E1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) Jrn	202	20	OMB No. 1545	-0074	IRS Use	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single X Married filing jointly unchecked the MFS box, enter the n son is a child but not your dependent	ame of y	-	separately use. If you					,		, ,	low(er) (QW) he qualifying
Your first name	and m	iddle initial	Last na	me							Your so	ocial securi	ty number
ARVIND			KUMA	R							542-	79-688	9
If joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number
SHALIKA			AROR	A							544-	79-666	4
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.		Preside	ential Electi	ion Campaign
4611 NW	SID	EWINDER PL										here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces be	ow.	Sta	ate	ZIP cod	de		•		ntly, want \$3 Checking a
BEAVERT	ON					0	R	970	06		•	low will not	0
Foreign country	/ name		F	oreign pi	rovince/state	e/coun	ity	Foreigr	n postal c	ode	your ta	x or refund	_
												You	Spouse
At any time du	ring 20	020, did you receive, sell, send, excl	nange, o	r otherw	ise acquir	e any	financial intere	est in ar	ny virtua	al cu	rrency?	Yes	X No
Standard Deduction		eone can claim: You as a de Spouse itemizes on a separate retur	n or you	were a	dual-statu		_						
Age/Blindness	S You:	Were born before January 2, 1	956	Are bl	ind S p	ouse	: 🗌 Was bo	rn befo	re Janu	ary 2	2, 1956	ls b	lind
Dependents		instructions): irst name Last name		(2) S	Social securi number	rrity (3) Relationship (4) ✓ if q to you Child tax c					or (see instru Credit for ot	uctions): ther dependents	
than four	GAU	URI ARORA		828-30-0551		51	Daughter		×				
dependents, see instruction	KES	SHAV ARORA	713-98-		-98-24				×				
and check	s												
here 🕨 🗌													
		Wages, salaries, tips, etc. Attach	ormٍ(s) ۱-	N-2 .							. 1	1	76,459.
Attach Sch. B if	2 a	Tax-exempt interest	2a			bΤ	axable interes	t.			. 2 k	>	15.
required.	3a	Qualified dividends	3a			b	Ordinary divide	nds .			. 3k)	
	4a	IRA distributions	4a			bΤ	axable amoun	t			. 4k)	
	5a	Pensions and annuities	5a			bΤ	axable amoun	t			. 5k)	
Standard	6a	Social security benefits	6a			bΤ	axable amoun	t		• _	. 6k)	
• Single or	7	Capital gain or (loss). Attach Schee	dule D if	require	d. If not red	luired	l, check here	· ·	· ·		7		
Married filing	8	Other income from Schedule 1, lin						· ·	· ·		. 8		19,752.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	ur total in	come		· ·	· ·	.	▶ 9	1	56,722.
 Married filing jointly or 	10	Adjustments to income:					I.	I.					
Qualifying	а							а			_		
widow(er), \$24,800	b	Charitable contributions if you take						b					
 Head of household. 	С	Add lines 10a and 10b. These are	,	•						.	► <u>10</u>	_	
\$18,650	11	Subtract line 10c from line 9. This		-	•					.	► <u>1</u> 1		56,722.
 If you checked any box under 	12	Standard deduction or itemized		•		,							24,800.
Standard	13	Qualified business income deduct											
Deduction, see instructions.	14	Add lines 12 and 13											24,800.
	15	Taxable income. Subtract line 14	from lin	e 11. lf z	ero or less	, ente	er-0				. 15	5 1	31,922.

