is your adjusted gross income Married filing jointly or Qualifying widow(er), \$24,800 Married filing jointly or Qualifying Married filing jointly or Qualifying Married filing jointly or Qualifying Married filing jointly or Qualifying Head of household, \$18,650 Subtract line 10c from line 9. This is your adjusted gross income Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Qualified business income deduction. Attach Form 8995 or Form 8995-A Married filing jointly or Married filing	Standard	6a	Social security benefits	6a			bТ	axable amoun	ıt			. 6b		
Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 8 -6,420 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 48,764 9 48,764 9 48,764 9 48,764 9 48,764 10 Adjustments to income: 10a 10b 9 48,764 10b 10b 8 -6,420 9 48,764 10 Adjustments to income: 10a 10b 9 48,764 10b 10b 8 -6,420 9 48,764 10 Adjustments to income: 10a 10b 9 48,764 10b 10b 10b 8 -6,420 10b 10b 10b 10b 8 -6,420 10b 10b 10b 10b 10c 9 48,764 10b 10b 10c 11 48,764 11 48,764 11 48,764 12 12,400 12 12,400 14 12,400		7	Capital gain or (loss). Attach Sche	dule D i	f require	d. If not rec	luired	, check here				7		-312.
\$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 48, 764. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10a • Married filing jointly or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10b 10b 10c • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income • • • • • • • • • • • • • • • • • • •		8	Other income from Schedule 1, lin	e9.								. 8		-6,420.
 Married filing jointy or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard deduction or itemized deduction. (from Schedule A) It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A It you checked any box under Standard Deductions. It you checked any box under Standard. It you checked any box under Stan		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is yo	our total ind	come					▶ 9		48,764.
Qualifying widow(er), \$24,800 a From Schedule 1, line 22 10a b Charitable contributions if you take the standard deduction. See instructions 10b 10b • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income		10	Adjustments to income:											
widow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b 10b Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income .		а	From Schedule 1, line 22					10	а					
 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions, see instructions, see instructions, see instructions. Add lines 10a and 10b. These are your total adjustments to income	widow(er),	b												
\$18,650 11 Subtract line for from line 9. This is your adjusted gross income 11 48,764. • If you checked any box under Standard 13 Standard deduction or itemized deductions (from Schedule A) 12 12,400. 14 Add lines 12 and 13 Add lines 12 and 13 14 12,400.	 Head of 	с	Add lines 10a and 10b. These are	. These are your total adjustments to income							► 10e			
 If you checked any box under Standard Deduction, see instructions, see instructions. 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		11	Subtract line 10c from line 9. This	is your	adjuste	d gross inc	ome					▶ 11		48,764.
Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 Deduction, see instructions, see instructions. 14 12,400.	 If you checked 	12	Standard deduction or itemized deductions (from Schedule A)											12,400.
	Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A									. 13		
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14												
		15	Taxable income. Subtract line 14	from lir	ne 11. lf :	zero or less	, ente	er-0				. 15		36,364.

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	4972	3			16	4,168.
	17	Amount from Schedule 2, lir	ne3							17	
	18	Add lines 16 and 17								18	4,168.
	19	Child tax credit or credit for	other dependen	ts						19	
	20	Amount from Schedule 3, lir	ne7							20	
	21	Add lines 19 and 20								21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0						22	4,168.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 1	10.				23	0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	4,168.
	25	Federal income tax withheld	l from:								
	а	Form(s) W-2					25a	5	,898		
	b	Form(s) 1099					25b				
	с	Other forms (see instruction	s)				25c				
	d	Add lines 25a through 25c								25d	5,898.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 returi	n				26	
qualifying child,	27	Earned income credit (EIC)			¹	Nọ .	27				
attach Sch. EIC.	28	Additional child tax credit. A					28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8			29				
see instructions.	30	Recovery rebate credit. See	instructions .				30		600		
	31	Amount from Schedule 3, lir	ne 13				31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and	d refunda	able cr	redits	. 🕨	32	600.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	6,498.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	. This is t	he amou	nt you	overpaid		34	2,330.
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attac	hed, cheo	ck here	ə		35a	2,330.
Direct deposit?	►b	Routing number 1 1 1	9 0 0 6	59	► c Ty	vpe: 🗙	Chec	king	Savings	6	
See instructions.	►d	Account number 6 6 0	8 8 8 0	3 3 9							
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax .	. 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now .				. 🕨	37	
You Owe		Note: Schedule H and Sch		-						r	
For details on		2020. See Schedule 3, line 1								-	
how to pay, see instructions.	38	Estimated tax penalty (see in				. 🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with t	the IRS?	See				
Designee	ins	structions					. 🕨	Yes. C	omplete	e below.	🗙 No
		signee's		Phone						ntification	
		me 🕨		no. 🕨					ber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com									
Here		ur signature		Date		cupation					nt you an Identity
	. 10	ur signature		Date	four occ	cupation					IN, enter it here
Joint return?					SOFT	WARE I	ENGI	NEER	(se	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse'	s occupati	ion				nt your spouse an
Keep a copy for your records.	•									,	ection PIN, enter it here
your rocordo.									(Se	e inst.) 🕨	
		one no.	Duran and 1	Email address							Ob a shaife
Paid		eparer's name	Preparer's signat		orra		Date		PTIN	00000	Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA	TALLAM	02/	28/2021		82703	Self-employed
Use Only		m's name ► GLOBAL TA							Ph	one no. (678)965-9522
	Firi	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA :	30041			Fir	m's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		B/	AA	REV	/ 02/21/21 PRO)		Form 1040 (2020)

