

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <b>SURESH SELVARAJ</b>	Social security number 190-33-0073
Spouse's name <b>INDRA JOTHI JANARDHANAN</b>	Spouse's social security number 961-90-8187

**Part I Tax Return Information – Tax Year Ending December 31,** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	85,612.
<b>2</b> Total tax . . . . .	<b>2</b>	5,904.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	7,451.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	2,747.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

3	0	0	7	3
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

0	8	1	8	7
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 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication – Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [ ] Single [X] 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

Personal information section including: Your first name and middle initial (SURESH), Last name (SELVARAJ), Your social security number (190-33-0073), Spouse's social security number (961-90-8187), Home address (77 S OAKBRIDGE CT), City (MADISON), State (WI), ZIP code (53717).

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Lists dependents SAAI KRISH SURESH and HEMANTH KRISH SURESH.

Main income tax calculation table with columns 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for, and final Taxable income calculation (94,562 - 8,820 + 169 - 24,800 = 60,812).

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

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	6,904.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	6,904.
19	Child tax credit or credit for other dependents	19	1,000.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	1,000.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,904.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	5,904.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	7,451.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	7,451.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	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	1,200.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,200.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	8,651.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,747.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,747.
b	Routing number 075000019	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 122791905		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> 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 IT EMPLOYEE	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/26/2021	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

**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](http://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  
SURESH SELVARAJ & INDRA JOTHI JANARDHANAN

Your social security number  
190-33-0073

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-8,820.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-8,820.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	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 . . . . .	<b>22</b>	

**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](http://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

SURESH SELVARAJ & INDRA JOTHI JANARDHANAN

Your social security number

190-33-0073

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)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	3,179.	3,020.		159.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> 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 . . . . .				<b>7</b> 159.

**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)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	18.	8.		10.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b> 10.

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	169.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return: SURESH SELVARAJ & INDRA JOTHI JANARDHANAN  
Social security number or taxpayer identification number: 190-33-0073

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

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

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

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

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	06/19/20	08/04/20	3,179.	3,020.			159.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				3,179.	3,020.			159.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side  
**SURESH SELVARAJ & INDRA JOTHI JANARDHANAN**

Social security number or taxpayer identification number  
**190-33-0073**

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

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES LLC	01/02/19	06/16/20	18.	8.			10.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶				18.	8.			10.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

SURESH SELVARAJ & INDRA JOTHI JANARDHANAN

190-33-0073

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	PRAGATHI NAGAR HYDERABAD TELANGANA IN 500072				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		186	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		380.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		850.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>		900.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>				
<b>14</b>	Repairs. . . . .	<b>14</b>		2,800.		
<b>15</b>	Supplies . . . . .	<b>15</b>		2,150.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		2,500.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		9,200.		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-8,820.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( -8,820. )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		380.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		9,200.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>		( 8,820. )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		-8,820.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

**2020**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**SURESH SELVARAJ**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **190-33-0073**

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

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions . . . . . ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
<b>2</b>	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 . . . . .	<b>2</b>	0.
<b>3</b>	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 . . . . .	<b>3</b>	7,100.
<b>4</b>	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 . . . . .	<b>4</b>	0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	7,100.
<b>6</b>	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 . . . . .	<b>6</b>	7,100.
<b>7</b>	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 . . . . .	<b>7</b>	
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b>	7,100.
<b>9</b>	Employer contributions made to your HSAs for 2020 . . . . .	<b>9</b>	1,300.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>	
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	1,300.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>	5,800.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	<b>13</b>	0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2020 from all HSAs (see instructions) . . . . .	<b>14a</b>	
<b>b</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 . . . . .	<b>14b</b>	
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>	
<b>16</b>	<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 . . . . .	<b>16</b>	
<b>17a</b>	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 . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>Additional 20% tax</b> (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 . . . . .	<b>17b</b>	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<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 . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> 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 . . . . .	<b>21</b>	

**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](http://www.irs.gov/Form8867) for instructions and the latest information.**

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return <b>SURESH SELVARAJ &amp; INDRA JOTHI JANARDHANAN</b>	Taxpayer identification number <b>190-33-0073</b>
Enter preparer's name and PTIN <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703</b>	

**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
<b>1</b> 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"/>	
<b>2</b> 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"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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) . . . . .</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> 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"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</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"/>	
<b>5</b> 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"/>	
<b>6</b> 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"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . <b>(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> 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
<b>9a</b> 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? <b>(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</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"/>	
<b>c</b> 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
<b>10</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> 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"/>
<b>12</b> 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 checked="" 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
<b>13</b> 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
<b>14</b> 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.**

<b>15</b> 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"/>

For the year Jan. 1-Dec. 31, 2020, or other tax year

Check here if an amended return  beginning \_\_\_\_\_, 2020 ending \_\_\_\_\_, 20\_\_\_\_.