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	2 3			16	20,603.
	17	Amount from Schedule 2, lin	ie3						17	
	18	Add lines 16 and 17							18	20,603.
	19	Child tax credit or credit for	other dependen	ts					19	4,000.
	20	Amount from Schedule 3, lin	ie7						20	
	21	Add lines 19 and 20							21	4,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	16,603.
	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 total tax					. 🕨	24	16,603.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	15	,057.		
	b	Form(s) 1099				25b		9.		
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	15,066.
• If you have a	26	2020 estimated tax payment							26	
qualifying child,	27	Earned income credit (EIC)			^{No} .	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lin	ie 13			31		489.		
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refun	ndable c	redits	. 🕨	32	489.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	15,555.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amo	ount you	overpaid		34	
neruna	35a	Amount of line 34 you want	refunded to you	. If Form 8888	3 is attached, cl	heck her	е		35a	
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Type:	Chec	king 🗌 S	Savings		
See instructions.	►d	Account number X X X	X X X X	X X X Z	X X X X	XX	Х			
	36	Amount of line 34 you want a	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	1,048.
You Owe		Note: Schedule H and Sch		-						
For details on how to pay, see		2020. See Schedule 3, line 1								
instructions.	38	Estimated tax penalty (see ir	nstructions) .		🕨	38				
Third Party	Do	you want to allow another				S? See				
Designee	ins	tructions				. 🕨	🗌 Yes. Co	omplete	below.	🗙 No
		signee's		Phone				nal ident		
		ne 🕨		no. 🕨				er (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		· · ·		Date	1 . ,					nt you an Identity
	, 10	ur signature		Dale	four occupation					IN, enter it here
Joint return?					IT MANAG	ER		(see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occup	oation				nt your spouse an
Keep a copy for your records.	/									ection PIN, enter it here
your rooorao.			-		SUB TEAC				inst.) 🕨	
		one no. (503)901-338		Email address	ARVINDAROF					
Paid		eparer's name	Preparer's signat			Date		PTIN	0	Check if:
Preparer			SYAM PRIYA	RAM SAGAR	GUPTA TALLA	AM 09/	29/2021	P0208		Self-employed
Use Only		m's name ► GLOBAL TAX				-		Pho	ne no. (678)965-9522
	Fir	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 3004	1		Firm	i's EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	RE	V 08/30/21 PRO			Form 1040 (2020)

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

BAA

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

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

r soc	ial security number
	Attachment Sequence No. 01

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR ARVIND KUMAR & SHALIKA ARORA

Your 542-79-6889

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	Alimony received	2 a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	-19,752.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
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,		
Dar	line 8	9	-19,752.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a		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 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 08/30/21 PRO	Schedu	le 1 (Form 1040) 2020

SCHE	DULE	3
(Form [·]	1040)	

Additional Credits and Payments

OMB No. 1545-0074 20

20

	► Atta	ich to	Form	1040	, 104	0-SR, or	1040	-NR.		
-		·								

	hent of the Treasury Revenue Service ► Go to www.irs.gov/Form1040 for instructions and the latest inform	nation.		Attachment Sequence No. 03
	(s) shown on Form 1040, 1040-SR, or 1040-NR	Your s		security number
ARV	IND KUMAR & SHALIKA ARORA	542-	79-6	889
Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other credits from Form: a 3800 b 8801 c		6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-N		7	
Par	t II Other Payments and Refundable Credits			
8	Net premium tax credit. Attach Form 8962		8	
9	Amount paid with request for extension to file (see instructions)		9	
10	Excess social security and tier 1 RRTA tax withheld		10	489.
11	Credit for federal tax on fuels. Attach Form 4136		11	
12	Other payments or refundable credits:			
а	Form 2439			
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 12b			
С	Health coverage tax credit from Form 8885 . . . 12c			
d	Other: 12d			
е	Deferral for certain Schedule H or SE filers (see instructions) . 12e			
f	Add lines 12a through 12e		12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-	NR, line 31	13	489.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 08/	30/21 PRO	Sched	ule 3 (Form 1040) 2020

