

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 ANAND M	Last name DHARMA	Your social security number 667-34-9777
If joint return, spouse's first name and middle initial HARI PRIYA	Last name GOVARD	Spouse's social security number 018-43-4688
Home address (number and street). If you have a P.O. box, see instructions. 42303 STONEMONT CIRCLE		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. ASHBURN	State VA	
ZIP code 20148	Foreign postal code	
Foreign country name	Foreign province/state/county	

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) Check if qualifies for (see instructions):	
					Child tax credit	Credit for other dependents
	ANIRVIN SAI	DHARMAPURI	216-89-0356	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	AARNA	DHARMAPURI	801-27-7410	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2 F1099R 13,021	1	206,866
	2a Tax-exempt interest 2a	2b Taxable interest	2b
	3a Qualified dividends 3a 68	3b Ordinary dividends	3b 215
	4a IRA distributions 4a	4b Taxable amount	4b
	5a Pensions and annuities 5a	5b Taxable amount	5b
	6a Social security benefits 6a	6b Taxable amount	6b
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	1,985
	8 Other income from Schedule 1, line 9	8	909
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	211,732
	10 Adjustments to income:		
	a From Schedule 1, line 22 10a 63		
	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	63
	11 Subtract line 10c from line 9. This is your adjusted gross income ▶	11	211,669
	12 Standard deduction or itemized deductions (from Schedule A).	12	31,738
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	58
	14 Add lines 12 and 13	14	31,796
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.	15	179,873

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

Table with 2 columns: Line number and Amount. Rows include Tax (31,322), Amount from Schedule 2 (0), Add lines 16 and 17 (31,322), Child tax credit (4,000), Amount from Schedule 3 (0), Add lines 19 and 20 (4,000), Subtract line 21 from line 18 (-0-), Other taxes (126), Add lines 22 and 23 (27,448), Federal income tax withheld (11,733 + 1,302 = 13,035), 2020 estimated tax payments (0), Earned income credit (0), Additional child tax credit (0), American opportunity credit (0), Recovery rebate credit (0), Amount from Schedule 3 (0), Add lines 27 through 31 (0), Add lines 25d, 26, and 32 (13,035).

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

Refund

Table with 2 columns: Line number and Amount. Rows include Refund (0), Amount of line 34 you want refunded to you (0), Routing number, Account number, Amount of line 34 you want applied to your 2021 estimated tax (0).

Amount You Owe

For details on how to pay, see instructions.

Table with 2 columns: Line number and Amount. Rows include Subtract line 33 from line 24 (14,549), Estimated tax penalty (136).

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. [] Yes. Complete below. [X] 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.

Signature section for preparer and spouse. Includes fields for signature, date, occupation, and ID protection PIN. Preparer: RAM GANESAN CPA, IT CLOUD. Spouse: 34924, 404-556-7894, DTVAM@YAHOO.COM.

Paid Preparer Use Only

Preparer's signature, Date (03-24-2021), PTIN (P00849642), Check if: [] Self-employed. Preparer's name: RAM GANESAN CPA, Phone no. 301-495-0010. Firm's name: GANESAN & ASSOCIATES, INC, Firm's address: 8808 COLESVILLE ROAD, SILVER SPRING, MD 20910, Firm's EIN: 52-2039736.

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

ANAND M DHARMA & HARI PRIYA GOVARD

Your social security number

667-34-9777

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	893
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	3
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount . ▶ <u>APEX CLEARING</u>	8	13
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8	9	909

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	63
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	63

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

Schedule 1 (Form 1040) 2020

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ 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. **02**

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

ANAND M DHARMA & HARI PRIYA GOVARD

Your social security number

667-34-9777

Part I	Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0
Part II	Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	126
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	126

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

Schedule 2 (Form 1040) 2020

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2020

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

Your social security number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1				
	2 Enter amount from Form 1040 or 1040-SR, line 11	2				
	3 Multiply line 2 by 7.5% (0.075)	3				
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4		
Taxes You Paid	5 State and local taxes.					
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	10,483			
	b State and local real estate taxes (see instructions)	5b	7,988			
	c State and local personal property taxes	5c	318			
	d Add lines 5a through 5c	5d	18,789			
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000			
	6 Other taxes. List type and amount	6				
7 Add lines 5e and 6				7	10,000	
Interest You Paid <small>Caution: Your mortgage interest deduction may be limited (see instructions).</small>	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input checked="" type="checkbox"/>					
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	20,977			
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b				
	c Points not reported to you on Form 1098. See instructions for special rules	8c				
	d Mortgage insurance premiums (see instructions)	8d				
	e Add lines 8a through 8d	8e	20,977			
	9 Investment interest. Attach Form 4952 if required. See instructions	9				
10 Add lines 8e and 9				10	20,977	
Gifts to Charity <small>Caution: If you made a gift and got a benefit for it, see instructions.</small>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	761			
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	12				
	13 Carryover from prior year	13				
	14 Add lines 11 through 13				14	761
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions				15	
Other Itemized Deductions	16 Other - from list in instructions. List type and amount				16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12				17	31,738
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR.