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

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

 Department of the Treasury Internal Revenue Service
 Go to w

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

MOHAN PITHANI

or 1040-NR			

Your social security number 488-85-5747

Part I Additional 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	-6,420.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
D	line 8	9	-6,420.
Par	t II Adjustments to Income		
10	Educator expenses	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 02/21/21 PRO	Schedul	e 1 (Form 1040) 2020

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

2020 Attachment Sequence No. 12

Name(s) shown on return MOHAN PITHANI

Department of the Treasury

Internal Revenue Service (99)

Your social security number 488-85-5747

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

	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustment		(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	to gain or loss from Form(s) 8949, Part I, line 2, column (g)		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	19,011.	19,559.	1	88.	-360.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	235.	200.			35.
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
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 any, from line 8 of your Capital Loss Carryover Worksheet in the instructions						()
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	0	()	, ,	7	-325.

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

lines	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
This form may be easier to complete if you round off cents to whole dollars.		(sales price)	(or other basis)	Form(s) 8949, Part II, line 2, column (g)		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	35.	24.			11.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	9.	7.			2.
10	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	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any	/, from line 13 of y	our Capital Loss	Carryover		
	Worksheet in the instructions			-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a	a through 14 in co	lumn (h). Then, go	o to Part III		
	on the back				15	13.

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

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	-312.
	• 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?		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
	□ 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	(312.)
	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 02/21/21 PRO

Schedule D (Form 1040) 2020

Form 8949	
------------------	--

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

20

Department of the Treasury Internal Revenue Service ► 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.

 1b, 2, 3, 8b, 9, and 10 of Schedule D.
 Attomnetion

 Social security number or taxpayer identification number

variic(5) Si	lowin on retain		
MOHAN	PITHANI		

488-85-5747

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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

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

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

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) (c) Date acquired disposed of	Date sold or	Proceeds	(e) Cost or other basis. See the Note below and see <i>Column</i> (e)	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
ROBINHOOD SECURITIES LLC	12/02/20	12/11/20	19,011.	19,559.	EW	188.	-360.
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) ►			19,011.	19,559.		188.	-360.

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

Form 8949 (2020)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no, not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side MOHAN PITHANI

488-85-5747

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 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	(b) (c) Date acquired (decourse) (c)		(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e)	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.		
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
ROBINHOOD SECURITIES LLC	10/12/18	10/16/20	35.	24.			11.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), lir	lude on your 1e 9 (if Box E	35.	24.			11.	

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.

Form	8949	
Form	0343	

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

20

Department of the Treasury Internal Revenue Service ► 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

 Social security number or taxpayer identification number

vame(s) snown on return	Social security number or taxpayer identify
MOHAN PITHANI	488-85-5747

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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

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

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

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

X (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)	(c) (d) Cost or other basis. Date sold or Proceeds See the Note below	Date sold or	Date sold or	Date sold or	Date sold or Proceeds See t	(e) Cost or other basis. See the Note below If you enter an amount in column (f). See the separate instructions.	(e) Cost or other basis. See the Note below	(d) Cost or other basis. roceeds See the Note below See the separate instruction	(e) Cost or other basis. See the Note below), (h) Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	Example: 100 sh. XYZ Co.) Date acquired disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)								
ROBINHOOD CRYPTO LLC	12/17/20	12/17/20	235.	200.			35.							
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), lir	lude on your 1e 2 (if Box B	235.	200.			35.							