SCHE	DULE	С
(Form	1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074
2020

Attachment

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

Department of the Treasury Internal Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Internal	Revenue Service (99) Attach to	Form [·]	1040, 1040-SR, 1040-NR, o	r 1041	; partnerships generally must file	Form 10	65. Sequence No. 09
Name c	of proprietor					Social s	security number (SSN)
SHAI	LIKA ARORA	544-	-79-6664				
Α	Principal business or profession SOFTWARE SERVICES	B Ente	r code from instructions ▶ 5 1 9 1 0 0				
С	Business name. If no separate	D Empl	oyer ID number (EIN) (see instr.)				
	SOFTWARE SERVICES						
E	Business address (including s	uite or	room no.) ► 4611 NW	SID	EWINDER PL		
	City, town or post office, state						
F		X Casl			Other (specify) ►		
G					2020? If "No," see instructions for I		
Н							
1					n(s) 1099? See instructions		
J Par		e requi	red Form(s) 1099?				Yes . No
1	-				f this income was reported to you or	ו ו	
					d	1	12,573.
2						. 2	
3						. 3	12,573.
4							
5							12,573.
6			U		refund (see instructions)		10 582
7 Port	Gross income. Add lines 5 a	nd 6.	for husiness use of you	 rhon	<u></u> ►	7	12,573.
		8			-	10	
8	Advertising	0		18 19	Office expense (see instructions) Pension and profit-sharing plans	18 . 19	
9	Car and truck expenses (see instructions).	9	17,825.	20	Rent or lease (see instructions):	. 13	
10	Commissions and fees .	10	177023.	a	Vehicles, machinery, and equipmen	20a	
11	Contract labor (see instructions)	11		b	Other business property		
12	Depletion	12		21	Repairs and maintenance		
13	Depreciation and section 179			22	Supplies (not included in Part III)		
	expense deduction (not included in Part III) (see			23	Taxes and licenses		
	instructions).	13		24	Travel and meals:		
14	Employee benefit programs			а	Travel	. 24a	
	(other than on line 19) .	14		b	Deductible meals (see		
15	Insurance (other than health)	15			instructions)	. 24b	2,100.
16	Interest (see instructions):			25	Utilities	. 25	1,440.
а	Mortgage (paid to banks, etc.)	16a	10,960.	26	Wages (less employment credits)	. 26	
b	Other	16b		27a	Other expenses (from line 48) .		
17	Legal and professional services	17		b	Reserved for future use		20.005
28	• •				8 through 27a ►	28	32,325.
29	Tentative profit or (loss). Subt					. 29	-19,752.
30	Expenses for business use of unless using the simplified me	•	•	e expe	enses elsewhere. Attach Form 8829)	
	Simplified method filers only			(a) voi	ır home:		
	and (b) the part of your home			(u) you	. Use the Simplified	-	
	Method Worksheet in the inst			ter on		. 30	
31	Net profit or (loss). Subtract		0			. 00	
	 If a profit, enter on both S 			nd on s	Schedule SE. line 2. (If you)		
	checked the box on line 1, see					31	-19,752.
	 If a loss, you must go to lir 		,		· I	<u> </u>	· · · · · ·
32	If you have a loss, check the b		t describes your investment	in this	activity. See instructions.		
	 If you checked 32a, enter 	the los	s on both Schedule 1 (For	m 104	0), line 3, and on Schedule		_
	SE, line 2. (If you checked the		•				All investment is at risk.
	Form 1041, line 3.					32b	Some investment is not at risk.
	• If you checked 32b, you mu	u st atta	ach Form 6198. Your loss m	ay be l	limited.		at Hor.

REV 08/30/21 PRO

Schedu	le C (Form 1040) 2020			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (at	ach e	(planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation		. Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part				
		onal	Vehicle Inf	formation
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your	vehicle	e for:	
а	Business b Commuting (see instructions) c	Other		
45	Was your vehicle available for personal use during off-duty hours?		Yes	No No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	No No
47a	Do you have evidence to support your deduction?		🗌 Yes	No No
b Part	If "Yes," is the evidence written?	 no 30	🗌 Yes	No
Fan	Other Expenses. List below business expenses not included on lines 5-20 of it			
48	Total other expenses. Enter here and on line 27a	48		

Form	8889
Depar	tment of the Treasu

SHALI

Health Savings Accounts (HSAs)

OMB No. 1545-0074

40

5

Attachment

12

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

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

Internal Revenue Service Name(s) sh

venue Service	Go to www.irs.gov/Form8889 for instructions and the second sec	he latest information.	Sequence No. 52
own on Form 104		Social security number of HSA beneficiary. If both spouses	
KA ARORA		have HSAs, see instructions ► 544-	-79-6664

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

Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for			
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.	_		
	See instructions	Sel	f-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. Do not 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 every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter	3		7,100.
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		7,100.
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		7,100.
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		
8	Add lines 6 and 7	8		7,100.
9	Employer contributions made to your HSAs for 2020 9 1,800.			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10	11		1,800.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		5,300.
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.	Irate I	HSAs,	complete
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a		414.
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		
С	Subtract line 14b from line 14a	14c		414.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		414.
16	Taxable HSA distributions. 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		0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here			
b	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			efore	
	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	Total income. 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 amount on the line next to the box For Paperwork Reduction Act Notice, see your tax return instructions. REV 08/30/21 PRO BAA