Schedule A (Form 1040) 2020

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **08**

Name(s) shown on return

Your social security number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

**Part I
Interest**

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶		Amount
	Statement #1		1,757
	INTEREST SUBTOTAL	1,757	
2	Add the amounts on line 1		1,757
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815		
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶		1,757

Note: If line 4 is over \$1,500, you must complete Part III.

**Part II
Ordinary Dividends**

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5	List name of payer ▶		Amount
	APEX CLEARING		20
	FUNDRAISE MIDLAND OPPORTUNISTIC REIT		1
	FUNDRAISE WEST COAST		5
	FUNDRISE EAST COAST OPPORTUNISTIC		20
	FUNDRISE INCOME EREIT II LLC		21
	FUNDRISE INCOME EREIT		4
	FUNDRISE INCOME EREIT III LLC		10
	INDIA STOCK DIVIDEND		86
	ROBINHOOD SECURITIES		28
	WEBULL		20
	DIVIDEND SUBTOTAL	215	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶		215

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign Accounts and Trusts**

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		Yes	No
7a	At any time during 2020, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2020, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2020

Attachment
Sequence No. **09**

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor ANAND M DHARMA		Social security number (SSN) 667-34-9777
A Principal business or profession, including product or service (see instructions) CONSULTING		B Enter code from instructions 523900
C Business name. If no separate business name, leave blank. THIRUMALA VENKATA		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ▶ 42303 STONEMONT CIRCLE City, town or post office, state, and ZIP code ASHBURN, VA 20148		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____		
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2020, check here		<input type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income			
1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	▶ <input type="checkbox"/>	1	1,723
2 Returns and allowances		2	0
3 Subtract line 2 from line 1		3	1,723
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3.		5	1,723
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	1,723

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8 Advertising	8		
9 Car and truck expenses (see instructions)	9		
10 Commissions and fees	10		
11 Contract labor (see instructions)	11		
12 Depletion	12		
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		
14 Employee benefit programs (other than on line 19)	14		
15 Insurance (other than health)	15		
16 Interest (see instructions):			
a Mortgage (paid to banks, etc.)	16a		
b Other	16b		
17 Legal and professional services	17	350	
18 Office expense (see instructions)	18		
19 Pension and profit-sharing plans	19		
20 Rent or lease (see instructions):			
a Vehicles, machinery, and equipment	20a		
b Other business property	20b		
21 Repairs and maintenance	21		
22 Supplies (not included in Part III)	22	480	
23 Taxes and licenses	23		
24 Travel and meals:			
a Travel	24a		
b Deductible meals (see instructions)	24b		
25 Utilities	25		
26 Wages (less employment credits)	26		
27a Other expenses (from line 48)	27a		
b Reserved for future use	27b		
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28		830
29 Tentative profit or (loss). Subtract line 28 from line 7	29		893
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31		893
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a	<input type="checkbox"/>	All investment is at risk.
	32b	<input type="checkbox"/>	Some investment is not at risk.

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

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

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

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Name(s) shown on return

ANAND M DHARMA & HARI PRIYA GOVARD

Your social security number

667-34-9777

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	32,913	32,341	1,634	2,206
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	897	868		29
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2			7	2,235

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	2,543	3,159	340	(276)
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	26
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2			15	(250)

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

Schedule D (Form 1040) 2020

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	1,985
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040,1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040,1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	19	
20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ROBINHOOD SECURITIES	VARIOUS	12-13-2020	2,543	3,159	W	340	(276)
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				2,543	3,159		340	(276)

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

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

2020
Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	WEBULL	VARIOUS	12-13-2020	897	868			29
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►								
				897	868			29

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

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

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

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Your social security number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

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 42552 MEGELLAN SQ, Ashburn, VA 20148

