

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 AVDHESH KUMAR | | Last name BHARDWAJ | | Your social security number 892-59-4538 | |
| If joint return, spouse's first name and middle initial SHIKHA | | Last name SHARMA | | Spouse's social security number 955-92-7108 | |
| Home address (number and street). If you have a P.O. box, see instructions. 705 MELILOT LN | | | | Apt. no. | |
| City, town, or post office. If you have a foreign address, also complete spaces below. ALPHARETTA | | | State GA | ZIP code 30004 | |
| Foreign country name | | Foreign province/state/county | | Foreign postal code | |

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.
 You Spouse

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

Standard 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

Dependents (see instructions):

| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | (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 |
| | AVIKA | BHARDWAJ | 955-92-7171 | Daughter | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | AVIRAL | BHARDWAJ | 955-92-7265 | Son | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--|---|------------|------------|----------|
| Attach Sch. B if required. 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. | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 129,935. |
| | 2a | Tax-exempt interest | 2a | 2b | |
| | 3a | Qualified dividends | 3a | 3b | |
| | 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 | |
| | 8 | Other income from Schedule 1, line 9 | | 8 | -10,033. |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 119,902. |
| | 10 | Adjustments to income: | | | |
| | a | From Schedule 1, line 22 | 10a | | |
| | 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 | |
| | 11 | Subtract line 10c from line 9. This is your adjusted gross income ▶ | | 11 | 119,902. |
| | 12 | Standard deduction or itemized deductions (from Schedule A) | | 12 | 24,800. |
| 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | | 13 | | |
| 14 | Add lines 12 and 13 | | 14 | 24,800. | |
| 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 | 95,102. | |

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 | 12,508. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 12,508. |
| 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 | 11,508. |
| 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 | 11,508. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 17,062. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 17,062. |
| 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 total other payments and refundable credits | 32 | 1,200. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 18,262. |

• 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 overpaid | 34 | 6,754. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 6,754. |
| b | Routing number 061000052 | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 334044457992 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

For details on how to pay, see instructions.

| | | | |
|--|--|----|--|
| 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 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 03/01/2021 | 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 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
AVDHESH KUMAR BHARDWAJ & SHIKHA SHARMA

Your social security number
892-59-4538

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 | -10,033. |
| 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 | -10,033. |

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 | |
| 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 | |

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 for instructions and the latest information.

Name(s) shown on return

Your social security number

AVDHESH KUMAR BHARDWAJ & SHIKHA SHARMA

892-59-4538

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

| | | | | | |
|-----------|---|--|------------------|-------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | 705 MELILOT LN ALPHARETTA GA 30004 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 2 | | 365 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <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)

| Income: | | Properties: | | A | B | C |
|------------------|---|-------------|---|-----------|---|---|
| 3 | Rents received | 3 | | 350. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | 2,500. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | 1,302. | | |
| 10 | Legal and other professional fees | 10 | | 2,500. | | |
| 11 | Management fees | 11 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | 717. | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | | | |
| 15 | Supplies | 15 | | | | |
| 16 | Taxes | 16 | | 604. | | |
| 17 | Utilities. | 17 | | 6,858. | | |
| 18 | Depreciation expense or depletion | 18 | | 2,348. | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 16,829. | | |
| 21 | 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 Form 6198 | 21 | | -16,479. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| -10,033.) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 350. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | 717. | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | 2,348. | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 16,829. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (| 10,033.) | | |
| 26 | Total rental real estate and royalty income or (loss). 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 | 26 | | -10,033. | | |

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 for instructions and the latest information.**

2020
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
AVDHESH KUMAR BHARDWAJ

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **892-59-4538**

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.

| | | | | | |
|-----------|--|------------------------------------|--|--------|--|
| 1 | 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 | | |
| 2 | HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | | 0. | |
| 3 | If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter | 3 | | 7,100. | |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs | 4 | | 0. | |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | 7,100. | |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter | 6 | | 7,100. | |
| 7 | If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions | 7 | | | |
| 8 | Add lines 6 and 7 | 8 | | 7,100. | |
| 9 | Employer contributions made to your HSAs for 2020 | 9 | | 2,700. | |
| 10 | Qualified HSA funding distributions | 10 | | | |
| 11 | Add lines 9 and 10 | 11 | | 2,700. | |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | | 4,400. | |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 | | 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.

