E <b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		(99) <b>urn</b>	202	20	OMB No. 1545	-0074	IRS Use	Only	–Do not w	rite or staple	in this space.
Filing Status Check only one box.	lf yo	Single  Married filing jointly Checked the MFS box, enter the n son is a child but not your dependent	ame of	-	separately ( use. If you	,				<i>,</i>		, 0	low(er) (QW) ne qualifying
Your first name	and m	iddle initial	Last na	me							Your so	cial securi	ty number
DIPENDR	A		PANW	IAR							662-	63-862	1
lf joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse'	s social see	curity number
2401 S.	APP							_ I	Apt. no. 1207		Check h	nere if you,	on Campaign or your htly, want \$3
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta		ZIP co					Checking a
BOISE							0	837	06			ow will not	0
Foreign countr	y name			Foreign pr	ovince/state	/count	ty	Foreig	in postal co	ode	your tax	or refund.	
At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherw	ise acquire	any	financial intere	est in a	iny virtua	ıl cu	rrency?		X No
Standard Deduction	_	eone can claim:			•		a dependent						
Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	956	Are bl	ind Sp	ouse	: 🗌 Was bo	rn befo	ore Janua	ary 2	2, 1956	🗌 ls bl	ind
Dependent				(2) S	ocial securit	у	(3) Relationsh	nip				r (see instru	
If more	<b>(1)</b> F	irst name Last name			number		to you		Child ta	ax cr	edit	Credit for ot	her dependents
than four dependents,										_			<u> </u>
see instruction	s ——									_			<u> </u>
and check									L	_		l	่่⊣
here 🕨 🔄									L				
Attach	1	Wages, salaries, tips, etc. Attach F	1.1	W-2.	· · ·	• •				•	. 1		78,601.
Sch. B if	2a	'	2a				axable interes			•	2b		
required.	<u>3a</u>		3a				Ordinary divide			•	. <u>3b</u>		
	/ 4a		4a				axable amoun			•	. 4b		
	5a		5a				axable amoun			•	. <u>5b</u>		
Standard Deduction for –	6a	···· · · · · · · · _	6a	· · · ·			axable amoun	τ	· ·		. 6b		
Single or	7	Capital gain or (loss). Attach Scher		•			,		!				<u> </u>
Married filing separately,	8	Other income from Schedule 1, lin							• •	•	. 8		<u>-6,000.</u>
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. I	nis is yo	ur total ind	ome		• •	• •	• •	▶ 9		72,601.
<ul> <li>Married filing jointly or</li> </ul>	10	Adjustments to income:						- 1					
Qualifying widow(er),	a										_		
\$24,800	b	Charitable contributions if you take											
<ul> <li>Head of household,</li> </ul>	C	Add lines 10a and 10b. These are											72 601
\$18,650	11	Subtract line 10c from line 9. This									► <u>11</u>	1	72,601.
<ul> <li>If you checked any box under</li> </ul>	12	Standard deduction or itemized		•		,							12,400.
Standard Deduction,	13	Qualified business income deduction										-	12 400
see instructions.	14	Add lines 12 and 13 <b>Taxable income.</b> Subtract line 14					· · · ·						<u>12,400.</u> 60,201.
	15	Taxable income. Subtract line 14			ero or less	ente	a -0				. 15		1010 (march)