Note

DO NOT STAPLE

See page 5 before assembling return

Your legal last name <b>SELVARAJ</b>	Legal first name <b>SURESH</b>	M.I.	Your social security number <b>190330073</b>
If a joint return, spouse's legal last name <b>JANARDHANAN</b>	Spouse's legal first name <b>INDRA JOTHI</b>	M.I.	Spouse's social security number <b>961908187</b>
Home address (number and street). If you have a PO Box, see page 11. <b>77 S OAKBRIDGE CT</b>		Apt. no. <b>107</b>	<b>Tax district</b> Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2020.  <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town  City, village, or town <b>MADISON</b>  County of <b>DANE</b>  School district number See page 43 <b>3269</b>
City or post office <b>MADISON</b>	State <b>WI</b>	Zip code <b>53717</b>	
<b>Filing status</b> Check <input checked="" type="checkbox"/> below <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here ..... <input type="checkbox"/> Head of household, NOT married (see page 12). <input type="checkbox"/> Head of household, married (see page 12).			
Legal last name Legal first name M.I.		<b>Special conditions</b> <input type="checkbox"/>  <input type="checkbox"/> Form 804 filed with return (see page 9)	

Use **BLACK Ink** ● Print numbers like this → 0 1 2 3 4 5 6 7 8 9 **Not** like this → 0147 ● **NO COMMAS; NO CENTS**

1	Federal adjusted gross income (see page 12) .....	1	85612.00
	Form W-2 wages included in line 1 .....	▶	94562.00
2	Total additions to income from Schedule AD, line 33 (see page 13) .....	2	.00
3	Add lines 1 and 2 .....	3	85612.00
4	Total subtractions from income from Schedule SB, line 47. Enter as a positive number .....	4	3.00
5	Subtract line 4 from line 3. This is your Wisconsin income .....	5	85609.00
6	Standard deduction. See table on page 34, <b>OR</b> ▼ .....	6	8059.00
	If someone else can claim you (or your spouse) as a dependent, see page 14 and check here <input type="checkbox"/>		
7	Subtract line 6 from line 5. If line 6 is larger than line 5, fill in 0 .....	7	77550.00
8	<b>Exemptions (Caution: See page 14)</b>		
a	Fill in exemptions allowed ..... 4 x \$700 ... <b>8a</b>		2800.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = ..... x \$250 ... <b>8b</b>		.00
c	Add lines 8a and 8b .....	<b>8c</b>	2800.00
9	Subtract line 8c from line 7. If line 8c is larger than line 7, fill in 0. This is taxable income .....	9	74750.00
10	Tax (see table on page 36) .....	10	3993.00