| | | | | | |
|------------|---|------------|--|--------|--|
| 14a | Total distributions you received in 2020 from all HSAs (see instructions) | | | | |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b | | | |
| c | Subtract line 14b from line 14a | 14c | | 1,800. | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | | 1,800. | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line | 16 | | 0. | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/> | | | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box | 17b | | | |

Part 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.

| | | | | | |
|-----------|---|-----------|--|--|--|
| 18 | Last-month rule | | | | |
| 19 | Qualified HSA funding distribution | 19 | | | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line | 20 | | | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box | 21 | | | |

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 AVDRESH KUMAR BHARDWAJ & SHIKHA SHARMA | Taxpayer identification number 892-59-4538 |
|--|---|

| | |
|---|-----------|
| 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 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 checked="" 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 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 |
|--|--------------------------|--------------------------|
| 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 <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|---------------------------------|---|

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040, 1040-SR, or 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

AVDRESH KUMAR BHARDWAJ & SHIKHA SHARMA

Identifying number

892-59-4538

Part I 2020 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

| | | | |
|--|-----------|-------------|----------|
| 1a Activities with net income (enter the amount from Worksheet 1, column (a)) | 1a | 0. | |
| b Activities with net loss (enter the amount from Worksheet 1, column (b)) | 1b | (16,479.) | |
| c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) | 1c | () | |
| d Combine lines 1a, 1b, and 1c | 1d | | -16,479. |

Commercial Revitalization Deductions From Rental Real Estate Activities

| | | | |
|---|-----------|-----|--|
| 2a Commercial revitalization deductions from Worksheet 2, column (a) | 2a | () | |
| b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) | 2b | () | |
| c Add lines 2a and 2b | 2c | () | |

All Other Passive Activities

| | | | |
|--|-----------|-----|--|
| 3a Activities with net income (enter the amount from Worksheet 3, column (a)) | 3a | | |
| b Activities with net loss (enter the amount from Worksheet 3, column (b)) | 3b | () | |
| c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) | 3c | () | |
| d Combine lines 3a, 3b, and 3c | 3d | | |

| | | | |
|--|----------|--|----------|
| 4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used | 4 | | -16,479. |
|--|----------|--|----------|

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

| | | |
|--|-----------|----------|
| 5 Enter the smaller of the loss on line 1d or the loss on line 4 | 5 | 16,479. |
| 6 Enter \$150,000. If married filing separately, see instructions | 6 | 150,000. |
| 7 Enter modified adjusted gross income, but not less than zero. See instructions | 7 | 129,935. |
| Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. | | |
| 8 Subtract line 7 from line 6 | 8 | 20,065. |
| 9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions | 9 | 10,033. |
| 10 Enter the smaller of line 5 or line 9 | 10 | 10,033. |

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

| | | |
|--|-----------|--|
| 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions | 11 | |
| 12 Enter the loss from line 4 | 12 | |
| 13 Reduce line 12 by the amount on line 10 | 13 | |
| 14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 | 14 | |

Part IV Total Losses Allowed

| | | |
|--|-----------|---------|
| 15 Add the income, if any, on lines 1a and 3a and enter the total | 15 | 0. |
| 16 Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return | 16 | 10,033. |

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (see instructions)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|--|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| 705 MELILOT LN | 0. | 16,479. | | | 16,479. |
| | | | | | |
| | | | | | |
| Total. Enter on Form 8582, lines 1a, 1b, and 1c | 0. | 16,479. | | | |

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

| Name of activity | (a) Current year deductions (line 2a) | (b) Prior year unallowed deductions (line 2b) | (c) Overall loss |
|---|---------------------------------------|---|------------------|
| | | | |
| | | | |
| Total. Enter on Form 8582, lines 2a and 2b | | | |