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): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	9,040.
	17	Amount from Schedule 2, lin	ie3						17	
	18	Add lines 16 and 17							18	9,040.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	9,040.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 🕨	24	9,040.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	12	,246.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	12,246.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return .				26	
qualifying child,	27	Earned income credit (EIC)			No No	27				
attach Sch. EIC.	28	Additional child tax credit. A				28			-	
nontaxable	29	American opportunity credit	from Form 8863	8, line 8		29			1	
combat pay, see instructions.	30	Recovery rebate credit. See				30			-	
	31	Amount from Schedule 3, lin				31			-	
	32	Add lines 27 through 31. The					edits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T							33	12,246.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>							34	3,206.
Refund	35a	Amount of line 34 you want				-	•	▶ □	35a	3,206.
Direct deposit?	►b	Routing number 1 2 3			► c Type: >				oou	572001
See instructions.	►d	Account number 5 3 2						avings		
	36	Amount of line 34 you want a				36	!			
Amount	37	Subtract line 33 from line 24						. ►	37	
You Owe	31								01	
For details on		Note: Schedule H and Sch								
how to pay, see instructions.	38	2020. See Schedule 3, line 12e, and its instructions for details. Estimated tax penalty (see instructions)								
		you want to allow another								
Third Party Designee		structions					Yes. Co	mplete	below	× No
Designee		signee's		Phone				nal identi		
		me 🕨		no. ►				er (PIN)		
Sign		der penalties of perjury, I declare t								
Here	bel	ief, they are true, correct, and com		of preparer (othe	1, 2, 7	based on a	all informatio	n of whic	h prepar	er has any knowledge.
nere	Yo	ur signature		Date	Your occupation					nt you an Identity
	N.								inst.)	IN, enter it here
Joint return? See instructions.	0	ouse's signature. If a joint return, <b>i</b>	ath must sign	Date	SAP APPLICA		JEVELOPE.	· ·	,	nt your spouse an
Keep a copy for	Sp	ouse's signature. It a joint return, t	oun must sign.	Dale	Spouse's occupa	llion				ection PIN, enter it here
your records.									inst.) 🕨	
	Ph	one no. (208)805-629	5	Email address	DIPENDRAS.P.	ANWAR@	GMAIL.CO	M		
		eparer's name	Preparer's signat			Date		PTIN		Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	1 09/1	6/2021	P0208	2703	Self-employed
Preparer		m's name  GLOBAL TAX								(678)965-9522
Use Only		m's address ► 2530 Pebbl		n Cummin	q GA 30041				n's EIN ▶	
Go to www.irs.or		n1040 for instructions and the late			BAA		07/28/21 PRO			Form <b>1040</b> (2020)
GO 10 W WW.115.90		and the late	sciniornation.		DAA	REV	U1/20/21 PRU			10mm 10-TO (2020)

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SCHEDULE	1
(Form 1040)	

Part I

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074 20

20

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

	Attachment Sequence No. <b>01</b>
Your soc	ial security number
662-63	-8621

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

DIPENDRA PANWAR

Addi	tional	Income	•	
بر ما ما م	. <b>f</b>	a wa alita		 المعنم

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	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	-6,000.
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, line 8	9	-6,000.
Par	t II Adjustments to Income	<u> </u>	
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		18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19		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 <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 07/28/21 PRO Schedule 1 (Form 1040) 2020

Donortm	ent of the Treasury			► At	tach to Form 104	0, 1040	)-SR, 10	40-NR,	or 1041.					U
	Revenue Service (99)		►G	io to <i>www.ir</i> s	s.gov/ScheduleE	for inst	ructions	and th	e latest	information		Attac Sequ	chment Jence No.	13
Name(s)	shown on return										Your so	cial securi		
DIPE	NDRA PANWAR	2									662-	63-862	21	
Part	Income o	r Loss	From	<b>Rental Rea</b>	al Estate and Ro	oyaltie	s Note	e: If you	are in th	ne business o	of renting p	ersonal p	property,	use
	Schedule (	<b>C.</b> See i	instruct	ions. If you a	re an individual, re	port fari	m rental	income	or loss f	rom Form 48	3 <b>35</b> on pag	e 2, line 4	40.	
A Dic	d you make any p	bayme	nts in 2	2020 that wo	ould require you t	o file F	orm(s)	099? 3	See inst	ructions .		. 🗆	Yes 🗵	No
	Yes," did you or	-					• • •						Yes	
1a					et, city, state, ZI									
Α					PRADESH IN		,							
В							-							
С														
1b	Type of Prop	ertv	2	For each ren	tal real estate pro	nerty I	isted		Fai	Rental	Person	al Use		
	(from list bel			ahove renor	t the number of f	air ront	aland		1	Days	Day	ys	Q	JV
Α	3	,	F	personal use f you meet t	days. Check the	e <b>QJV</b> b to file a	ox only	Α		365		0	Г	7
В			Ċ	qualified join	t venture. See ins	structio	ns.	B						<u>-</u>
С	+							С						<u>-</u>
	of Property:													
	gle Family Reside	ence	3 \	Vacation/Sh	ort-Term Rental	5 I a	nd		7 Self-	Rental				
	ti-Family Resider			Commercial			valties			er (describe	)			
Incom					Properties:			Α	0 0 110	E			С	
3	Rents received					3			650.		-			
4	Royalties receiv					4								
Expen														
5	Advertising .					5								
6	Auto and travel					6								
7	Cleaning and m			-		7		1	500.					
8	Commissions.					8		<u> </u>						
9	Insurance					9						-		
10	Legal and other					10								
11	Management fe	-				11								
12	Mortgage intere					12								
13	Other interest.	-				13								
14	Repairs					14		1	400.					
15						15			350.					
16	Supplies Taxes					16		,	, 550.					
17						17		2	400.					
18	Utilities Depreciation ex	· ·	· ·			18		Z ,	, <del>1</del> 00.					
19	Other (list)	hense	orue	JIELION .		19								
20	Total expenses	Add I	inos 5	through 10		20		6	650.					
								0,	050.					
21					or 4 (royalties). If									
	file Form 6198				l out if you must	21		-6	000.					
00					· · · · ·			0,	.000.					
22					imitation, if any,		(	6	000.)	1				)
02-	on Form 8582 (	-		-		22	(	-0,	<b>23a</b>	(	650.	<u>μ</u>		)
23a			-		or all rental prop		• •	• •			050.	-		
b			-		or all royalty prop for all proportion		• •	• •	23b					
C C			-		for all properties		• •	• •	23c					
d			-		for all properties			• •	23d					
e			-		for all properties		 	 Ioorr:	23e		6,650.	_		
24 25					on line 21. <b>Do n</b> e		-			• • • •	. 24			<u> </u>
25	-				d rental real estat							(	6,0	000.)
26					come or (loss).									
					page 2 do not se, include this a		-						-6	000.
			, III It			anoun		Juan Ul	1 III IC 4 I	un page 2	. 1 20		υ,	500.