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

Form 8949 (2020)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpaver identification no, not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side MOHAN PITHANI

488-85-5747

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 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)

- X (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 (e)</i> in the separate instructions	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	09/29/18	04/06/20	9.	7.			2.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and inc is checked), lir	lude on your 1e 9 (if Box E	9.	7.			2.

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.

	Revenue Service (99)	►G	o to <i>www.irs.go</i>	v/ScheduleE fo	or inst	ructions	and th	e latest	information		Attac Sequ	hment ence No. 13
Name(s)	shown on return									Your s	ocial securi	
мона	N PITHANI									488-	-85-574	7
Part	Income or Loss	s From	Rental Real E	state and Ro	yaltie	s Note	: If you	are in th	e business c	of renting	personal p	roperty, use
	Schedule C. See	instructio	ons. If you are a	n individual, rep	ort farr	m rental i	ncome	or loss fi	om Form 48	335 on pa	ige 2, line 4	0.
A Dic	you make any payme	nts in 2	020 that would	l require you to	file F	orm(s) 1	099? 5	See instr	uctions .		🗆 '	Yes 🔀 No
B If "	Yes," did you or will yo	ou file re	equired Form(s	s) 1099?							🗆 '	Yes 🗌 No
1a	Physical address of e											
Α	GANDHI NAGAR H					-						
В												
С												
1b	Type of Property	2 F	or each rental	real estate prop	perty l	isted				Perso	nal Use	QJV
	(from list below)	l a	bove report th	e number of fa	ir rental and			Days		Da	ays	Q3V
Α	3	ρ j j	ersonal use da	requirements to	o file a	is a	Α		186		0	
В		q	júalified joint ve	enture. See inst	ructio	ns.	В					
С							С					
Туре о	of Property:					I						
1 Sing	gle Family Residence	3 V	acation/Short	-Term Rental	5 La	nd		7 Self-	Rental			
2 Mul	ti-Family Residence	4 C	Commercial		6 Ro	yalties		8 Othe	r (describe))		
Incom	e:			Properties:			Α		E	3		С
3	Rents received				3			380.				
4	Royalties received .				4							
Expen	ses:											
5	Advertising				5							
6	Auto and travel (see in	nstructi	ons)		6							
7	Cleaning and mainter	nance			7			700.				
8	Commissions				8							
9	Insurance				9							
10	Legal and other profe				10							
11	Management fees .				11			950.				
12	Mortgage interest pai				12							
13	Other interest				13							
14	Repairs				14		1,	850.				
15	Supplies				15		1,	500.				
16	Taxes				16							
17	Utilities				17		1,	800.				
18	Depreciation expense				18							
19	Other (list)				19							
20	Total expenses. Add	lines 5 t	through 19 .		20		б,	800.				
21	Subtract line 20 from		•									
	result is a (loss), see	```	,									
	file Form 6198			•	21		-б,	420.				
22	Deductible rental real											
	on Form 8582 (see in				22	(-6,4	420.)	()(
23a	Total of all amounts re		-	all rental prope	rties			23a		380	•	
b	Total of all amounts re	eported	l on line 4 for a	all royalty prop	erties			23b				
с	Total of all amounts re	eported	l on line 12 for	all properties				23c				
d	Total of all amounts re	eported	l on line 18 for	all properties				23d				
е	Total of all amounts re	eported	l on line 20 for	all properties				23e		6,800		
24	Income. Add positive	-			t inclu	ide any	losses			. 24	4	
25	Losses. Add royalty lo								al losses her	e. 2	5 (6,420.
26	Total rental real esta	ate and	d royalty inco	me or (loss). (Comb	ine lines	s 24 ar	nd 25. E	nter the re	sult		
	here. If Parts II, III, I											
	Schedule 1 (Form 104			•						2	6	-6,420.

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.

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Department of the Treasury

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

()

2 '((

Attachment