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (see instructions)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|--|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 3a) | (b) Net loss (line 3b) | (c) Unallowed loss (line 3c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| Total. Enter on Form 8582, lines 3a, 3b, and 3c | | | | | |

Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a) |
|------------------|---|----------|------------|-----------------------|---|
| 705 MELILOT LN | E Ln 22 | 16,479. | 1.00000000 | 10,033. | 6,446. |
| | | | | | |
| | | | | | |
| Total | | 16,479. | 1.00 | 10,033. | 6,446. |

Worksheet 5—Allocation of Unallowed Losses (see instructions)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------|---|----------|------------|--------------------|
| 705 MELILOT LN | E Ln 22 | 6,446. | 1.00000000 | 6,446. |
| | | | | |
| | | | | |
| Total | | 6,446. | 1.00 | 6,446. |

Worksheet 6—Allowed Losses (see instructions)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|------------------|---|----------|--------------------|------------------|
| 705 MELILOT LN | E Ln 22 | 16,479. | 6,446. | 10,033. |
| | | | | |
| | | | | |
| | | | | |
| Total | | 16,479. | 6,446. | 10,033. |

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (see instructions)

| Name of activity: | (a) | (b) | (c) Ratio | (d) Unallowed loss | (e) Allowed loss |
|---|-----|-----|-----------|--------------------|------------------|
| Form or schedule and line number to be reported on (see instructions): | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule . ▶ | | | | | |
| b Net income from form or schedule ▶ | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- ▶ | | | | | |
| Form or schedule and line number to be reported on (see instructions): | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule . ▶ | | | | | |
| b Net income from form or schedule ▶ | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- ▶ | | | | | |
| Form or schedule and line number to be reported on (see instructions): | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule . ▶ | | | | | |
| b Net income from form or schedule ▶ | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- ▶ | | | | | |
| Total | | | 1.00 | | |

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

| | | |
|--|--|--|
| Name(s) shown on return AVDHESH KUMAR BHARDWAJ & SHIKHA SHARMA | Business or activity to which this form relates Sch E 705 MELILOT LN | Identifying number 892-59-4538 |
|--|--|--|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|---|------------------------------|------------------|
| 1 Maximum amount (see instructions) | 1 | 1,040,000. |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,590,000. |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 Listed property. Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶ | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

| | | |
|---|-----------|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

| | | |
|---|-----------|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2020 | 17 | |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | 10/20 | 310,000. | 27.5 yrs. | MM | S/L | 2,348. |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

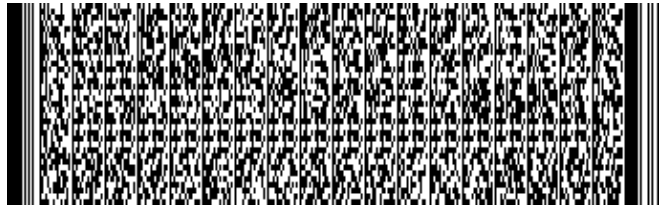
| | | | | | | |
|-----------------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 30-year | | | 30 yrs. | MM | S/L | |
| d 40-year | | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | |
|--|-----------|--------|
| 21 Listed property. Enter amount from line 28 | 21 | |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 2,348. |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |



2100411512



Georgia Form **500** (Rev. 06/20/20)

Individual Income Tax Return

Georgia Department of Revenue

2020(Approved software version)

Page **1**

Fiscal Year
Beginning

STATE
ISSUED

Fiscal Year
Ending

YOUR DRIVER'S
LICENSE/STATE ID

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
1. AVDHESH KUMAR 892-59-4538

LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX
BHARDWAJ

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER
SHIKHA 955-92-7108

LAST NAME SUFFIX
SHARMA

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. 705 MELILOT LN

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
3. ALPHARETTA GA 30004

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 1

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... 5. B

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. 2

7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse)..... 7a. 2

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



2100411522

YOUR SOCIAL SECURITY NUMBER
 892-59-4538

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

First Name, MI. AVIKA **Last Name** BHARDWAJ
Social Security Number 955-92-7171 **Relationship to You** DAUGHTER