PAPER CLIP payment here



**NO COMMAS; NO CENTS**

<b>11</b>	Itemized deduction credit. Enclose Schedule 1, page 4	<b>11</b>	0	.00
<b>12</b>	Armed forces member credit (must be stationed outside U.S. See page 16)	<b>12</b>		.00
<b>13</b>	School property tax credit			
<b>a</b>	Rent paid in 2020 – heat included	.00	} Find credit from table page 18 .	<b>13a</b> .00
	Rent paid in 2020 – heat not included	.00		
<b>b</b>	Property taxes paid on home in 2020	.00	Find credit from table page 19 .	<b>13b</b> .00
<b>14</b>	Working families tax credit (see page 19)	<b>14</b>	0	.00
<b>15</b>	Married couple credit. Enclose Schedule 2, page 4	<b>15</b>		.00
<b>16</b>	Nonrefundable credits from line 34 of Schedule CR	<b>16</b>		.00
<b>17</b>	Net income tax paid to another state. Enclose Schedule OS	<b>17</b>		.00
<b>18</b>	Add lines 11 through 17	<b>18</b>	0	.00
<b>19</b>	Subtract line 18 from line 10. If line 18 is larger than line 10, fill in 0. This is your net tax	<b>19</b>	3993	.00
<b>20</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	<b>20</b>		.00
<b>21</b>	Donations (decreases refund or increases amount owed)			
<b>a</b>	Endangered resources	.00	} Find credit from table page 18 .	<b>13a</b> .00
<b>b</b>	Cancer research	.00		
<b>c</b>	Veterans trust fund	.00	} Find credit from table page 19 .	<b>13b</b> .00
<b>d</b>	Multiple sclerosis	.00		
<b>e</b>	Military family relief	.00		
<b>f</b>	Second Harvest/Feeding Amer.	.00		
<b>g</b>	Red Cross WI Disaster Relief	.00		
<b>h</b>	Special Olympics Wisconsin	.00		
	Total (add lines a through h)	<b>21i</b>		.00
<b>22</b>	Penalties on IRAs, retirement plans, MSAs, etc. (see page 24)	.00	x .33 =	<b>22</b> .00
<b>23</b>	Other penalties (see page 24)	<b>23</b>		.00
<b>24</b>	Add lines 19, 20, 21i, 22 and 23	<b>24</b>	3993	.00
<b>25</b>	Wisconsin tax withheld. Enclose withholding statements	<b>25</b>	5527	.00
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>		.00
<b>27</b>	Earned income credit. Number of qualifying children <input type="checkbox"/> Federal credit . . . . .00 x _____ % =	<b>27</b>		.00
<b>28</b>	Farmland preservation credit. <b>a</b> Schedule FC, line 17	<b>28a</b>		.00
	<b>b</b> Schedule FC-A, line 13	<b>28b</b>		.00
<b>29</b>	Repayment credit (see page 26)	<b>29</b>		.00

**NOTE:** You must use your 2020 earned income (see page 26).



Name(s) shown on Form 1		Your social security number
SURESH SELVARAJ & INDRA JOTHI JANARDHANAN		190330073
<b>NO COMMAS; NO CENTS</b>		
<b>30</b>	Homestead credit. Enclose Schedule H or H-EZ. . . . .	<b>30</b> _____ .00
<b>31</b>	Eligible veterans and surviving spouses property tax credit . . .	<b>31</b> _____ .00
<b>32</b>	Refundable credits from Schedule CR, line 40. Enclose Schedule CR	<b>32</b> _____ .00
<b>33</b>	AMENDED RETURN ONLY—Amounts previously paid (see page 29)	<b>33</b> _____ .00
<b>34</b>	Add lines 25 through 33 . . . . .	<b>34</b> _____ 5527 .00
<b>35</b>	AMENDED RETURN ONLY—Amounts previously refunded (see page 30)	<b>35</b> _____ .00
<b>36</b>	Subtract line 35 from line 34 . . . . .	<b>36</b> _____ 5527 .00
<b>37</b>	If line 36 is larger than line 24, subtract line 24 from line 36. This is the <b>AMOUNT YOU OVERPAID</b> . . . . .	<b>37</b> _____ 1534 .00
<b>38</b>	Amount of line 37 you want <b>REFUNDED TO YOU</b> . . . . .	<b>38</b> _____ 1534 .00
<b>39</b>	Amount of line 37 you want <b>APPLIED TO YOUR 2021 ESTIMATED TAX</b> . . . . .	<b>39</b> _____ 0 .00
<b>40</b>	If line 36 is smaller than line 24, subtract line 36 from line 24. This is the <b>AMOUNT YOU OWE</b> . Paper clip payment to front of return . . . . .	<b>40</b> _____ .00
<b>41</b>	Underpayment interest. Fill in exception code—See Sch. U _____ Also include on line 40 (see page 31)	<b>41</b> _____ .00

**Third Party Designee** Do you want to allow another person to discuss this return with the department (see page 32)?  **Yes** Complete the following.  **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶						
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>						

**Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.**

**Sign here**

▼ *Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.*

Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone
			6085566868

I-010ai

Mail your return to: Wisconsin Department of Revenue  
*If tax due*.....PO Box 268, Madison WI 53790-0001  
*If refund or no tax due*.....PO Box 59, Madison WI 53785-0001  
*If homestead credit claimed*.....PO Box 34, Madison WI 53786-0001

**Do Not Submit Photocopies**



**Schedule 1 – Itemized Deduction Credit (see page 15)**

<b>1</b>	Medical and dental expenses from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions. . . . .	<b>1</b>	.00
<b>2</b>	Interest paid from federal Schedule A (Form 1040 or 1040-SR). Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction . . . . .	<b>2</b>	.00
<b>3</b>	Gifts to charity from federal Schedule A (Form 1040 or 1040-SR). See instructions for exceptions	<b>3</b>	0 .00
<b>4</b>	Casualty losses from federal Schedule A (Form 1040 or 1040-SR) . . . . .	<b>4</b>	.00
<b>5</b>	Add lines 1 through 4 . . . . .	<b>5</b>	0 .00
<b>6</b>	Fill in your standard deduction from line 6 on page 1 of Form 1 . . . . .	<b>6</b>	8059 .00
<b>7</b>	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0. . . . .	<b>7</b>	0 .00
<b>8</b>	Rate of credit is .05 (5%) . . . . .	<b>8</b>	x .05
<b>9</b>	Multiply line 7 by line 8. Fill in here and on line 11 on page 2 of Form 1 . . . . .	<b>9</b>	0 .00

▶ **You must submit this page with Form 1 if you claim either of these credits** ◀

**Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 20)**

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
<b>1</b>		
– Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	<b>1</b> .00	.00
<b>2</b>		
– Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040 or 1040-SR), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income . . . . .	<b>2</b> .00	.00
<b>3</b>		
Combine lines 1 and 2. This is earned income. . . . .	<b>3</b> .00	.00
<b>4</b>		
– Add the amounts from federal Form 1040 or 1040-SR, <b>Schedule 1</b> , lines 11, 15, and 19, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18)(D) pension plans, included in line 22, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to you or your spouse's income. . . . .	<b>4</b> .00	.00
<b>5</b>		
– Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 . . . . .	<b>5</b> .00	.00
<b>6</b>		
– Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. . . . .	<b>6</b> .00	.00
<b>7</b>		
Rate of credit is .03 (3%) . . . . .	<b>7</b> x .03	
<b>8</b>		
Multiply line 6 by line 7. Fill in here and on line 15 on page 2 of Form 1 . . . . .	<b>8</b> .00	.00

Do not fill in more than \$480.





Name SURESH SELVARAJ & INDRA JOTHI JANARDHANAN	Social Security Number 190330073
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See the instructions for additional information on the subtractions listed below. Enter all amounts as positive numbers.

**Subtractions from Income**

<u>1</u> Taxable refund of state income tax (from line 1 of federal Schedule 1 (Form 1040 or Form 1040-SR))	<u>1</u>	.00
<u>2</u> United States government interest	<u>2</u>	.00
<u>3</u> Unemployment compensation	<u>3</u>	.00
<u>4</u> Social security adjustment	<u>4</u>	.00
<u>5</u> Capital gain/loss subtraction	<u>5</u>	3.00
<u>6</u> Medical care insurance	<u>6</u>	.00
<u>7</u> Long-term care insurance	<u>7</u>	.00
<u>8</u> Tuition and fee expenses	<u>8</u>	.00
<u>9</u> Private school tuition	<u>9</u>	.00
<u>10</u> Contributions to an Edvest or Tomorrow's Scholar college savings account	<u>10</u>	.00
<u>11</u> Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	<u>11</u>	.00
<u>12</u> Child and dependent care expenses	<u>12</u>	.00
<u>13</u> Military and uniformed services retirement benefits	<u>13</u>	.00
<u>14</u> Local and state retirement benefits	<u>14</u>	.00
<u>15</u> Federal retirement benefits	<u>15</u>	.00
<u>16</u> Railroad retirement benefits, railroad unemployment insurance, and sickness benefits	<u>16</u>	.00
<u>17</u> Retirement income exclusion	<u>17</u>	.00
<u>18</u> Reserve or National Guard members	<u>18</u>	.00
<u>19</u> Combat zone related death	<u>19</u>	.00
<u>20</u> Adoption expenses	<u>20</u>	.00
<u>21</u> Contributions to ABLE accounts	<u>21</u>	.00
<u>22</u> Disability income exclusion	<u>22</u>	.00
<u>23</u> Wisconsin net operating loss deduction	<u>23</u>	.00
<u>24</u> Farm loss carryover	<u>24</u>	.00
<u>25</u> Native Americans	<u>25</u>	.00
<u>26</u> Sale of business assets or assets used in farming to a related person	<u>26</u>	.00
<u>27</u> Recoveries of federal itemized deductions	<u>27</u>	.00
<u>28</u> Repayment of income previously taxed	<u>28</u>	.00
<u>29</u> Add lines 1 through 28. Enter here and on line 30, page 2	<u>29</u>	3.00