**Supplemental Income and Loss** 

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

OMB No. 1545-0074

20

20

Form	8889
Depar	tment of the Treasury

## Health Savings Accounts (HSAs)

OMB No. 1545-0074 20

Attachment Sequence No. **52** 

20

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

► Go to www.irs.gov/Form8889 for instructions and the latest information.

Internal Revenue Service Ν

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Social security number of HSA
DIPENDRA PANWAR	beneficiary. If both spouses have HSAs, see instructions ► 662-63-8621

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part				
	and both you and your spouse each have separate HSAs, complete a separate Part I for	each	spous	e
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions	× Self	-only	☐ Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others,</b> see the instructions for the amount to enter	3		3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		3,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6		3,550.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		0.
8	Add lines 6 and 7	8		3,550.
9	Employer contributions made to your HSAs for 2020			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		900.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		2,650.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13		0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part	a separate Part II for each spouse.		ISAs,	complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b		
	Subtract line 14b from line 14a	14c		
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16		
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here			
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b		
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.			
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			

	1040), Part II, line 8; check box c and enter "HDHP" and the	le amount on ti	he line next
Fo	or Paperwork Reduction Act Notice, see your tax return instructions	s.	

to the box

21

Sta	ate Tax Cor	) nmission	Form 4 Individ	-	ome		2020 Return	l						
۱m	ended Re	turn? Ch	eck the box.	•	1   _	State Us	se Only							, h
			for the reasor ber that applie		1   [	PAN	1M		<b>III NY RAA</b> A	NUMBER	AN DIG KAT K	s na na	NBALESALVAINA P	<b>Vil</b> ti
			fiscal year be			, ending								
		ame and ini	-		ast name				Your Socia	I Security n	umber (SS	SN)	De	cea
or Type	DIPEND			PAN					662-63				in :	202
ıt or	Spouse's f	irst name ar	nd initial	Spous	e's last na	ame			Spouse's S	Social Secu	rity numbe	er (SSN		
Print		ailing addres		, ,										
ase		. APPL	E ST APT	M207		04-4-	710 0 - 1-		Fo				available at	
Please	City BOISE					State ID	ZIP Code 83706			τ	ax.idah	o.go	V	
ili		s. Check	only one box.	If married	filing jo	intly or s	•	, enter s	spouse's n	ame and	Social S	ecurit	ty number al	00
	1. 🗙 Sir	ngle 2	. Married	d filing		larried fil			ead of ousehold	5.	Qualify		dow(er) g dependents	
			, ,			, ,							• •	
		-	tions, page 7			-	-						1 6b, if they ap	pıy
6	6a. Yourse	elf $\{\perp}$	_ 6b. Sp	pouse	6	Sc. Depe	endents _		6d. Total I	lousehol	d1	_		
List	t your dep	endents b	elow. If you h	nave more t	han fou	r depend	lents, con	tinue on	Form 39R.	Enter tot	al numbe	er on l	ine 6c.	
	De	pendent's fi	rst name		Depe	endent's la	ist name		Dep	endent's SS	SN	Dep	pendent's birtho (mm/dd/yyyy)	lat
		•											(1111) 44, 5555	
$\vdash$														
			ons, page 7.		from fod	oral For	m 1040 or	1040 \$	P line 11					
	Enter yo	ur federal	adjusted gro	ss income f								7	7260	
7.	Enter you Include a	ur federal a complete	adjusted gro copy of you	ss income f Ir federal re	turn							7	7260	)1
7. 8.	Enter you Include a Additions	ur federal a complete s from For	adjusted gro copy of you m 39R, Part	ss income f Ir federal re A, line 7. In	turn clude Fo	orm 39R					[	8		
7. 8. 9.	Enter you Include a Additions Total. Ad	ur federal a complete s from For d lines 7 a	adjusted gro copy of you m 39R, Part and 8	ss income f Ir federal re A, line 7. In	turn clude Fo	orm 39R						8 9	7260	
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Include a complete copy of your federal return.



