Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

| Taxpayer's name | Social security number | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| ASHWINI GUTTIKONDA | 826-78-1942 | | | | | | | |
| Spouse's name | Spouse's social security number | | | | | | | |
| | | | | | | | | |
| Part ITax Return Information - Tax Year Ending December 31,(Enter | r 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. | | | | | | | | |
| 1 Adjusted gross income | 1 72,185. | | | | | | | |
| 2 Total tax | 2 8,941. | | | | | | | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 11,403. | | | | | | | |
| 4 Amount you want refunded to you | . 4 3,442. | | | | | | | |
| 5 Amount you owe | 5 | | | | | | | |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get and I | 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

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

| 8 | 1 | 9 | 4 | 2 | as mv |
|------------|------------------|-----------------|-----------------|------------|-------|
| Ent don | er fiv i't er | /e di iter a | gits, all ze | but ros | asiny |

ERO firm name 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

| to | enter | or | generate | my | PIN |
|----|-------|----|----------|----|-----|

as mv Enter five digits, but don't enter all zeros

ERO firm name 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 sign | ature 🕨 🛛 Da | ate 🕨 | | | | | | | |
|---------------|---|-------|----|---|--|-------------|-------|---|---|
| | Practitioner PIN Method Returns Only—continue | bel | ow | | | | | | |
| Part III C | ertification and Authentication – Practitioner PIN Method Only | | | | | | | | |
| ERO's EFIN/P | PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5 | 8 | 7 | | 6 all ze | 9 | 8 | 9 |

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 🕨 | |
|---|--|------------------|--------------------------|
| | O Must Retain This Form — See mit This Form to the IRS Unless | | |
| For Denemicarly Deduction Act Nation and Ve | u tov volum instructions | DEV 02/21/21 DBO | Earm 8879 (Bay, 01 2021) |

| E 104(| | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | ⁽⁹⁹⁾ 202 | 20 | OMB No. 154 | 5-0074 | IRS Use Only | —Do not w | rite or staple | in this space. |
|--|----------|---|-----------------|---|----------|-----------------|------------|-----------------------------|-----------------------------------|-----------------------------|----------------|
| Filing Statu Check only one box. | lf yc | Single Married filing jointly Sou checked the MFS box, enter the n son is a child but not your dependent | ame of | ed filing separatel your spouse. If yo | | | | hold (HOH) box, enter th | | , , | . , . , |
| Your first name | e and m | iddle initial | Last na | me | | | | | Your so | cial securit | ty number |
| ASHWINI | | | GUTI | IKONDA | | | | | 826- | 78-194 | 2 |
| If joint return, s | spouse's | s first name and middle initial | Last na | me | | | | | Spouse' | s social sec | curity number |
| | | er and street). If you have a P.O. box, see IA PALMS DR | instructio | ons. | | | | Apt. no. 5104 | | ntial Election | on Campaign |
| | | ce. If you have a foreign address, also co | molete s | naces below | Sta | ate | | | | | ntly, want \$3 |
| ORLANDO | 0051 011 | | inpiete 3 | paces below. | F | | 328 | | | | Checking a |
| Foreign countr | v name | | | Foreign province/sta | | | | gn postal code | | ow will not < or refund. | 0 |
| i oreign counti | ynanic | | Ι. | oreign province/su | 10,000 | ity | | | <i>y</i> e a. <i>t</i> a <i>s</i> | You | |
| At any time du | uring 20 | 020, did you receive, sell, send, excl | nange, c | or otherwise acqu | iire any | financial inter | est in a | any virtual cu | rrency? | | X No |
| Standard Deduction | _ | neone can claim: You as a de Spouse itemizes on a separate retur | • | — · | | a dependent | | | | | |
| Age/Blindnes | s You | : Were born before January 2, 1 | 956 | Are blind | Spouse | e: 🗌 Was bo | rn bef | ore January 2 | 2, 1956 | 🗌 ls bl | lind |
| Dependent | s (see | instructions): | | (2) Social sec | uritv | (3) Relations | ain | (4) 🖌 if a | ualifies fo | r (see instru | uctions): |
| If more | | irst name Last name | | number | , | to you | | Child tax ci | | | her dependents |
| than four | | | | | | | | | | [| |
| dependents, | | | | | | | | | | [| |
| see instruction and check | IS — | | | | | | | | | [| |
| here 🕨 🗌 | | | | | | | | | | [| |
| | 1 | Wages, salaries, tips, etc. Attach F | orm(s) | W-2 | | | | | . 1 | { | 83,886. |
| Attach | 2a | Tax-exempt interest | 2a | | b 1 | Taxable interes | st. | | . 2b | | |
| Sch. B if required. | 3a | Qualified dividends | 3a | | b(| Ordinary divide | ends . | | . 3b | | |
| required. | 4a | IRA distributions | 4a | | b 7 | raxable amour | nt | | . 4b | | |
| | 5a | Pensions and annuities | 5a | | b 7 | Faxable amour | nt | | . 5b | | |
| Standard | 6a | Social security benefits | 6a | | b 1 | Faxable amour | nt | | . 6b | | |
| Deduction for- | 7 | Capital gain or (loss). Attach Sche | dule D if | f required. If not r | equired | l, check here | | 🕨 🗌 | 7 | | |
| Single or Married filing | 8 | Other income from Schedule 1, lin | e9. | | | | | | . 8 | | -9,701. |
| separately, \$12,400 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a | and 8. T | his is your total i | income | | | | ▶ 9 | - | 74,185. |
| Married filing | 10 | Adjustments to income: | | | | | | | | | |
| jointly or Qualifying | a | From Schedule 1, line 22 | | | | 10 | a | 2,00 | 0. | | |
| widow(er), \$24,800 | b | Charitable contributions if you take | the star | ndard deduction. | See inst | tructions 10 | b | | | | |
| Head of | с | Add lines 10a and 10b. These are | your tot | al adjustments | to inco | me | | | ► 10c | 2 | 2,000. |
| household, \$18,650 | 11 | Subtract line 10c from line 9. This | is your a | adjusted gross i | ncome | | | | ▶ 11 | - | 72,185. |
| If you checked | 12 | Standard deduction or itemized | deduct | ions (from Sched | lule A) | | | | . 12 | | 12,400. |
| any box under <i>Standard</i> | 13 | Qualified business income deducti | ion. Atta | ach Form 8995 or | Form 8 | 3995-A | | | . 13 | | |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | | | . 14 | | 12,400. |
| | 15 | Taxable income. Subtract line 14 | from lin | e 11. If zero or le | ss, ente | er-0 | <u>.</u> . | <u> </u> | . 15 | 1 | 59,785. |
| | | | | | - | | | | | | 1040 (***** |