Name <b>SURESH SELVARAJ &amp; INDRA JOTHI JANARDHANAN</b>	Social Security Number <b>190330073</b>
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<b>30</b>	Enter amount from line 29 on page 1	<b>30</b>	<u>3.00</u>
<b>31</b>	Human organ donation	<b>31</b>	<u>.00</u>
<b>32</b>	Expenses paid to related entities	<b>32</b>	<u>.00</u>
<b>33</b>	Income from a related entity	<b>33</b>	<u>.00</u>
<b>34</b>	Legislator's per diem	<b>34</b>	<u>.00</u>
<b>35</b>	Sales of certain insurance policies	<b>35</b>	<u>.00</u>
<b>36</b>	Physician or psychiatrist grant	<b>36</b>	<u>.00</u>
<b>37</b>	Olympic, Paralympic, and Special Olympic medals and United States Olympic Committee and Special Olympic Board of Directions prize money	<b>37</b>	<u>.00</u>
<b>38</b>	Differences in federal and Wisconsin basis of assets	<b>38</b>	<u>.00</u>
<b>39</b>	Differences in federal and Wisconsin basis of partnership interest prior to 1975	<b>39</b>	<u>.00</u>
<b>40</b>	Differences in federal and Wisconsin reporting of marital property (community) income	<b>40</b>	<u>.00</u>
<b>41</b>	Charitable contributions from tax-option (S) corporations (list and provide amount)		
<b>a</b>	Name _____ FEIN _____	<b>41a</b>	<u>.00</u>
<b>b</b>	Name _____ FEIN _____	<b>41b</b>	<u>.00</u>
<b>c</b>	Add lines 41a and 41b	<b>41c</b>	<u>.00</u>
<b>42</b>	Tax-option (S) corporation adjustments. Do not include adjustments listed on line 43 (list and provide amount)		
<b>a</b>	Name _____ FEIN _____	<b>42a</b>	<u>.00</u>
<b>b</b>	Name _____ FEIN _____	<b>42b</b>	<u>.00</u>
<b>c</b>	Add lines 42a and 42b	<b>42c</b>	<u>.00</u>
<b>43</b>	Tax-option (S) corporation entity level tax election adjustments (list and provide amount)		
<b>a</b>	Name _____ FEIN _____	<b>43a</b>	<u>.00</u>
<b>b</b>	Name _____ FEIN _____	<b>43b</b>	<u>.00</u>
<b>c</b>	Add lines 43a and 43b	<b>43c</b>	<u>.00</u>
<b>44</b>	Partnership, limited liability company, trust, or estate adjustments. Do not include adjustments listed on line 45 (list and provide amount)		
<b>a</b>	Name _____ FEIN _____	<b>44a</b>	<u>.00</u>
<b>b</b>	Name _____ FEIN _____	<b>44b</b>	<u>.00</u>
<b>c</b>	Add lines 44a and 44b	<b>44c</b>	<u>.00</u>
<b>45</b>	Partnership entity level tax election adjustments (list and provide amount)		
<b>a</b>	Name _____ FEIN _____	<b>45a</b>	<u>.00</u>
<b>b</b>	Name _____ FEIN _____	<b>45b</b>	<u>.00</u>
<b>c</b>	Add lines 45a and 45b	<b>45c</b>	<u>.00</u>
<b>46</b>	Other subtractions from income (list and provide amount)		
<b>a</b>	_____ <b>46a</b>	<u>.00</u>	
<b>b</b>	_____ <b>46b</b>	<u>.00</u>	
<b>c</b>	Add lines 46a and 46b	<b>46c</b>	
<b>47</b>	Add lines 30 through 46c. This is your total subtraction from income. Enter on Form 1, line 4	<b>47</b>	<u>3.00</u>