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	B	C
A	8		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	27,414		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	539		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	10,090		
13 Other interest	13			
14 Repairs	14	2,640		
15 Supplies	15	4,420		
16 Taxes	16	4,530		
17 Utilities	17			
18 Depreciation expense or depletion	18	9,487		
19 Other (list) ▶ statement #2	19	3,142		
20 Total expenses. Add lines 5 through 19	20	34,848		
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	(7,434)		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a	27,414		
b Total of all amounts reported on line 4 for all royalty properties	23b	0		
c Total of all amounts reported on line 12 for all properties	23c	10,090		
d Total of all amounts reported on line 18 for all properties	23d	9,487		
e Total of all amounts reported on line 20 for all properties	23e	34,848		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			0
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	()	()	0
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			0

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations - Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section **Yes** **No**

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	FUNDRISE FOR SALE HOUSING EFUND	P	<input type="checkbox"/>	82-2473725	<input type="checkbox"/>	<input type="checkbox"/>
B	FUNDRISE EFUND LLC	P	<input type="checkbox"/>	61-1775059	<input type="checkbox"/>	<input type="checkbox"/>
C	FUNDRISE NATIONAL FOR SALE HOUSING EFU	P	<input type="checkbox"/>	38-4030901	<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A		0		
B				3
C		0		
D				
29a Totals				3
b Totals				
30	Add columns (h) and (k) of line 29a			30 3
31	Add columns (g), (i), and (j) of line 29b			31 ()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31			32 3

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36		37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q , line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q , line 1b	(e) Income from Schedules Q , line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 ▶	41	3
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2020
Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person with self-employment income ▶ 667-34-9777

ANAND M DHARMA

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	()
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.			
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	893
3	Combine lines 1a, 1b, and 2	3	893
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	825
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue. ▶	4c	825
5 a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6	Add lines 4c and 5b	6	825
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020	7	137,700
8 a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11	8a	113,168
b	Unreported tips subject to social security tax from Form 4137, line 10	8b	
c	Wages subject to social security tax from Form 8919, line 10	8c	
d	Add lines 8a, 8b, and 8c	8d	113,168
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9	24,532
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124).	10	102
11	Multiply line 6 by 2.9% (0.029)	11	24
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	126
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 14	13	63

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$8,460, or (b) your net farm profits² were less than \$6,107.

14	Maximum income for optional methods	14	5,640
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,640. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income⁴, and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Part III Maximum Deferral of Self-Employment Tax Payments

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020	20	
21	Combine lines 19 and 20	21	
If line 5b is zero, skip line 22 and enter -0- on line 23.			
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020	22	
23	Multiply line 22 by 92.35% (0.9235)	23	
24	Add lines 21 and 23	24	
25	Enter the smaller of line 9 or line 24	25	
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040)	26	

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 ANAND M DHARMA & HARI PRIYA GOVARD	Taxpayer identification number 667-34-9777
---	--

Enter preparer's name and PTIN
RAM GANESAN CPA **P00849642**

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 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 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. <ul style="list-style-type: none"> • 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 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 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 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 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 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 type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)		
	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)		
	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification		
<p>▶ 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:</p> <p>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);</p> <p>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;</p> <p>C. Submit Form 8867 in the manner required; and</p> <p>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>.</p> <ol style="list-style-type: none"> 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). <p>▶ 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.</p>		
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input type="checkbox"/>	<input 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.

2020
Attachment
Sequence No. **88**

Name(s) shown on return

Identifying number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

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		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(7,434)
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	(5,094)
d Combine lines 1a, 1b, and 1c	1d		(12,528)

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		(12,528)
--	----------	--	-----------------

- 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		12,528
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	211,732	
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		
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9		
10 Enter the smaller of line 5 or line 9	10		0

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		
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		0

For Paperwork Reduction Act Notice, see instructions.

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.

Attachment
Sequence No. **179**

Name(s) shown on return ANAND M DHARMA & HARI PRIYA GOVA	Business or activity to which this form relates 42552 MEGELLAN SQ	Identifying number 667-34-9777
--	---	--

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
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
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 9,487

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			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
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 9,487
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	

For Paperwork Reduction Act Notice, see separate instructions.

2020 Form 1040-V Payment Voucher and Filing Instructions
ANAND M DHARMA & HARI PRIYA GOVARD

Due date:

04-15-2021

Balance due:

\$14,549

Transaction method:

To pay by check or money order, write "2020 Form 1040," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail with Form 1040-V to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Mail-to address:

Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

Taxpayer records:

Amount paid _____
Check number _____
Date mailed _____

Form 1040-V (2020)

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

► Do not staple or attach this voucher to your payment or return.
Go to www.irs.gov/Payments for payment options and information.