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

Form **1040** (2020)

| Form 1040 (2020 |)) | | | | | | | | | Page 2 |
|----------------------------------|---------|---|--------------------------|-----------------------|-----------------|----------|---------------|-----------|---------------------------|---------------------------|
| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 4972 | 3 |] | | 16 | 8,941. |
| | 17 | Amount from Schedule 2, lir | ne3 | | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 8,941. |
| | 19 | Child tax credit or credit for | other dependen | ts | | | | | 19 | |
| | 20 | Amount from Schedule 3, lir | ne7 | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | | 22 | 8,941. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 10 . | | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | 🕨 | 24 | 8,941. |
| | 25 | Federal income tax withheld | from: | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | a 11 | .,403 | | |
| | b | Form(s) 1099 | | | | 25b | 5 | | | |
| | с | Other forms (see instruction | s) | | | 250 | > | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 11,403. |
| • If you have a | 26 | 2020 estimated tax payment | ts and amount a | pplied from 20 | 19 return . | | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | . Nọ . | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit. A | | | | 28 | | | | |
| nontaxable combat pay, | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | | |
| see instructions. | 30 | Recovery rebate credit. See | instructions . | | | 30 | | 980 | | |
| | 31 | Amount from Schedule 3, lir | ne 13 | | | 31 | | | | |
| | 32 | Add lines 27 through 31. The | ese are your tota | al other paym | ents and refun | dable o | redits . | 🕨 | 32 | 980. |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | 🕨 | 33 | 12,383. |
| Refund | 34 | If line 33 is more than line 24 | 1, subtract line 2 | 4 from line 33. | This is the amo | ount you | u overpaid | | 34 | 3,442. |
| neruna | 35a | Amount of line 34 you want | refunded to you | . If Form 8888 | is attached, ch | neck he | re | | 35a | 3,442. |
| Direct deposit? | ►b | Routing number 1 1 1 | 0 0 0 0 | 2 5 | ► c Type: | X Che | cking | Saving | 6 | |
| See instructions. | ►d | Account number 4 8 8 | 0 5 0 2 | 7 9 1 9 | 9 9 | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2021 estimate | ed tax 🕨 | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the amo | ount you owe | now | | | 🕨 | 37 | |
| You Owe | | Note: Schedule H and Sch | | • | | | | | r 🗌 | |
| For details on | | 2020. See Schedule 3, line 1 | | | | | fulles yea | 0.00 | | |
| how to pay, see instructions. | 38 | Estimated tax penalty (see in | nstructions) . | | 🕨 | 38 | | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retur | rn with the IRS | S? See | | | | |
| Designee | ins | structions | · · · · · | | | . Þ | 🗌 Yes. C | omplete | e below. | 🗙 No |
| | | signee's | | Phone | | | | | ntification | |
| | | me 🕨 | | no. 🕨 | | | | ber (PIN) | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | | |
| Here | | ur signature | | Date | Your occupation | | | | | nt you an Identity |
| | . 10 | u signature | | Date | | | | | | IN, enter it here |
| Joint return? | | | | | SOFTWARE | DEVE | ELOPER | (se | e inst.) 🕨 | |
| See instructions. | Sp | ouse's signature. If a joint return, I | both must sign. | Date | Spouse's occup | ation | | | | nt your spouse an |
| Keep a copy for your records. | , | | | | | | | | entity Prot e inst.) 🕨 | ection PIN, enter it here |
| , | | | | F N 11 | | | | (30 | e inst.) 🕨 | |
| | | one no. eparer's name | Proparat's signat | Email address | | Dat | 0 | PTIN | | Check if: |
| Paid | | | Preparer's signat | | 77 | | | | 00220 | Self-employed |
| Preparer | | SSMANIKUMARAPPANA | RVSSMANIK | UMARAPPAN | NA | 03, | /03/2021 | <u> </u> | 90332 | |
| Use Only | | m's name ► GLOBAL TA | | | | 1 | | | | 646)727-7157 |
| | | m's address ► 2530 Pebb | | n Cumming | - | L | | Fir | m's EIN 🖡 | |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the late | st information. | | BAA | RE | V 02/21/21 PR | С | | Form 1040 (2020) |