Schedule **WD**

Wisconsin  
Department of Revenue

**Capital Gains and Losses**

◆ Enclose with Wisconsin Form 1 or 1NPR ◆

**2020**

Name(s) shown on Form 1 or Form 1NPR

SURESH SELVARAJ & INDRA JOTHI JANARDHANAN

Your social security number

190-33-0073

**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

<b>Note:</b> Round all amounts (use a minus sign (-) for negative amounts)	(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)
<b>1a</b> Amount from line 1a of Schedule D	.00	.00		.00
<b>1b</b> Amount from line 1b of Schedule D	3179.00	3020.00	.00	159.00
<b>2</b> Amount from line 2 of Schedule D	.00	.00	.00	.00
<b>3</b> Amount from line 3 of Schedule D	.00	.00	.00	.00
<b>4</b> Short-term gain from Form 6252 and short-term gain or loss from Forms 4684, 6781, and 8824			4	.00
<b>5</b> Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	.00
<b>6</b> Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			6	.00
<b>7</b> Short-term capital loss carryover from 2019 Wisconsin Schedule WD, line 34. Enter amount as a negative number			7	.00
<b>8 Net short-term capital gain or loss.</b> Combine lines 1a through 7 in column (h)			8	159.00

**Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year**

<b>Note:</b> Round all amounts (use a minus sign (-) for negative amounts)	(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)
<b>9a</b> Amount from line 8a of Schedule D	.00	.00		.00
<b>9b</b> Amount from line 8b of Schedule D	18.00	8.00	.00	10.00
<b>10</b> Amount from line 9 of Schedule D	.00	.00	.00	.00
<b>11</b> Amount from line 10 of Schedule D	.00	.00	.00	.00
<b>12</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or loss from from Forms 4684, 6781, and 8824			12	.00
<b>13</b> Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			13	.00
<b>14</b> Capital gain distributions			14	.00
<b>15</b> Adjustment from Wisconsin Schedule T (see Basis Difference in instructions)			15	.00
<b>15a</b> Adjustment from Wisconsin Schedule QI. Enter amount as a negative number			15a	.00
<b>16</b> Long-term capital loss carryover from 2019 Wisconsin Schedule WD, line 39. Enter amount as a negative number			16	.00
<b>17 Net long-term capital gain or loss.</b> Combine lines 9a through 16 in column (h)			17	10.00

Go on to Part III →



Name <b>SURESH SELVARAJ &amp; INDRA JOTHI JANARDHANAN</b>	Social Security Number <b>190-33-0073</b>
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**Part III Summary of Parts I and II** (see instructions) - use a minus sign (-) for negative amounts.

<b>18</b> Combine lines 8 and 17, and fill in the net gain or loss here (if line 18 is a loss, go to line 28) . . . . .	<b>18</b>	<u>169.00</u>
<b>19</b> Fill in the smaller of line 17 or 18, or -0- if a loss or no entry on line 17 . . . . .	<b>19</b>	<u>10.00</u>
<b>20</b> Fill in 30% of line 19 . . . . .	<b>20</b>	<u>3.00</u>
<b>21</b> Fill in the amount of long-term capital gain from the sale of farm assets listed on Form 8949 and taxable to Wisconsin plus gain from the sale of farm assets that is included on line 12 or 13 of Schedule WD. If zero, skip lines 22 through 25 and fill in the amount from line 20 on line 26 . . . . .	<b>21</b>	<u>.00</u>
<b>22</b> Gain included in line 17. Do not include any losses in this amount . . . . .	<b>22</b>	<u>.00</u>
<b>23</b> Divide line 21 by line 22. Carry the decimal to 4 places . . . . .	<b>23</b>	<u>_____</u>
<b>24</b> Multiply line 19 by the decimal amount on line 23 . . . . .	<b>24</b>	<u>.00</u>
<b>25</b> Fill in 30% of line 24 . . . . .	<b>25</b>	<u>.00</u>
<b>26</b> Add lines 20 and 25 . . . . .	<b>26</b>	<u>3.00</u>
<b>27</b> Subtract line 26 from line 18 . . . . .	<b>27</b>	<u>166.00</u>
<b>28</b> If line 18 shows a loss, fill in the smaller of:	(a) The loss on line 18,	
	(b) \$500, or	
	(c) Wisconsin ordinary income (see instructions) . . . . .	<b>28</b> <u>.00</u>