OMB No. 1545-0074

2020

1 Your social security number (SSN) (if a joint return, SSN shown first on your return) 667-34-9777	2 If a joint return, SSN shown second on your return 018-43-4688	3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury" 14,549	
--	---	---	--

EEA

ANAND M DHARMA & HARI PRIYA GOVARD
42303 STONEMONT CIRCLE
ASHBURN, VA 20148

Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

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

667349777 WY DHAR 30 0 202012 610

FinCEN 114

Do NOT file with your Federal Tax Return

Name(s) shown on return ANAND M DHARMA	Identifying number 667-34-9777
--	--

Part I Filer Information

1 This Report is for Calendar Year Ended 12/31 **2020**
 Amended BSA identifier _____

2 Type of Filer
 a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other-Enter type _____

3 U.S. Taxpayer Identification Number 667-34-9777 <small>If filer has no U.S. Identification Number complete Item 4.</small>	4 Foreign identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number: _____	5 Individual's Date of Birth 05-03-1978 c Country of Issue _____
---	---	---

6 Last Name or Organization Name DHARMA	7 First Name ANAND	8 M.I. M
---	------------------------------	--------------------

9 Address (Number, Street, and Apt. or Suite No.)
42303 STONEMONT CIRCLE

10 City ASHBURN	11 State/Province VA	12 ZIP/Postal Code 20148	13 Country United States
---------------------------	--------------------------------	------------------------------------	------------------------------------

14a Does the filer have a financial interest in 25 or more financial accounts?
 Yes If "Yes" enter total number of accounts _____
 No

14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?
 Yes If "Yes" enter total number of accounts _____
 No

Signature

44a Check here if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer Signature	45 Filer Title, if not reporting a personal account	46 Date (MM./DD./YYYY)
47 Preparer's last name	48 First name	49 MI 50 Check <input type="checkbox"/> if self-employed 51 PTIN
52 Contact phone no.	52a Ext	53 Firm's name
		54 Firm's TIN 54a <input type="checkbox"/> EIN <input type="checkbox"/> Foreign
55 Mailing address (number, street, apartment or suite number)	56 City	57 State 58 ZIP/Postal Code 59 Country

Part II Information on Financial Account(s) Owned Separately

15 Maximum account value 19,165	15a <input type="checkbox"/>	Maximum account value unknown	16 Type of account	a <input checked="" type="checkbox"/> Bank	b <input type="checkbox"/> Securities	c <input type="checkbox"/> Other - Enter below	1 of 5
17 Name of Financial Institution in which account is held ICICI BANK							
18 Account number or other designation 007601008442				19 Mailing Address (Number, Street, and Apt. or Suite No.) PLOT NO 1259 ROAD NO 36			
20 City JUBILEE HILLS		21 State/Province		22 Postal Code 500036		23 Country India	
15 Maximum account value 4,712	15a <input type="checkbox"/>	Maximum account value unknown	16 Type of account	a <input checked="" type="checkbox"/> Bank	b <input type="checkbox"/> Securities	c <input type="checkbox"/> Other - Enter below	2 of 5
17 Name of Financial Institution in which account is held CITI BANK							
18 Account number or other designation RCA5275732558				19 Mailing Address (Number, Street, and Apt. or Suite No.) G-PULLAREDDY BUILDING NORTH WING			
20 City HYDERABAD		21 State/Province		22 Postal Code 500059		23 Country India	
15 Maximum account value 1,232	15a <input type="checkbox"/>	Maximum account value unknown	16 Type of account	a <input checked="" type="checkbox"/> Bank	b <input checked="" type="checkbox"/> Securities	c <input type="checkbox"/> Other - Enter below	3 of 5
17 Name of Financial Institution in which account is held ICICI DIRECT							
18 Account number or other designation 8500649387				19 Mailing Address (Number, Street, and Apt. or Suite No.) 2-42 GBR TOWERS CHAITANYAPURI			
20 City HYDERABAD		21 State/Province		22 Postal Code 500060		23 Country India	
15 Maximum account value 958	15a <input type="checkbox"/>	Maximum account value unknown	16 Type of account	a <input checked="" type="checkbox"/> Bank	b <input type="checkbox"/> Securities	c <input type="checkbox"/> Other - Enter below	4 of 5
17 Name of Financial Institution in which account is held ICICI BANK							
18 Account number or other designation 024301000755				19 Mailing Address (Number, Street, and Apt. or Suite No.) 2-42 GBR TOWERS			
20 City CHAITANYAPURI		21 State/Province		22 Postal Code 500060		23 Country India	
15 Maximum account value	15a <input type="checkbox"/>	Maximum account value unknown	16 Type of account	a <input type="checkbox"/> Bank	b <input type="checkbox"/> Securities	c <input type="checkbox"/> Other - Enter below	_____ of _____
17 Name of Financial Institution in which account is held							
18 Account number or other designation				19 Mailing Address (Number, Street, and Apt. or Suite No.)			
20 City		21 State/Province		22 Postal Code		23 Country	
15 Maximum account value	15a <input type="checkbox"/>	Maximum account value unknown	16 Type of account	a <input type="checkbox"/> Bank	b <input type="checkbox"/> Securities	c <input type="checkbox"/> Other - Enter below	_____ of _____
17 Name of Financial Institution in which account is held							
18 Account number or other designation				19 Mailing Address (Number, Street, and Apt. or Suite No.)			
20 City		21 State/Province		22 Postal Code		23 Country	

