# Form **8879**

(Rev. August 2020)

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.

OMB No. 1545-0074

illerial neveride Service				
Submission Identification Number (SID)				
Taxpayer's name	Social	security numb	per	
SANDEEP KUMAR JADDU	763	-40-825	8	
Spouse's name		's social seci		
	_			
Part I Tax Return Information — Tax Year Ending December 31,	(Enter year y	ou are au	thorizing.)	
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		641.
2 Total tax				016.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				493.
4 Amount you want refunded to you			4,	<u>277.</u>
5 Amount you owe				-1
Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or am				
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accorpayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to te payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic Funds Withdrawal Consent.	transmitter, or of for rejection of the U.S. Treasunt indicated in institution to determinate the auton requests mutin the process of the payment.	electronic retained the transmissury and its of the tax preport the entry thorization. The tax is the tax preport the entry thorization. The tax is the receiving of the electric transmission of the electric transmission is the tax is the transmission of the electric transmission is the transmission of the transmission of the transmission of the electric transmission of transmissi	turn originato ssion, (b) the designated F paration softy to this accou fo revoke (ca ved no later ectronic pay sknowledge 1	or (ERO) e reason inancial ware for int. This ancel) a than 2 ment of that the
Taxpayer's PIN: check one box only				
I authorize GLOBAL TAXES LLC to enter or gen 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) if you are entering your own PIN and your return is filed using the Practitioner PIN below.	I am now auth	Enter five don't ente	digits, but er all zeros neck this bo	
	te ▶			
- Dai				
Spouse's PIN: check one box only				
I authorize to enter or gen	nerate my PIN			as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.			digits, but er all zeros	
I will enter my PIN as my signature on the income tax return (original or amended)	I am now auth			ov only
if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		_		-
Spouse's signature ▶ Dat	te ▶			
Practitioner PIN Method Returns Only—continue I	below			
Part III Certification and Authentication — Practitioner PIN Method Only				
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5 8 7 2 Dor	7 8 6 n't enter all ze	1 9 8 eros	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that Lan requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provide	n <mark>submi</mark> tting thi	s return in a	accordance v	
ERO's signature ▶ Dat	te ▶			
ERO Must Retain This Form — See Instruction	ons			
Don't Submit This Form to the IRS Unless Requested				

# **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status	s 🗙 :	Single Married filing jointly [	Marrie	ed filing separately	(MFS	) Head	of hou	sehold (HO	H) [	Qual	ifying wid	low(er) (QW)
Check only one box.	If yo	ou checked the MFS box, enter the con is a child but not your depender	name of y									
Your first name	and m	iddle initial	Last nar	me					Y	our so	cial securi	ty number
SANDEEP	KUM	AR	JADD	U					7	763-40-8258		
If joint return, s	pouse's	s first name and middle initial	Last nar	me					s	Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.				on Campaign
		AH PINE LAKE RD SE						A201			nere if you, if filing ioir	or your otly, want \$3
		ce. If you have a foreign address, also c	omplete sp	paces below.	Sta			code				Checking a
ISSAQUA					W.			3029			ow will not	•
Foreign countr	y name		F	Foreign province/state	coun	ty	For	eign postal c	ode y	our tax	or refund	. Spouse
At any time du	ıring 20	D20, did you receive, sell, send, exc	hange, o	r otherwise acquire	e any	financial int	terest ir	n any virtua	al curre	ency?	Yes	X No
Standard	Som	neone can claim: You as a de	ependent	Your spou	se as	a depende	nt					
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-status	alier	1						
Age/Blindness	s You	: Were born before January 2,	1956	Are blind Sp	ouse	: Was	born be	efore Janua	ary 2, <sup>-</sup>	1956	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relation	nship	(4) 🗸	if qual	ifies for	r (see instru	uctions):
If more	(1) F	irst name Last name	number		to you		u	Child tax c		lit	Credit for ot	ther dependents
than four												
dependents, see instruction								[				
and check	·							[				
here ►												
	_1_	Wages, salaries, tips, etc. Attach	Form(s) V	V-2						1	'	74,687.
Attach	2a	Tax-exempt interest	2a		b T	axable inte	rest			2b		
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary div	idends			3b		
	4a	IRA distributions	4a		b T	axable amo	ount .			4b		
	5a	Pensions and annuities	5a		<b>b</b> T	axable amo	ount .			5b		
Standard	6a	Social security benefits	6a		bΤ	axable amo	ount .			6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D if	required. If not rec	uirec	, check her	e .			7		
Married filing	8	Other income from Schedule 1, lin	ne9							8		-9,046.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total in</b> d	come				. ▶	9		65,641.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22					10a					
widow(er), \$24,800	b	Charitable contributions if you take	the stan	dard deduction. Se	e inst	ructions	10b					
<ul> <li>Head of</li> </ul>	С	Add lines 10a and 10b. These are	your <b>tot</b>	al adjustments to	inco	me			. ▶	10c	;	
household, \$18,650	11	Subtract line 10c from line 9. This	is your a	djusted gross inc	ome				. ▶	11		65,641.
If you checked	12	Standard deduction or itemized	deducti	ons (from Schedul	e A)					12		12,400.
any box under Standard	13	Qualified business income deduc	tion. Atta	ch Form 8995 or F	orm 8	3995-A .				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		12,400.
	15	Taxable income. Subtract line 14	from line	e 11. If zero or less	, ente	er -0				15		53,241.