BAA

| SCHE | DULE | 1 |
|-------|-------|---|
| (Form | 1040) | |

Part I

1

19

20

21

22

IRA deduction .

Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

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

Taxable refunds, credits, or offsets of state and local income taxes .

| | Attachment Sequence No. 01 |
|----------|--------------------------------------|
| Your soc | ial security number |
| 826-78 | -1942 |

1

2a

19

20

21

22

2,000.

2,000.

Schedule 1 (Form 1040) 2020

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

ASHWINI GUTTIKONDA

Additional Income

| | , annony para i | | ÷. | ÷. | • | • | • | • | • | • | ÷., | ÷., | ÷., | ÷., | • | • | • | |
|---|-----------------|--|----|----|---|---|---|---|---|---|-----|-----|-----|-----|---|---|---|--|
| b | Recipient's SSN | | | | | | | | | | | | | | | | | |

on Form 1040, 1040-SR, or 1040-NR, line 10a

For Paperwork Reduction Act Notice, see your tax return instructions.

Add lines 10 through 21. These are your adjustments to income. Enter here and

BAA

REV 02/21/21 PRO

| 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 | -9,701. |
| 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 | -9,701. |
| Par | t 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 | | |
| С | Date of original divorce or separation agreement (see instructions) | | |

| SCHEDULE | Е |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Internal Revenue Service (99)