ID/	HO State Tax Commission			Fo	orm 40	)	1030 <b>2020</b> (continu	ied)
21.	Tax amount from line 20					21	3900	00
	lits. Limits apply. See instructions, page 9.							1
	Income tax paid to other states. Include Form 39R and a c	copy of other states	s' returns •	22	00			
	Total credits from Form 39R, Part D, line 4. Include For				00			
	Total business income tax credits from Form 44, Part I,				00			
	Idaho Child Tax Credit. Computed amount from worksh				0 00			
	-					200		00
	Total Credits. Add lines 22 through 25					26 27		00
27. Subtract line 26 from line 21. If line 26 is more than line 21, enter zero						21	3900	00
	er Taxes. See instructions, page 10.							
-	Fuels use tax due. Include Form 75					28		00
	Sales/use tax due on untaxed purchases (online, m					29		00
	Total tax from recapture of income tax credits from Form					30		00
	Tax from recapture of qualified investment exemption (	QIE). Include For	m 49ER		•	31		00
32.	Permanent building fund tax.		_					
	Check the box if you received Idaho public assistance					32	10	<u> </u>
	Total Tax. Add lines 27 through 32				• •	33	3910	00
	ations. See instructions, page 10. I want to don	nate to:						
34.		Idaho Children's	Trust Fund	•				
36.		Idaho Guard & F	Reserve Fami	ly ■				
38.	American Red Cross of Idaho Fund							
40.	Idaho Foodbank Fund 41.	Opportunity Sch	olarship Prog	ram •				
42.	Total Tax Plus Donations. Add lines 33 through 41	•••••				42	3910	00
	nents and Other Credits.							
-	Grocery Credit. Computed amount from worksheet on	page 12		•	100			
	To donate your grocery credit to the Cooperative Welfare Fu							
	To receive your grocery credit, enter the computed a					43	100	00
11	Maintaining a home for family member age 65 or older or					44	100	00
				ide Form 75		44		00
	•			-			4322	
46.	Idaho income tax withheld. Include Form W-2s and any	-		-		46	4322	<u> </u>
47.	2020 Form 51 payments and amount applied from 201					47		00
	j j <u> </u>	Withheld •		Form ID K-1s		48		00
		of Right credit •		ee instruction		49		00
	Total Payments and Other Credits. Add lines 43 through	ugh 49				50	4422	00
	Due or Refund. See instructions, page 13.							
51.	Tax Due. If line 42 is more than line 50, subtract line 50	0 from line 42		•	51			00
52.	Penalty  Interest from the due date	E	Enter total		····	52		00
	Check box if penalty is caused by an unqualified Idaho	medical savings	account with	drawal •				
53.	3. Total Due. Add lines 51 and 52. Pay online or make check payable to the Idaho State Tax Commission							00
54.	Overpaid. If line 42 is less than line 50, subtract lines 42 a	and 52 from line 5	0		•	54	512	00
55.	Refund. Amount of line 54 to be refunded to you						512	00
56.	Estimated Tax. Amount of line 54 to be applied to your					56		00
57.	Direct Deposit. See instructions, page 13.	eck in final depos			the U.	э.	Type of •X Checl	king
<ul> <li>Rout</li> </ul>	ing No. 1 2 3 2 7 1 9 7 8 • Account No. 5	3 2 0 7 9	0 8				Account: Savin	gs
Δmc	nded Return Only. Complete this section to determ	nine vour tax due	or refund S	ee instructio	ne			
	Total due (line 53) or overpaid (line 54) on this return	-				E0		00
58. 50	. , ,					58		00
	Refund from original return plus additional refunds					59		00
	Tax paid with original return plus additional tax paid					60		00
61.	Amended tax due or refund. Add lines 58 and 59 then s					61		00
Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid pr Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and co Your signature     Spouse's signature (if a joint return, both must sign)							ete. See instruction	
	Your signature	spouse's signature	ur a joint return, both	n must sign)			Date	
Sign	-	-						
Here	Paid preparer's signature         Preparer's EIN, SSN, PTIN         Taxpa					yer's phone number		
	• 09-16-2021	30-1017196			(208	3)8(	05-6295	
Prep	arer's address GLOBAL TAXES LLC State Z	ZIP Code	Preparer's pho	ne number				
253	0 PEBBLE CREEK LN CUMMING GA 3	30041	(678)965	-9522				
EFO	0089 12-03-2020	REV 05/19/2	PRO Pa	ge 2 of 2		0	20152	3 0