Form 1040 (2020	))								Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		. 16	7,500.
	17	Amount from Schedule 2, lir	ne 3				<del></del>	. 17	
	18	Add lines 16 and 17						. 18	7,500.
	19	Child tax credit or credit for	other dependen	ts				. 19	
	20	Amount from Schedule 3, lir	ne 7					. 20	484.
	21	Add lines 19 and 20						. 21	484.
	22	Subtract line 21 from line 18							7,016.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .			. 23	0.
	24	Add lines 22 and 23. This is						▶ 24	7,016.
	25	Federal income tax withheld	•						.,0101
	а	Form(s) W-2				25a	9,49	3.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	,					. 25d	9,493.
	26	2020 estimated tax paymen						- t	272231
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27		. 20	
attach Sch. EIC.	28	Additional child tax credit. A				28			
If you have nontaxable	29	American opportunity credit				29			
combat pay, see instructions.	30	Recovery rebate credit. See		•		30	1,80		
see manuchons.	31	•				31	1,00	<u> </u>	
	32	Amount from Schedule 3, line 13							1,800.
	33	Add lines 25d, 26, and 32. These are your total payments							11,293.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>						. 33	4,277.
	3 <del>4</del> 35а								4,277.
Direct deposit?	> b							_	4,2//.
See instructions.	►d	Routing number 0 2 1 2 0 0 3 3 9       ▶ c Type: X Checking Savings         Account number 3 8 1 0 4 0 1 5 4 4 5 7						ys	
	36	Account number 3 8 1 1 0 4 0 1 1 5 4 4 5 7 1 1 1 1 1 Amount of line 34 you want applied to your 2021 estimated tax > 36							
Amarint		•						. 27	
Amount You Owe	37	Subtract line 33 from line 24		-				▶ 37	
For details on		<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.							
how to pay, see	00	·	•			00			
instructions.	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•				Comple	oto bolow	× No
Designee		signee's		Phone			•	lentification	⊠ NO
		ne <b>&gt;</b>		no.			number (Pl		
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying sch	nedules and stat	ements, ar	nd to the bes	st of my knowledge and
		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
	<b>N</b>						I		IN, enter it here
Joint return? See instructions.				5.	SOFTWARE			(see inst.)	<u> </u>
Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							I	(see inst.) ▶	
	——Ph	one no.		Email address			-		
		eparer's name	Preparer's signat			Date	PTIN	1	Check if:
Paid	RV	SSMANIKUMARAPPANA	RVSSMANIK	UMARAPPAN	ΙA	01/24/20	21 P02	090332	Self-employed
Preparer		m's name ▶ GLOBAL TA				1 . ,			646)727-7157
Use Only		m's address ▶ 2530 Pebb		n Cummin	q GA 30041			Firm's EIN	
Go to www ire or		11040 for instructions and the late			BAA	REV 01/15/21		0 = 111 }	Form <b>1040</b> (2020)
30 to www.iis.gc	ovii OIII	THE INTERPRETATION OF THE INTERPRETATION OF THE INTERPRETATION	ot information.		DAA	VE A 0 1/19/51	FRU		101111 10-10 (2020)

### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

SANDEEP KUMAR JADDU

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **01** 

Your social security number

763-40-8258

Par	t 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	-9,046.
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,		0.046
Par	tili Adjustments to Income	9	-9,046.
	•	10	
10 11	Educator expenses	10	
••	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)		
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 <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

#### **SCHEDULE 3** (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Credits and Payments**

► 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 Attachment Sequence No. **03** 

