

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. 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 person is a child but not your dependent ▶

Your first name and middle initial ABHISHEK	Last name CHIDARA	Your social security number 332-53-1385
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. 3161 ALA ILIMA STREET		Apt. no. 214	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. HONOLULU	State HI	ZIP code 96818	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 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

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	8,997.
Attach Sch. B if required.	2a	Tax-exempt interest	2a	2b	
	3a	Qualified dividends	3a	3b	13.
	4a	IRA distributions	4a	4b	
	5a	Pensions and annuities	5a	5b	
	6a	Social security benefits	6a	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	-629.
	8	Other income from Schedule 1, line 9		8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	8,381.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:				
	a	From Schedule 1, line 22	10a	4,000.	
	b	Charitable contributions if you take the standard deduction. See instructions	10b		
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	4,000.	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	4,381.	
	12	Standard deduction or itemized deductions (from Schedule A)	12	12,400.	
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	0.	
	14	Add lines 12 and 13	14	12,400.	
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	1,429.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	1,429.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	3,229.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,229.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,229.
b	Routing number 074000010		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 881061068		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (708) 270-9853 Email address CHIDARAABHI@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 09/14/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN 30-1017196

- If you have a qualifying child, attach Sch. EIC.
- If you have nontaxable combat pay, see instructions.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
ABHISHEK CHIDARA

Your social security number
332-53-1385

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	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	

Part 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 ▶ _____		
c	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	4,000.
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	4,000.

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **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.**

Name(s) shown on return

ABHISHEK CHIDARA

Your social security number

332-53-1385

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **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)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and 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				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	3,288.	3,917.	0.	-629.
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 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				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -629.

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.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and 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				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
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 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(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 your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-629.
	<ul style="list-style-type: none"> • 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? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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? <input type="checkbox"/> 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. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(629.)
	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? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**Qualified Business Income Deduction
Simplified Computation**

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment
Sequence No. **55**

▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return

ABHISHEK CHIDARA

Your taxpayer identification number

332-53-1385

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 5.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 5.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 1.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 1.
11	Taxable income before qualified business income deduction	11 0.	
12	Net capital gain (see instructions)	12 8.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 0.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 0.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶		15 0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Tuition and Fees Deduction

▶ **Attach to Form 1040 or 1040-SR.**
▶ **Go to www.irs.gov/Form8917 for the latest information.**

Name(s) shown on return ABHISHEK CHIDARA	Your social security number 332-53-1385
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Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

- Before you begin:**
- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
 - ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
 - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
 - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

1	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First name</td> <td style="width: 50%;">Last name</td> </tr> <tr> <td>ABHISHEK</td> <td>CHIDARA</td> </tr> </table>	First name	Last name	ABHISHEK	CHIDARA	332-53-1385	10,800.
First name	Last name						
ABHISHEK	CHIDARA						
2	Add the amounts on line 1, column (c), and enter the total		10,800.				
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR	8,381.					
4	<ul style="list-style-type: none"> • For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36. • For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22. • For later years: See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed 						
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), stop ; you can't take the deduction for tuition and fees * If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5.		8,381.				
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <input type="checkbox"/> Yes. Enter the smaller of line 2, or \$2,000. } <input checked="" type="checkbox"/> No. Enter the smaller of line 2, or \$4,000. }		4,000.				

Also enter this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed.

Paid Preparer's Due Diligence Checklist

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

2020

Department of the Treasury
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to www.irs.gov/Form8867 for instructions and the latest information.**

Attachment Sequence No. **70**

Taxpayer name(s) shown on return ABHISHEK CHIDARA	Taxpayer identification number 332-53-1385
Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703	

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children 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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
c 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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
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?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing 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 checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - 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 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Individual Income Tax Return
RESIDENT
Calendar Year 2020
OR



Fiscal Year Beginning _____ and Ending _____

AMENDED Return
NOL Carryback
IRS Adjustment
First Time Filer

FOR OFFICE USE ONLY

THIS
SPACE
RESERVED

Do NOT Submit a Photocopy!!