21

_	Form 8867 Paid Preparer's Due Diligence Checklist				No. 1545	-0074	
Form	Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status						
	ent of the Treasury Revenue Service	 To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-F Go to www.irs.gov/Form8867 for instructions and the latest information 		Attach Seque	nment ence No.	70	
Тахрауе	r name(s) shown or	-	Taxpayer identi	I fication n	umber		
ARV	IND KUMAR &	A SHALIKA ARORA	542-79-6	889			
Enter pr	eparer's name and	PTIN					
SYAN	M PRIYA RAN	I SAGAR GUPTA TALLAM	P0208270	3			
Part	Due Dili	gence Requirements					
		propriate box for the credit(s) and/or HOH filing status claimed on the return			ated Pa	arts I–V	
for the	benefit(s) clain	ned (check all that apply).		AOTC		НОН	
1		blete the return based on information for tax year 2020 provided by the tained by you?		Yes	No	N/A	
2	worksheets fo AOTC workshe	claimed on the return, did you complete the applicable EIC and/or CTC und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions eet found in the Form 8863 instructions, or your own worksheet(s) that provide	s, and/or the				
3	,	nd all related forms and schedules for each credit claimed?	t do both of	X			
	 Interview the 	taxpayer, ask questions, and contemporaneously document the taxpayer's a at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	responses to				
		mation to determine that the taxpayer is eligible to claim the credit(s) and/o o figure the amount(s) of any credit(s)		X			
4	information re	nation provided by the taxpayer or a third party for use in preparing the asonably known to you, appear to be incorrect, incomplete, or inconsisten ons 4a and 4b. If "No," go to question 5.)	t? (If "Yes,"		X		
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent inforr	mation? .				
b	you asked, wh	emporaneously document your inquiries? (Documentation should include the norm you asked, when you asked, the information that was provided, and the d on your preparation of the return.)	e impact the				
5	keep a copy applicable wor 8867 and any	y the record retention requirement? To meet the record retention requirement of your documentation referenced in 4b, a copy of this Form 8867, a or rksheet(s), a record of how, when, and from whom the information used to p applicable worksheet(s) was obtained, and a copy of any document(s) pro- you relied on to determine eligibility for the credit(s) and/or HOH filing status	copy of any repare Form vided by the				
	the amount(s)			X			
	List those doc	uments provided by the taxpayer, if any, that you relied on:					
6	credit(s) and/c	e taxpayer whether he/she could provide documentation to substantiate elig or HOH filing status and the amount(s) of any credit(s) claimed on the return red for audit?		X			
7		e taxpayer if any of these credits were disallowed or reduced in a previous ye	ar?	×			
-	•	e disallowed or reduced, go to question 7a; if not, go to question 8.)					
а		ete the required recertification Form 8862?					
8		is reporting self-employment income, did you ask questions to prepare a c					
	correct Sched	ule C (Form 1040)?		×			

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

Form 8	867 (2020)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go		III.)	
9a	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim (CTC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC		Part V	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified	Yes	No
Part		s, go t	o Part '	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH filir	ng
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligik	oility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amou			
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for ea	ch failu	re to
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes X	No

X Form 8867 (2020)

REV 08/30/21 PRO

Additional information from your 2020 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business

Line 25	Itemization Statement			
Description	Amount			
INTERNET (12M*\$60 P.M)		720.		
CELL PHONE (12M*\$60 P.M)		720.		
	Total	1,440.		

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business **Additional Vehicle Info**

Available for **Evidence to** ls Date Placed in **Business Other Vehicle Other Miles** Support Off Duty Evidence Service Miles Available? Hours? Dedn? Written? 04/01/2018 16,000 4,000 Yes Yes Yes No 03/01/2016 15,000 5,000 Yes Yes Yes No

Continuation Statement



Office use only

Page 1 of 4, 150-101-040 (Rev. 11-05-20 ver. 01)