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SANDEEP KUMAR JADDU

Your social security number 763-40-8258

D1 1141	DHH ROPER GIBBO	703	10 023	- 0
Par	t I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	484.
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other credits from Form: a $\square$ 3800 b $\square$ 8801 c $\square$		6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR,		7	484.
Par	t II Other Payments and Refundable Credits			
8	Net premium tax credit. Attach Form 8962		8	
9	Amount paid with request for extension to file (see instructions)	9		
10	Excess social security and tier 1 RRTA tax withheld	10		
11	Credit for federal tax on fuels. Attach Form 4136		11	
12	Other payments or refundable credits:			
а	Form 2439			
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202			
С	Health coverage tax credit from Form 8885			
d	Other: 12d			
е	Deferral for certain Schedule H or SE filers (see instructions) . 12e			
f	Add lines 12a through 12e		12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR,	line 31	13	
For Pa	perwork Reduction Act Notice, see your tax return instructions.  BAA  REV 01/15/21	PRO	Schedule	3 (Form 1040) 2020

### **SCHEDULE E**

(Form 1040)

#### **Supplemental Income and Loss**

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

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

Attachment Sequence No. **13** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Your social security number

SAND	EEP KUMAR JADDU	J						76	3-40-825	8
Part	Income or Loss	s From Rental Real Estate and Ro	yaltie	s Note:	If you a	are in th	e business c	of renti	ng personal p	roperty, use
	Schedule C. See	instructions. If you are an individual, rep	ort far	m rental in	come o	r loss f	rom Form 48	<b>335</b> on	page 2, line 4	10.
A Dic	l you make any payme	nts in 2020 that would require you to	o file F	orm(s) 10	99? Se	ee instr	ructions .		🗆	Yes 🗵 No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?							🗆	Yes 🗌 No
1a	Physical address of	each property (street, city, state, ZII	P cod	e)						
A	MIYAPUR HYDERA	ABAD TELANGANA IN 500049								
B										
C										
1b	Type of Property	2 For each rental real estate pro above, report the number of fa	perty	listed			Rental	Per	sonal Use	QJV
	(from list below)	personal use days. Check the	QJV k	ox onlv⊢			Days		Days	
_ <u>A</u>	1	if you meet the requirements to qualified joint venture. See ins	o file a	as a	A		365		0	
B		qualified joint venture. See ins	liuciic	, iis.	В					
	of Duamantur				С					
	of Property:	3 Vacation/Short-Term Rental	Ela	n d	-	7 Self-	Dontol			
	gle Family Residence ti-Family Residence	4 Commercial		ovalties						
Incom	,	Properties:		Jyanies	Α	Othe	r (describe) <b>E</b>			С
3			3			450.				
4			4							
Expen			T .							
5			5							
6	=	nstructions)	6							
7	,	nance	7		2,3	350.				
8	Commissions		8			700.				
9	Insurance		9							
10	Legal and other profe	essional fees	10							
11	Management fees .		11							
12		d to banks, etc. (see instructions)	12							
13	Other interest		13							
14	•		14			332.				
15	Supplies		15		2,3	100.				
16			16							
17			17		2,5	514.				
18		e or depletion	18							
19	Other (list)		19		0	100				
20	•	lines 5 through 19	20		9,4	196.				
21		line 3 (rents) and/or 4 (royalties). If								
	file <b>Form 6198</b>	instructions to find out if you must	21		-9,(	146				
22		l estate loss after limitation, if any,			- / \					
	on Form 8582 (see in		22	(	-9,0	46.)	(		)(	)
23a	•	eported on line 3 for all rental prope				23a	`	4!	50.	,
b		eported on line 4 for all royalty prop				23b				
С		eported on line 12 for all properties				23c				
d		eported on line 18 for all properties				23d				
е		eported on line 20 for all properties				23e		9,49	96.	
24	Income. Add positive	e amounts shown on line 21. <b>Do no</b>	t incl	ude any lo	osses				24	
25	Losses. Add royalty lo	sses from line 21 and rental real estate	e losse	s from line	e 22. Er	nter tota	al losses her	е. [	25 (	9,046.)
26	Total rental real esta	ate and royalty income or (loss).	Comb	ine lines	24 and	d 25. E	inter the re	sult		
		V, and line 40 on page 2 do not								
	Schedule 1 (Form 104	40), line 5. Otherwise, include this a	moun	t in the to	tal on	line 41	on page 2	.	26	-9,046.