Your First Name **ABHISHEK** M.I. _____ Your Last Name **CHIDARA**
Spouse's First Name _____ M.I. _____ Spouse's Last Name _____
Care Of (See Instructions, page 7.) _____
Present mailing or home address (Number and street, including Rural Route)
3161 ALA ILIMA STREET 214
City, town or post office **HONOLULU** State **HI** Postal/ZIP code **96818**
If Foreign address, enter Province and/or State _____ Country _____

Suffix _____
◆ IMPORTANT — Complete this Section ◆
Enter the first four letters of your last name. Use **ALL CAPITAL** letters **CHID**
Your Social Security Number **332 - 53 - 1385**
Deceased _____ Date of Death _____
Enter the first four letters of your Spouse's last name. Use **ALL CAPITAL** letters _____
Spouse's Social Security Number _____
Deceased _____ Date of Death _____

• ATTACH COPY 2 OF FORM W-2 HERE •

• ATTACH CHECK OR MONEY ORDER HERE •

- (Place an X in only ONE box)
- 1 Single
 - 2 Married filing joint return (even if only one had income).
 - 3 Married filing separate return. Enter spouse's SSN and the first four letters of last name above. Enter spouse's full name here. _____
 - 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter the child's full name. _____
 - 5 Qualifying widow(er) (see page 9 of the Instructions)
Enter the year your spouse died _____

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), DO NOT place an X on line 6a, but be sure to place an X above line 21.

6a Yourself Age 65 or over..... } Enter the number of Xs
6b Spouse..... Age 65 or over..... } on 6a and 6b 1

If you placed an X on lines 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, place an X here

6c Dependents:	If more than 4 dependents use attachment	2. Dependent's social security number	3. Relationship	Enter number of your children listed.... 6c	
and 6d	1. First and last name				0
				Enter number of other dependents..... 6d	0

6e Total number of exemptions claimed. Add numbers entered in boxes 6a thru 6d above..... 6e 1



Your Social Security Number

Your Spouse's SSN

332 - 53 - 1385

Name(s) as shown on return

ABHISHEK CHIDARA

ROUND TO THE NEAREST DOLLAR

7	Federal adjusted gross income (AGI) (see page 12 of the Instructions)	7	4381
8	Difference in state/federal wages due to COLA, ERS, etc. (see page 12 of the Instructions)	8	
9	Interest on out-of-state bonds (including municipal bonds).....	9	
10	Other Hawaii additions to federal AGI (see page 12 of the Instructions).....	10	
11	Add lines 8 through 10 Total Hawaii additions to federal AGI	11	0
12	Add lines 7 and 11.....	12	4381
13	Pensions taxed federally but not taxed by Hawaii (see page 14 of the Instructions).....	13	
14	Social security benefits taxed on federal return.....	14	
15	First \$6,943 of military reserve or Hawaii national guard duty pay.....	15	
16	Payments to an individual housing account	16	
17	Exceptional trees deduction (attach affidavit) (see page 15 of the Instructions).....	17	
18	Other Hawaii subtractions from federal AGI (see page 15 of the Instructions).....	18	
19	Add lines 13 through 18 Total Hawaii subtractions from federal AGI	19	0
20	Line 12 minus line 19 Hawaii AGI ▶	20	4381

CAUTION: If you can be claimed as a dependent on another person's return, see the Instructions on page 17, and place an X here.

21	If you do not itemize your deductions, go to line 23 below. Otherwise go to page 17 of the Instructions and enter your itemized deductions here.		
21a	Medical and dental expenses (from Worksheet A-1)	21a	
21b	Taxes (from Worksheet A-2).....	21b	
21c	Interest expense (from Worksheet A-3).....	21c	
21d	Contributions (from Worksheet A-4)	21d	
21e	Casualty and theft losses (from Worksheet A-5)	21e	
21f	Miscellaneous deductions (from Worksheet A-6).....	21f	
22	If you checked filing status box: 1 or 3 enter \$2,200; 2 or 5 enter \$4,400; 4 enter \$3,212..... Standard Deduction ▶	22	2200
23	Line 20 minus line 22 or 23, whichever applies. (This line MUST be filled in)	23	2181

TOTAL ITEMIZED DEDUCTIONS

22 Add lines 21a through 21f. If your Hawaii adjusted gross income is above a certain amount, you may not be able to deduct all of your itemized deductions. See the Instructions on page 22. Enter total here and go to line 24.