Oregon Department of Revenue

Oregon Individual Income Tax Return for Full-year Residents

		S	ubmit original f	form—a	do not	submit p	hotocopy	/				
Fiscal year ending:									ode—do n	ot write in bo	x below	·
 Amended return. If amending for an NOL, tax year the NOL was generated: Calculated using "as if" federal return. Short-year tax election. Federal disaster relief. Extension filed. Form OR-24. 												
First name	Initial Last name						Social Se	ecurity no	. (SSN)	First time (usina	Applied
ARVIND	KUMAR					Deceased	542-	79-6	889	this SSN (sinstruction	see	for ITIN
Spouse's first name	Initial Spouse's last name ARORA					Deceased	Spouse's		664	First time this SSN (sinstruction	see	Applied for ITIN
Current mailing address	F						Date of b			Spouse's	date of b	birth
4611 NW SIDEW	INDER PL		-1				01/0	9/19	77	06/14	1/198	30
City		State	ZIP code			ountry				Phone		
BEAVERTON		OR	97006	1	U	SA				(503	3) 9(01-3381
 Filing status (check only one box) 1. Single. 2. Married filing jointly. 3. Married filing separately (enter spouse's information above). 4. Head of household (with qualifying dependent). 5. Qualifying widow(er) with dependent child. 					C redits	for yourse heck box for spous	if someo _{e:} X	Regul	can claim	Severely di you as a depo Severely di your spouse a	endent. isabled .	6b. 1
Dependents. List your do with your return.	ependents in ord	er from yo	ungest to olde	_ st. If mo	ore tha	an four, ch	eck this	box	and in	clude Schedi	ule OR-/	ADD-DEP
First name		Last nar	ne		Code*	Depe	endent's S	SN		dent's date mm/dd/yyyy)		k if child with ying disability
KESHAV	ARORA			S		713-9			07/11			
GAURI	ARORA			S	D	828-3	0-05	51	01/11	/2005	-	
*Dependent relationship code	(see instructions).			I		L			1			
6c. Total number of depen	dents											
6d. Total number of dependence6e. Total exemptions. Add												1

Oregon Department of Revenue



0046200102155

Page 2 of 4, 150-101-040 (Rev. 11-05-20 ver. 01) SSN Name ARVIND KUMAR 542-79-6889 Note: Reprint page 1 if you make changes to this page. **Taxable income** 7. Federal adjusted gross income from federal Form 1040, 1040-SR, and 1040-NR, line 11; 156,722.00 156,722.00 9. **Subtractions** 6,950.00 10. 2020 federal tax liability. See instructions for the correct amount: \$0-\$6,950...... 10. Social Security included on federal Form 1040 or 1040-SR, line 6b 11. 11. Oregon income tax refund included in federal income 12. 12. 13. 6,950.00 Total subtractions. Add lines 10 through 13 14. 14. 149,772.00 Income after subtractions. Line 9 minus line 14...... 15. 15. Deductions 16. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you 0.00 are not itemizing your deductions, enter 0......16. 4,630.00 17. 65 or older 17b. Blind You were: 17a. Blind Your spouse was: 17c. 65 or older 17d. 4,630.00 18. Enter the larger of line 16 or 17 18. 145,142.00 Oregon tax 12,194.00 20. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions)..... 20. 20a. Schedule OR-FIA-40 20b. Worksheet FCG 20c. Schedule OR-PTF-FY 12,194.00 22. Total tax before credits. Add lines 20 and 21 22. Standard and carryforward credits 23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on 840.00 840.00 11,354.00 27. Total carryforward credits claimed this year from Schedule OR-ASC, section 4. Line 28 can't be more 28. 11,354.00 29.

Page 3 of 4, 150-101-040

(Rev. 11-05-20 ver. 01)

Oregon Department of Revenue



0	0	4	6	2	0	0	1	0	3	1	.5	5	5	
---	---	---	---	---	---	---	---	---	---	---	----	---	---	--

Nam	e	SSN		
<u>AR'</u>	VIND KUMAR	542-79-6889		
Note	e: Reprint page 1 if you make changes to this page.			
Pav	ments and refundable credits			
30.	Oregon income tax withheld. Include a copy of your Forms W-2	and 1099	30.	12,096.00
31.	Amount applied from your prior year's tax refund			
32.	Estimated tax payments for 2020. Include all payments you mad	e prior to the filing date of th	iis return.	
	Do not include the amount you already reported on line 31		32.	
33.	Earned income credit (see instructions)		33.	
34.	Reserved			
35.	Total refundable credits from Schedule OR-ASC, section 5		35.	
36.	Total payments and refundable credits. Add lines 30 through 35		36.	12,096.00
37. 38. 39. 40.	Overpayment of tax. If line 29 is less than line 36, you overpaid. I Net tax. If line 29 is more than line 36, you have tax to pay. Line 2 Penalty and interest for filing or paying late (see instructions) Interest on underpayment of estimated tax. Include Form OR-10. Exception number from Form OR-10, line 1: 40a	9 minus line 36		742.00
41.	Total penalty and interest due. Add lines 39 and 40			
42.	Net tax including penalty and interest. Line 38 plus line 41			
43.	Overpayment less penalty and interest. Line 37 minus line 41			742.00
44.	Estimated tax. Fill in the portion of line 43 you want applied to you	r open estimated tax accour	nt 44.	
45.	Charitable checkoff donations from Schedule OR-DONATE, line 30)	45.	
46.	Political party \$3 checkoff. Party code: 46a. You.	46b. Spouse	46.	
47.	Oregon 529 college savings plan deposits from Schedule OR-529	(see instructions)	47.	15,000.00
48.	Total. Add lines 44 through 47. Total can't be more than your refun	d on line 43		742.00
49.	Net refund. Line 43 minus line 48	This is	your net refund. 49.	0.00