**Note:** When figuring whether a, b, or c is smaller, treat all numbers as if they are positive. If filing Form 1, complete Part IV. If filing Form 1NPR, fill in amount from line 27 or 28 on line 7, column B, of Form 1NPR.

**Part IV Computation of Wisconsin Adjustment to Income** (Do not complete this part if you are filing on Form 1NPR)

<b>29</b> Adjustment (see instructions for Part IV and Schedule I adjustments)		
<b>a</b> Fill in gain from line 7 of federal Form 1040 or 1040-SR, or gain from line 2f of Schedule I, if filed (if a loss, fill in -0-) . . . . .	<b>29a</b>	<u>169.00</u>
<b>b</b> Fill in gain from Part III, line 27, (if blank, fill in -0-) . . . . .	<b>29b</b>	<u>166.00</u>
<b>c</b> If line 29b is more than 29a, subtract line 29a from line 29b. Fill in amount on line 2 of Schedule AD (Form 1) . . . . .	<b>29c</b>	<u>.00</u>
<b>d</b> If line 29b is less than 29a, subtract line 29b from line 29a. Fill in amount on line 5 of Schedule SB (Form 1) . . . . .	<b>29d</b>	<u>3.00</u>
<b>e</b> Fill in loss from line 7 of federal Form 1040 or 1040-SR, as a positive amount or the loss from line 4c of Schedule I, if filed (if a gain, fill in -0-) . . . . .	<b>29e</b>	<u>0.00</u>
<b>f</b> Fill in loss from Part III, line 28 as a positive amount . . . . .	<b>29f</b>	<u>0.00</u>
<b>g</b> If line 29f is more than 29e, subtract line 29e from line 29f. Fill in amount on line 5 of Schedule SB (Form 1) . . . . .	<b>29g</b>	<u>.00</u>
<b>h</b> If line 29f is less than 29e, subtract line 29f from line 29e. Fill in amount on line 2 of Schedule AD (Form 1) . . . . .	<b>29h</b>	<u>.00</u>

**Part V Computation of Capital Loss Carryovers from 2020 to 2021** (Complete this part if the loss on line 18 is more than the loss on line 28.)

<b>30</b> Fill in loss shown on line 8 as a positive amount. If none, fill in -0- and skip lines 31 through 34 . . . . .	<b>30</b>	<u>.00</u>
<b>31</b> Fill in gain shown on line 17. If that line is blank or shows a loss, fill in -0- . . . . .	<b>31</b>	<u>.00</u>
<b>32</b> Subtract line 31 from line 30 . . . . .	<b>32</b>	<u>.00</u>
<b>33</b> Fill in the smaller of line 28 or line 32, treating both as positive amounts . . . . .	<b>33</b>	<u>.00</u>
<b>34</b> Subtract line 33 from line 32. This is your <b>short-term capital loss carryover</b> from 2020 to 2021 . . . . .	<b>34</b>	<u>.00</u>
<b>35</b> Fill in loss from line 17 as a positive amount. If none, fill in -0- and skip lines 36 through 39 . . . . .	<b>35</b>	<u>.00</u>
<b>36</b> Fill in gain shown on line 8. If that line is blank or shows a loss, fill in -0- . . . . .	<b>36</b>	<u>.00</u>
<b>37</b> Subtract line 36 from line 35 . . . . .	<b>37</b>	<u>.00</u>
<b>38</b> Subtract line 33 from line 28, treating both as positive amounts. ( <b>Note:</b> If you skipped lines 31 through 34, fill in amount from line 28 as a positive amount.) . . . . .	<b>38</b>	<u>.00</u>
<b>39</b> Subtract line 38 from line 37. This is your <b>long-term capital loss carryover</b> from 2020 to 2021 . . . . .	<b>39</b>	<u>.00</u>