Your Social Security Number

Your Spouse's SSN

332 - 53 - 1385

ABHISHEK CHIDARA

Name(s) as shown on return

25 Multiply \$1,144 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, place an X in the applicable box(es), and see page 22 of the Instructions.				
Yourself	Spouse	25		1144
26 Taxable Income. Line 24 minus line 25 (but not less than zero)..... Taxable Income ▶		26		1037
27 Tax. Place an X if from <input checked="" type="checkbox"/> Tax Table; Tax Rate Schedule; or Capital Gains Tax Worksheet on page 35 of the Instructions. (Place an X if tax from Forms N-2, N-103, N-152, N-168, N-312, N-338, N-344, N-348, N-405, N-586, N-615, or N-814 is included.)		Tax ▶	27	14
27a If tax is from the Capital Gains Tax Worksheet, enter the net capital gain from line 14 of that worksheet.....		27a		
<hr/>				
28 Refundable Food/Excise Tax Credit (attach Form N-311) DHS, etc. exemptions		28	110	
29 Credit for Low-Income Household Renters (attach Schedule X)		29		
30 Credit for Child and Dependent Care Expenses (attach Schedule X)		30		
31 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice).....		31		
32 Total refundable tax credits from Schedule CR (attach Schedule CR).....		32	0	
33 Add lines 28 through 32		Total Refundable Credits ▶	33	110
34 Line 27 minus line 33. If line 34 is zero or less, see Instructions.....		Adjusted Tax Liability ▶	34	96
				×
35 Total nonrefundable tax credits (attach Schedule CR)		35		0
36 Line 34 minus line 35		Balance ▶	36	96
				×
37 Hawaii State Income tax withheld (attach W-2s) (see page 28 of the Instructions for other attachments)		37	663	
38 2020 estimated tax payments.....		38		
39 Amount of estimated tax applied from 2019 return		39		
40 Amount paid with extension.....		40		
41 Add lines 37 through 40		Total Payments ▶	41	663
<hr/>				
42 If line 41 is larger than line 36, enter the amount OVERPAID (line 41 minus line 36) (see Instructions)..		42		759
43 Contributions to (see page 25 of the Instructions):.....		Yourself	Spouse	
43a Hawaii Schools Repairs and Maintenance Fund		\$2	\$2	
43b Hawaii Public Libraries Fund		\$5	\$5	
43c Domestic and Sexual Violence / Child Abuse and Neglect Funds		\$5	\$5	
44 Add the amounts of the Xs on lines 43a through 43c and enter the total here		44		0
45 Line 42 minus line 44.....		45		759



Your Social Security Number

Your Spouse's SSN

332 - 53 - 1385

ABHISHEK CHIDARA

Name(s) as shown on return

46 Amount of line 45 to be **applied** to your
2021 ESTIMATED TAX 46 0

47a Amount to be **REFUNDED TO YOU** (line 45 minus line 46) If filing late,
 see page 25 of Instructions 47a 759

Place an X in this box if this refund will ultimately be deposited to a foreign (non-U.S.) bank. Do not complete lines 47b, 47c, or 47d.

47b Routing number 074000010 47c Type: Checking Savings

47d Account number 881061068

48 AMOUNT YOU OWE (line 36 minus line 41)..... 48 0

49 PAYMENT AMOUNT Submit payment online at hitax.hawaii.gov or attach check or
 money order payable to "Hawaii State Tax Collector"..... 49

50 Estimated tax penalty. (See page 26 of
 Instructions.) Do not include on line 42 or 48. Place an X in
 this box if Form N-210 is attached > 50

51 AMENDED RETURN ONLY - Amount paid (overpaid) on original return. (See Instructions) (attach Sch. AMD)..... 51

52 AMENDED RETURN ONLY - Balance due (refund) with amended return. (See Instructions) (attach Sch. AMD)..... 52

53 Did you file a federal Schedule C? Yes No If yes, enter Hawaii gross receipts
 your main business activity: _____,
 your main business product: _____, AND your HI Tax I.D. No. for this activity GE

54 Did you file a federal Schedule E for any rental activity? Yes No If yes, enter Hawaii gross rents received
 AND your HI Tax I.D. No. for this activity GE

55 Did you file a federal Schedule F? Yes No If yes, enter Hawaii gross receipts
 your main business activity: _____,
 your main business product: _____, AND your HI Tax I.D. No. for this activity GE

DESIGNEE If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 28 of the Instructions.

HAWAII ELECTION CAMPAIGN FUND (See page 28 of the Instructions) Do you want \$3 to go to the Hawaii Election Campaign Fund? Yes No
 If joint return, does your spouse want \$3 to go to the fund? Yes No Note: Placing an X the "Yes" box will not increase your tax or reduce your refund.