Direct deposit

50. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States:

Type of account:	Checking	or	Savings
Routing number:			

Account number:

Reserved

Oregon Department of Revenue



00462001041555

(Rev. 11-05-20 ver. 01) Name

ARVIND KUMAR

Page 4 of 4, 150-101-040

542-79-6889

Note: Reprint page 1 if you make changes to this page.

Sign here. Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Your signature	Date				
Х					
Spouse's signature (if filing jointly, both must sign)	Date				
Х					
Signature of preparer other than taxpayer	Preparer phone Preparer licens	se number	, if professionally prepared		
XSYAM PRIYA RAM SAGAR GUPTA TALLAM	(678) 965-9522				
Preparer address	City	State	ZIP code		
2530 PEBBLE CREEK LN	CUMMING	GA	30041		

SSN

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, 1040-NR, or 1040-NR-EZ. Without this information, we may adjust your return.

Make your payment (if you have an amount due on line 42)

- Online payments: Visit our website at www.oregon.gov/dor.
- Mailing your payment: Make your check or money order payable to the Oregon Department of Revenue. Write "2020 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. Don't use the Form OR-40-V payment voucher if you're mailing your payment with your return.

Send in your return

- Non-2-D barcode. If the 2-D barcode area on the front of this return is blank:
 - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
 - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- 2-D barcode. If the 2-D barcode area on the front of this return is filled in:
 - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
 - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.

Amended statement. Complete this section only if you're amending your 2020 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.

2020 Schedule OR-529



Office use only

Page 1 of 1, 150-101-068 (Rev. 08-17-20 ver. 01)

Oregon Department of Revenue

Oregon College Savings Plan Direct Deposit and Account Creation Election	n
for Personal Income Tax Filers	

Submit original form—do not submit photocopy.							
First name	Initial	Last name	Social Security number (SSN)				
ARVIND		KUMAR	542-79-6889				
Spouse's first name	Initial	Spouse's last name	Spouse's SSN				
SHALIKA		ARORA	544-79-6664				

Part 1: Oregon College Savings Plan Direct Deposit.

1.	Check one: 1a. X Oregon Colle	ege Savings Plan;	or 1b. MFS 529 Savings Plan		
	1c. Portfolio no. 81914	1d. Account no. 0	008191499604	1e. Amount \$	10,000.00
2.	Check one: 2a. X Oregon Colle	ege Savings Plan;	or 2b. MFS 529 Savings Plan		
	2c. Portfolio no. 81914	2d. Account no. 0	008191499415	2e. Amount \$	5,000.00
3.	Check one: 3a. Oregon Colle	ege Savings Plan;	or 3b. MFS 529 Savings Plan		
	3c. Portfolio no.	3d. Account no.		3e. Amount \$	
4.	Check one: 4a. Oregon Colle	ege Savings Plan;	or 4b. MFS 529 Savings Plan		
	4c. Portfolio no.	4d. Account no.		4e. Amount \$	
Гota	. Add lines 1e–4e. Enter this amount c	on your return		Total \$	15,000.00

Part 2: Oregon College Savings Plan Account Creation Election.

Taxpayer's email								
Beneficiary's first name		Beneficiary's last name						
Relationship code (Relationship Date of birth (mm/dd/yyyy) of beneficiary to taxpayer):		Social Security num	Social Security number (SSN)					
Beneficiary's address (no PO Box)								
City		State	ZIP code					

Sign here. I authorize the Department of Revenue to release information to the Oregon 529 Savings Board for the purpose of establishing an Oregon College Savings Plan Account.

Taxpayer's signature	Date
X	

1555