# Form **8863**

# Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment Sequence No. 50

Name(s) shown on return

SANDEEP KUMAR JADDU

Your social security number

763-40-8258



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	II, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,				
	or qualifying widow(er)	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter	3			
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or				
	qualifying widow(er)	5			
6	If line 4 is:		,		
	• Equal to or more than line 5, enter 1.000 on line 6		I		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)			6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th	e yea	ar and meet the		
	conditions described in the instructions, you can't take the refundable America				
	skip line 8, enter the amount from line 7 on line 9, and check this box $\ . \ . \ . \ .$			7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below			8	
Part		,			
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	`	,	9	
10	After completing Part III for each student, enter the total of all amounts from a		7.000		
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	7,200.		
11	Enter the smaller of line 10 or \$10,000			11	7,200.
12	Multiply line 11 by 20% (0.20)			12	1,440.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or	13	69,000.		
	qualifying widow(er)	13	69,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	65,641.		
15	the amount to enter	14	03,041.		
15	line 18, and go to line 19	15	3,359.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or		3,337.		
10	qualifying widow(er)	16	10,000.		
17	If line 15 is:		20,000.		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun	nded	to at least three		
	places)			17	0.336
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet			18	484.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit				
	instructions) here and on Schedule 3 (Form 1040), line 3			19	484.

Name(s) shown on return	Your social security number
SANDEEP KUMAR JADDU	763-40-8258



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	Student and Educational Institution Information				
20	Student name (as shown on page 1 of your tax return)		Student social security number (as s	hown	on page 1 of
	SANDEEP KUMAR	У	rour tax return)		
	JADDU		763-40-8258		
22	Educational institution information (see instructions)  Name of first educational institution	<b>b</b> N	Name of second educational institut	ion (if a	2m, /)
a	UNIVERSITY OF THE CUMBERLANDS	D. 1	vaine of second educational institut	1011 (11 6	arry)
(	1) Address. Number and street (or P.O. box). City, town or	(1)	Address. Number and street (or P.	O hox	City town or
,	post office, state, and ZIP code. If a foreign address, see	(-,	post office, state, and ZIP code. If		
	instructions.		instructions.		
	6178 COLLEGE STATION DR				
	Williamsburg KY 40769				
	2) Did the student receive Form 1098-T	(2)	Did the student receive Form 1098 from this institution for 2020?	-T _	Yes No
(	B) Did the student receive Form 1098-T	(3)	Did the student receive Form 1098		
	from this institution for 2019 with box Yes X No 7 checked?		from this institution for 2019 with b 7 checked?	00X _	」Yes     No
(4	1) Enter the institution's employer identification number (EIN)		Enter the institution's employer		
	if you're claiming the American opportunity credit or if you	1	(EIN) if you're claiming the America		
	checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.		if you checked "Yes" in (2) or (3) from Form 1098-T or from the insti		
			TOTAL TOTAL TOTAL THE INCL.	tation.	
	61-0470593				
23	Has the Hope Scholarship Credit or American opportunity	Va	o Stani		
	credit been claimed for this student for any 4 tax years		s - Stop! to to line 31 for this student.  No	— Go	to line 24.
	before 2020?				
24	Was the student enrolled at least half-time for at least one				
	academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program				
	leading towards a postsecondary degree, certificate, or				p! Go to line 31
	other recognized postsecondary educational credential?		lor t	his stu	ident.
	See instructions.	_			
25	Did the student complete the first 4 years of postsecondary		s – Stop!		
	education before 2020? See instructions.		to line 31 for this No ludent.	— Go	to line 26.
	W				
26	Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled				nplete lines 27
	substance?		ident.	ugh 30	) for this student.
A	V 10 1 1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			,	16
<b>/</b> !	You <b>can't</b> take the American opportunity credit and the li you complete lines 27 through 30 for this student, don't d			in the	same year. If
CAUT	ION				
07	American Opportunity Credit	. 14 4		07	
27 28	Adjusted qualified education expenses (see instructions). <b>Dor</b> Subtract \$2,000 from line 27. If zero or less, enter -0		The state of the s	27 28	
29				29	
30	If line 28 is zero, enter the amount from line 27. Otherwise, a				
-	enter the result. Skip line 31. Include the total of all amounts f			30	
	Lifetime Learning Credit		· · · · · · · · · · · · · · · · · · ·		
31	Adjusted qualified education expenses (see instructions). Incl				
	III, line 31, on Part II, line 10			31	7,200.