First Name, MI. AVIRAL **Last Name** BHARDWAJ
Social Security Number 955-92-7265 **Relationship to You** SON

First Name, MI. **Last Name**
Social Security Number **Relationship to You**

First Name, MI. **Last Name**
Social Security Number **Relationship to You**

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 119902
 (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10. 119902
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a. 6000
 (See IT-511 Tax Booklet)
 - b. Self: 65 or over? Blind? Total x 1,300=..... 11b.
 - Spouse: 65 or over? Blind?
 - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c. 6000
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
 - a. Federal Itemized Deductions (Schedule A-Form 1040) 12a.
 - b. Less adjustments: (See IT-511 Tax Booklet) 12b.
 - c. Georgia Total Itemized Deductions..... 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13. 113902



2100411532

YOUR SOCIAL SECURITY NUMBER
 892-59-4538

Page 3

| | | |
|---|------|--------|
| 14a. Enter the number from Line 6c. 2 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C | 14a. | 7400 |
| 14b. Enter the number from Line 7a. 2 Multiply by \$3,000..... | 14b. | 6000 |
| 14c. Add Lines 14a. and 14b. Enter total..... | 14c. | 13400 |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)..... | 15a. | 100502 |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).... | 15b. | |
| 15c. Georgia Taxable Income (Line 15a less Line 15b)..... | 15c. | 100502 |
| 16. Tax (Use the Tax Table in the IT-511 Tax Booklet) | 16. | 5544 |
| 17. Low Income Credit 17a. 17b. | 17c. | |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) | 18. | 27 |
| 19. Credits used from IND-CR Summary Worksheet | 19. | |
| 20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically) | 20. | |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 | 21. | 27 |
| 22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero | 22. | 5517 |

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)

(INCOME STATEMENT B)

(INCOME STATEMENT C)

1. WITHHOLDING TYPE:

- W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL

ID NUMBER (FEIN) SSN
 133924155

3. EMPLOYER/PAYER STATE WITHHOLDING ID

1994500DB

4. GA WAGES / INCOME

127761

5. GA TAX WITHHELD

6799

1. WITHHOLDING TYPE:

- W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL

ID NUMBER (FEIN) SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

1. WITHHOLDING TYPE:

- W-2 G2-A G2-LP
 1099 G2-FL G2-RP

2. EMPLOYER/PAYER FEDERAL

ID NUMBER (FEIN) SSN

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING

REV 02/15/21 PRO



YOUR SOCIAL SECURITY NUMBER
 892-59-4538

Page 4

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID** 3. **EMPLOYER/PAYER STATE WITHHOLDING ID** 3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME** 4. **GA WAGES / INCOME** 4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD** 5. **GA TAX WITHHELD** 5. **GA TAX WITHHELD**

| | | |
|---|-----|------|
| 23. Georgia Income Tax Withheld on Wages and 1099s | 23. | 6799 |
| (Enter Tax Withheld Only and include W-2s and/or 1099s) | | |
| 24. Other Georgia Income Tax Withheld | 24. | |
| (Must include G2-A, G2-FL, G2-LP and/or G2-RP) | | |
| 25. Estimated Tax paid for 2020 and Form IT-560 | 25. | |
| 26. Schedule 2B Refundable Tax Credits..... | 26. | |
| (Cannot be claimed unless filed electronically) | | |
| 27. Total prepayment credits (Add Lines 23, 24, 25 and 26)..... | 27. | 6799 |
| 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due..... | 28. | |
| 29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment | 29. | 1282 |
| 30. Amount to be credited to 2021 ESTIMATED TAX | 30. | 0 |
| 31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)..... | 31. | |
| 32. Georgia Fund for Children and Elderly (No gift of less than \$1.00)..... | 32. | |
| 33. Georgia Cancer Research Fund (No gift of less than \$1.00) | 33. | |
| 34. Georgia Land Conservation Program (No gift of less than \$1.00)..... | 34. | |
| 35. Georgia National Guard Foundation (No gift of less than \$1.00) | 35. | |
| 36. Dog & Cat Sterilization Fund (No gift of less than \$1.00)..... | 36. | |
| 37. Saving the Cure Fund (No gift of less than \$1.00)..... | 37. | |
| 38. Realizing Educational Achievement Can Happen (REACH) Program | 38. | |
| (No gift of less than \$1.00) | | |



2100411552

YOUR SOCIAL SECURITY NUMBER
892-59-4538

Page 5

- 39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.
- 40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.
- 41. (If you owe) Add Lines 28, 31 thru 40 41.
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE..