DECLARATION - I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

Your signature Date Spouse's signature (if filing jointly, BOTH must sign) Date
 Your Occupation Daytime Phone Number Your Spouse's Occupation Daytime Phone Number
 SOFTWARE ENGINEER (708) 270-9853

PLEASE SIGN HERE	Preparer's Signature	SYAM PRIYA RAM SAGAR GU	Date	09/14/21	Check if self-employed	<input type="checkbox"/>	Preparer's identification number	P02082703
	Print Preparer's Name	SYAM PRIYA RAM SAGAR GUPTA TALLA			Federal E.I. No.	301017196		
	Firm's name (or yours if self-employed), Address, and ZIP Code	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041			Phone No.	(678) 965-9522		

STATE OF HAWAII — DEPARTMENT OF TAXATION
REFUNDABLE FOOD/EXCISE TAX CREDIT

2020



➤ See Instructions on back
➤ Attach to Form N-11 or Form N-15
(NOTE: References to “married” and “spouse” are also references to
“in a civil union” and “civil union partner,” respectively.)

Name(s) as shown on Form N-11 or N-15 ABHISHEK CHIDARA	Your social security number 332-53-1385
--	---

- 1 Is your **federal** adjusted gross income less than \$50,000 (less than \$30,000 if your filing status is Single)? (See the Instructions) If “Yes,” go to line 2. If “No,” **STOP**. You cannot claim this credit. However, you may claim the credit for a minor child receiving support from the Department of Human Services, etc. In this situation, only complete lines 3, 9, and 10.
- 2 List YOURSELF, YOUR SPOUSE, AND YOUR DEPENDENTS that meet all of the following: a) Present in Hawaii for more than nine months in 2020, b) Not in prison, jail, or a youth correctional facility for entire taxable year, and c) Cannot be claimed as a dependent by another taxpayer. **Do not** list minor children receiving more than half of their support from public agencies even though you may claim them as a dependent. List these minor children on line 3.

2	Name	Relationship	Name	Relationship
	ABHISHEK CHIDARA	SELF		

Enter the number of qualified persons listed above 2 | 1

- 3 List MINOR CHILDREN RECEIVING MORE THAN HALF OF THEIR SUPPORT FROM PUBLIC AGENCIES, such as the Department of Human Services, who meet all the following requirements and are **not** listed above on line 2: a) Present in Hawaii for more than nine months in 2020, b) Not in prison, jail, or a youth correctional facility for entire taxable year, c) More than half of support from public agency, and d) Cannot be claimed as a dependent by another taxpayer.

3 Caution: Do not list any children already listed on line 2 above.						
3	Name	Social Security Number	Relationship	Name	Social Security Number	Relationship

Enter the number of minor children receiving more than half of their support from public agencies. Also enter this number in the space provided on Form N-11, line 28; or Form N-15, line 45. 3

- 4 Enter the amount of your **federal** adjusted gross income (See the Instructions) 4 | 4381
- 5 If you are married filing separately, enter your spouse’s **federal** adjusted gross income. 5
- 6 Add lines 4 and 5. Enter the total here. 6 | 4381
- 7 Enter on line 7 the amount of the tax credit shown below that applies to the amount on line 6.

If your filing status is Single and line 6 is:	Tax credit per qualified exemption is:
Under \$5,000	\$110
\$5,000 and over but under \$10,000	100
\$10,000 and over but under \$15,000	85
\$15,000 and over but under \$20,000	70
\$20,000 and over but under \$30,000	55
\$30,000 and over	0

If your filing status is Married Filing Jointly, Married Filing Separately, Head of Household, or Qualifying Widower, and line 6 is:	Tax credit per qualified exemption is:
Under \$5,000	\$110
\$5,000 and over but under \$10,000	100
\$10,000 and over but under \$15,000	85
\$15,000 and over but under \$20,000	70
\$20,000 and over but under \$30,000	55
\$30,000 and over but under \$40,000	45
\$40,000 and over but under \$50,000	35
\$50,000 and over	0

- | | |
|---|---------------|
| 7 Multiply line 2 by the amount of the tax credit on line 7. Enter the total here. | 7 110 |
| 8 Multiply line 3 by \$110. Enter the total here. | 8 110 |
| 9 Add lines 8 and 9. Enter the result here and on Form N-11, line 28; or Form N-15, line 45. | 9 |
| 10 This is your refundable food/excise tax credit. (Whole dollars only) | 10 110 00 |