Supplemental Income and Loss

OMB No. 1545-0074

 \cap

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

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

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

2 Attachment Sequence No. 13 Vour social ocurity nu hai

| Name(s) shown on return | | | | | | | Your soci | Your social security number | | | |
|-------------------------|---------------------------------------|---|---|------------|----------|----------|---------------|-----------------------------|-----|-------|----------|
| ASHW | ASHWINI GUTTIKONDA | | | | | | | 826-78-1942 | | | |
| Part | | s From Rental Real Estate and Ro instructions. If you are an individual, rep | - | | | | | 01 | • | | use |
| | | nts in 2020 that would require you to | | | | | | | | | No |
| | , , , , | pu file required Form(s) 1099? | | · · · | | | | | | Yes [| _ |
| 1a | Physical address of | each property (street, city, state, ZIF | | | | | | | · 🗆 | | |
| A | | ABAD IN 500049 | coue | 7 | | | | | | | |
| B | MADHAPOK HIDEK | ABAD IN 500049 | | | | | | | | | |
| | | | | | | | | | | | |
| 1b | Turne of Dronarty | 0 | | | | Eair | Rental | Personal Use | | | |
| ID | Type of Property (from list below) | above report the number of fa | 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. | | | Days | | Days | | QJV | |
| - | , , , | personal use days. Check the | | | | | | | | | |
| | 1 | if you meet the requirements to | | | | | 360 | 0 | | | |
| | | | liuctioi | | B | | | | | L | <u> </u> |
| | | | | | С | | | | | | |
| | of Property: | | | | | | | | | | |
| - | le Family Residence | 3 Vacation/Short-Term Rental | | | | | Rental | | | | |
| | i-Family Residence | 4 Commercial | 6 Ro | yalties | | 8 Othe | er (describe) | | | - | |
| Incom | | Properties: | | | Α | | E | • | | С | |
| 3 | | | 3 | | | 365. | | | | | |
| 4 | | | 4 | | | | | | | | |
| Expen | | | | | | | | | | | |
| 5 | | | 5 | | | | | | | | |
| 6 | • | nstructions) | 6 | | | 750. | | | | | |
| 7 | | nance | 7 | | 2, | 689. | | | | | |
| 8 | | | 8 | | | | | | | | |
| 9 | | | 9 | | | | | | | | |
| 10 | | ssional fees | 10 | | | | | | | | |
| 11 | | | 11 | | | | | | | | |
| 12 | | d to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | Other interest | | 13 | | | | | | | | |
| 14 | | | 14 | | | 524. | | | | | |
| 15 | | | 15 | | 2, | 758. | | | | | |
| 16 | Taxes | | 16 | | | | | | | | |
| 17 | | | 17 | | 2, | 345. | | | | | |
| 18 | | e or depletion | 18 | | | | | | | | |
| 19 | Other (list) ► | | 19 | | | | | | | | |
| 20 | Total expenses. Add | lines 5 through 19 | 20 | | 10, | 066. | | | | | |
| 21 | | line 3 (rents) and/or 4 (royalties). If | | | | | | | | | |
| | result is a (loss), see | instructions to find out if you must | | | | | | | | | |
| | file Form 6198 | | 21 | | -9, | 701. | | | | | |
| 22 | Deductible rental real | estate loss after limitation, if any, | | | | | | | | | |
| | on Form 8582 (see in | structions) | 22 | (| -9,7 | 01.) | (|) | (| |) |
| 23a | | eported on line 3 for all rental prope | | | | 23a | | 365. | | | |
| b | | eported on line 4 for all royalty prop | erties | | | 23b | | | | | |
| С | | eported on line 12 for all properties | | | | 23c | | | | | |
| d | | eported on line 18 for all properties | | | | 23d | | | | | |
| е | Total of all amounts re | eported on line 20 for all properties | | | | 23e | 1 | 0,066. | | | |
| 24 | Income. Add positive | e amounts shown on line 21. Do no | t inclu | ide any | losses | | | . 24 | | | |
| 25 | Losses. Add royalty lo | sses from line 21 and rental real estate | e losses | s from lir | ne 22. E | nter tot | al losses her | e. 25 | (| 9,5 | 701.) |
| 26 | Total rental real esta | ate and royalty income or (loss). | Comb | ine lines | s 24 an | d 25. E | Enter the rea | sult | | | |
| | | V, and line 40 on page 2 do not | | | | | | | | | |
| | Schedule 1 (Form 104 | 40), line 5. Otherwise, include this a | mount | in the t | otal on | line 41 | on page 2 | . 26 | | -9 | ,701. |

Tuition and Fees Deduction

OMB No. 1545-0074

Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8917 for the latest information.

Attachment Sequence No. 60

ASHWINI GUTTIKONDA

Your social security number 826-78-1942

Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

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

Before you begin:

✔ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.

- If you file Form 1040 or 1040-SR, figure any write-in adjustments.
 - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
 - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

| 1 | | lent's name (as shown on page 1 of your tax return) | (b) Student's social security number (as shown on page expenses (see |
|---|--|--|---|
| | First name | Last name | 1 of your tax return) instructions) |
| | ASHWINI | GUTTIKONDA | 826-78-1942 10,645. |
| | | | |
| | | | |
| 2 | Add the amounts | on line 1, column (c), and enter the total | 2 10,645. |
| 3 | | from your "total income" line of Form 1040 or | 3 74,185. |
| 4 | (Form 1040), lines | the total of the amounts on your 2018 Schedule 1 23 through 33, plus any write-in adjustments you tted line next to Schedule 1 (Form 1040), line 36. | |
| | Schedule 1 (Form write-in adjustmer | 20: Enter the total of the amounts on your 2019 1040 or 1040-SR), lines 10 through 20, plus any nts you entered on the dotted line next to 1040 or 1040-SR), line 22. | |
| | • | See www.irs.gov/Form8917 to find out if the line for 2019 have changed | 4 |
| 5 | | om line 3.* If the result is more than \$80,000 (\$160,00 ke the deduction for tuition and fees | 00 if married filing jointly), 5 74,185. |
| | | ome from Puerto Rico, see n in Pub. 970 to figure the | |
| 6 | Tuition and fees filing jointly)? | deduction. Is the amount on line 5 more than \$65 | 5,000 (\$130,000 if married |
| | X Yes. Enter the | e smaller of line 2, or \$2,000. | |
| | | e smaller of line 2, or \$4,000. | 6 2,000. |

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