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND..... 42. 1282
If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking Savings
Routing Number 061000052
Account Number 334044457992

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.**
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Date

Date

Taxpayer's Phone Number
678-643-2783

I authorize DOR to discuss this return with the named preparer.

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Signature of Preparer

Name of Preparer Other Than Taxpayer

SYAM PRIYA RAM SAGAR GUPT

Preparer's Firm Name

GLOBAL TAXES LLC

Preparer's Phone Number

678-965-9522

Preparer's FEIN

30-1017196

Preparer's SSN/PTIN/SIDN

P02082703

Form CT-1040NR/PY Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040NR/PY, Pages 2, 3, and 4; Supplemental Schedule CT-1040WH; Schedule CT-IT Credit, Pages 1 and 2; Schedule CT-PE; **and** Form CT-6251, Pages 1 and 2.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

1. Do not send this sheet with your return. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 20a through 20e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
8. **Do not attach or send copies of forms W-2 or 1099.**
9. Send **all** completed pages of CT-1040NR/PY, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2020 Form CT-1040NR/PY" on your check.
12. To mail your return, use the following addresses:
For all tax returns with payment:
Department of Revenue Services
PO Box 2977
Hartford CT 06104-2977

For refunds and tax returns without payment:
Department of Revenue Services
PO Box 2976
Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 27a through 27d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NR/PY.

Do not send this sheet with your return.

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Form CT-1040NR/PY - 2020
Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/20)

Page 1 of 4

Other tax year, beginning: and ending:

N S Y FJ N MFS N HOH N QW
892 - 59 - 4538 955 - 92 - 7108

AVDHESH KUMAR BHARDWAJ N Dec. N P
SHIKHA SHARMA N Dec. Y N

705 MELILOT LN N CT-8379 N CT-2210
ALPHARETTA GA 30004 - N CT-1040 CRC N Federal Form 1310

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 18 detailing federal adjusted gross income, deductions, and total tax.

Clip check here. Do not use staples. Do not send Forms W-2 or 1099, or Schedules CT K-1.



Form CT-1040NR/PY, Page 2 of 4

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19. Amount from Line 18

19. • 106

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

| | Col. A - Employer's Federal ID # | Col. B - CT Wages, Tips, etc. | Sch. CT K-1 | Col. C - CT Income Tax Withheld |
|------|---|-------------------------------|-------------|---------------------------------|
| 20a. | 13 - 3924155 | • 2175 | • | 152 |
| 20b. | - | • 0 | • | 0 |
| 20c. | - | • 0 | • | 0 |
| 20d. | - | • 0 | • | 0 |
| 20e. | - | • 0 | • | 0 |
| 20f. | Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) | | | 20f. 0 |

| | | |
|--|------|------|
| 20. Total Connecticut income tax withheld: Amounts in Column C. | 20. | 152 |
| 21. All 2020 estimated tax payments and any overpayments applied from a prior year | 21. | 0 |
| 22. Payments made with Form CT-1040 EXT | 22. | 0 |
| 22a. Claim of right credit (from Form CT-1040 CRC, Line 6) | 22a. | 0 |
| 22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached. | 22b. | 0 |
| 23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a and 22b. | 23. | 152 |
| 24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. | 24. | 46 |
| 25. Amount of Line 24 you want applied to your 2021 estimated tax | 25. | 0 |
| 26. Reserved for future use | 26. | |
| 26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) | 26a. | 0 |
| 27. Refund: Lines 25, 26, and 26a subtracted from Line 24. If you have not elected to direct deposit, a refund check will be issued and processing may be delayed. | 27. | 46 |
| 27a. Acct. type <input checked="" type="checkbox"/> Y <input type="checkbox"/> Ck. <input checked="" type="checkbox"/> N <input type="checkbox"/> Sv. 27b. Rout. # 061000052 27c. Acct. # 334044457992 | | |
| 27d. Refund going to a bank account outside the U.S. 27d. <input checked="" type="checkbox"/> N | | |
| 28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19. | 28. | 0 |
| 29. If late: Penalty entered. Line 28 multiplied by 10% (.10). | 29. | 0 |
| 30. If late: Interest entered. Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01). | 30. | 0 |
| 31. Interest on underpayment of estimated tax (from Form CT-2210.) | 31. | 0 |
| 32. Total amount due: Add Lines 28 through 31. | 32. | 0.00 |

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

| | | |
|---|----------------------|----------------------------|
| Your signature | Date | Home/cell telephone number |
| • | • | 6786432783 |
| Spouse's signature (if joint return) | Date | Daytime telephone number |
| • | • | • |
| Paid preparer's signature | Date | Telephone number |
| • SYAM PRIYA RAM SAGAR GU | • 030121 | • 6789659522 |
| Paid preparer's name | Paid Preparer's PTIN | |
| SYAM PRIYA RAM SAGAR GUPTA TALL | P02082703 | |
| Firm's name, address and ZIP code | FEIN | |
| GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 - | 301017196 | |
| | Self-employed | |
| | N | |

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

| | | |
|-----------------|------------------|--------------------------------------|
| Designee's name | Telephone number | Personal identification number (PIN) |
| • | • | • |

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Sign Here
Keep a copy for your records.

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Schedule 1 - Modifications to Federal Adjusted Gross Income

| | | |
|--|------|---|
| 33. Interest on state and local government obligations other than Connecticut | 33. | 0 |
| 34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations | 34. | 0 |
| 35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | 35. | 0 |
| 36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero. | 36. | 0 |
| 37. Loss on sale of Connecticut state and local government bonds | 37. | 0 |
| 38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year. | 38. | 0 |
| 38a. 80% of Section 179 federal deduction. | 38a. | 0 |
| 39. Other - specify • | 39. | 0 |
| 40. Total additions: Add Lines 33 through 39. | 40. | 0 |
| 41. Interest on U.S. government obligations | 41. | 0 |
| 42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | 42. | 0 |
| 43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet) | 43. | 0 |
| 44. Refunds of state and local income taxes | 44. | 0 |
| 45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities | 45. | 0 |
| 46. Military retirement pay | 46. | 0 |
| 47. 25% of income received from Connecticut Teachers' Retirement System | 47. | 0 |
| 48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero. | 48. | 0 |
| 49. Gain on sale of Connecticut state and local government bonds | 49. | 0 |
| 50. CHET contributions made in 2020 or an excess carried forward from a prior year Acct. # | 50. | 0 |
| 50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding three years. | 50a. | 0 |
| 50b. 28% of pension or annuity income. | 50b. | 0 |
| 51. Other - specify • | 51. | 0 |
| 52. Total subtractions: Add Lines 41 through 51. | 52. | 0 |

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

| | | |
|--|---------------|---------------|
| 53. Connecticut AGI during residency portion of taxable year | 53. | 0 |
| | Col. A | Col. B |
| 54. Qualifying jurisdiction's name and two-letter code | 54. • | • |
| 55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet) | 55. | 0 |
| 56. Line 55 divided by Line 53. May not exceed 1.0000. | 56. | 0.0000 |
| 57. Apportioned income tax | 57. | 0 |
| 58. Line 56 multiplied by Line 57 | 58. | 0 |
| 59. Allowable income tax paid to a qualifying jurisdiction | 59. | 0 |
| 60. Lesser of Line 58 or Line 59 | 60. | 0 |
| 61. Total credit: Add Line 60, all columns. | 61. | 0 |

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Schedule 3 - Individual Use Tax

| | | |
|--|-------|---|
| 62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7) | 62a. | 0 |
| 62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7) | 62b. | 0 |
| 62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7) | 62c. | 0 |
| 62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7) | 62d. | 0 |
| 62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d. | 62. • | 0 |

Schedule 4 - Contributions to Designated Charities

| | | |
|--|------|---|
| 63a. AR | 63a. | 0 |
| 63b. OT | 63b. | 0 |
| 63c. ES/W | 63c. | 0 |
| 63d. BCR | 63d. | 0 |
| 63e. SNS | 63e. | 0 |
| 63f. MR | 63f. | 0 |
| 63g. CBS | 63g. | 0 |
| 63h. MHCIA | 63h. | 0 |
| 63. Total Contributions: Add Lines 63a through 63h. | 63. | 0 |

Taxpayer email

Schedule CT-SI

Nonresident or Part-Year Resident

Schedule of Income From Connecticut Sources

2020

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

| | | |
|---|-----------------------|--|
| Your first name and middle initial AVDHESH KUMAR | Last name BHARDWAJ | Your Social Security Number 8 9 2 : 5 9 : 4 5 3 8 |
| If joint return, spouse's first name and middle initial SHIKHA | Last name SHARMA | Spouse's Social Security Number 9 5 5 : 9 2 : 7 1 0 8 |

See 2020 Connecticut Nonresident and Part-Year Resident Income Tax Return Instructions online before completing this schedule.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation.** Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.
Nonresidents: Enter the income received from Connecticut sources.

| | | | |
|--|-------|-------|----|
| 1. Wages, salaries, tips, etc. | ▶ 1. | 2,175 | |
| 2. Taxable interest | ▶ 2. | | |
| 3. Ordinary dividends | ▶ 3. | | |
| 4. Alimony received | ▶ 4. | | |
| 5. Business income or (loss) | ▶ 5. | | |
| 6. Capital gain or (loss) | ▶ 6. | | |
| 7. Other gains or (losses) | ▶ 7. | | |
| 8. Taxable amount of IRA distributions | ▶ 8. | | |
| 9. Taxable amounts of pension and annuities | ▶ 9. | | |
| 10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. | ▶ 10. | 0 | |
| 11. Farm income or (loss) | ▶ 11. | | |
| 12. Unemployment compensation | ▶ 12. | | |
| 13. Taxable amount of social security benefits | ▶ 13. | | |
| 14. Other income: See instructions. | ▶ 14. | | |
| 15. Gross income from Connecticut sources: Add Lines 1 through 14. | ▶ 15. | 2,175 | 00 |

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

| | | | |
|--|-------|-------|----|
| 16. Educator expenses | ▶ 16. | | |
| 17. Certain business expenses of reservists, performing artists, and fee-basis government officials | ▶ 17. | | |
| 18. Health savings account deduction | ▶ 18. | 0 | |
| 19. Moving expenses for members of the armed forces | ▶ 19. | | |
| 20. Deductible part of self-employment tax | ▶ 20. | | |
| 21. Self-employed SEP, SIMPLE, and qualified plans | ▶ 21. | | |
| 22. Self-employed health insurance deduction | ▶ 22. | | |
| 23. Penalty on early withdrawal of savings | ▶ 23. | | |
| 24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - _____ - _____ | ▶ 24. | | |
| 25. IRA deduction | ▶ 25. | | |
| 26. Student loan interest deduction | ▶ 26. | | |
| 27. Tuition and fees | ▶ 27. | | |
| 28. <i>Reserved for future use</i> | ▶ 28. | | |
| 29. Total adjustments: Add Lines 16 through 27. | ▶ 29. | 0 | |
| 30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6. | ▶ 30. | 2,175 | 00 |

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.**

| | | |
|--|---|--|
| A. Working days (or other basis) outside Connecticut | A | |
| B. Working days (or other basis) inside Connecticut | B | |
| C. Total working days: Add Line A and Line B. | C | |
| D. Nonworking days (Holidays, weekends, etc.) | D | |
| E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places. | E | |
| F. Total income being apportioned | F | |
| G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: _____ | G | |