Part III Information on Financial Account(s) Owned Jointly

Account Information																		
15	Maximum account value	15a	<input type="checkbox"/>	Maximum account value unknown	16	Type of account	a	<input checked="" type="checkbox"/>	Bank	b	<input type="checkbox"/>	Securities	c	<input type="checkbox"/>	Other - Enter below	5	of	5
17	Name of Financial Institution in which account is held																	
STATE BANK OF INDIA																		
18	Account number or other designation						19 Mailing Address (Number, Street, and Apt. or Suite No.)											
0032055328644						GVK TOWERS SAI NAGAR COLONY												
20	City			21	Province/State		22	Postal Code		23 Country								
CHAITANYAPURI							500060		India									
Principal Joint Owner Information																		
24 Number of joint owners for this account: 2																		
25	TIN						25a TIN type											
018-43-4688						a <input type="checkbox"/> EIN b <input checked="" type="checkbox"/> SSN/TIN c <input type="checkbox"/> Foreign												
26 Last Name or Organization Name												27 First Name			28 M.I.			
GOVARDHANAM												HARI PRIYA						
29 Address (Number, Street, and Apt. or Suite No.)																		
42303 STONEMONT CIRCLE																		
30	City			31	State/Province		32	ZIP/Postal Code		33 Country								
Ashburn			VA				20148		United States									

Account Information																		
15	Maximum account value	15a	<input type="checkbox"/>	Maximum account value unknown	16	Type of account	a	<input type="checkbox"/>	Bank	b	<input type="checkbox"/>	Securities	c	<input type="checkbox"/>	Other - Enter below		of	
17	Name of Financial Institution in which account is held																	
18	Account number or other designation						19 Mailing Address (Number, Street, and Apt. or Suite No.)											
20	City			21	Province/State		22	Postal Code		23 Country								
Principal Joint Owner Information																		
24 Number of joint owners for this account:																		
25	TIN						25a TIN type											
						a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/TIN c <input type="checkbox"/> Foreign												
26 Last Name or Organization Name												27 First Name			28 M.I.			
29 Address (Number, Street, and Apt. or Suite No.)																		
30	City			31	State/Province		32	ZIP/Postal Code		33 Country								

Account Information																		
15	Maximum account value	15a	<input type="checkbox"/>	Maximum account value unknown	16	Type of account	a	<input type="checkbox"/>	Bank	b	<input type="checkbox"/>	Securities	c	<input type="checkbox"/>	Other - Enter below		of	
17	Name of Financial Institution in which account is held																	
18	Account number or other designation						19 Mailing Address (Number, Street, and Apt. or Suite No.)											
20	City			21	Province/State		22	Postal Code		23 Country								
Principal Joint Owner Information																		
24 Number of joint owners for this account:																		
25	TIN						25a TIN type											
						a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/TIN c <input type="checkbox"/> Foreign												
26 Last Name or Organization Name												27 First Name			28 M.I.			
29 Address (Number, Street, and Apt. or Suite No.)																		
30	City			31	State/Province		32	ZIP/Postal Code		33 Country								

FinCEN 114

Do NOT file with your Federal Tax Return

Name(s) shown on return HARI PRIYA GOVARD	Identifying number 018-43-4688
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Part I Filer Information

1 This Report is for Calendar Year Ended 12/31 2020			
<input type="checkbox"/> Amended BSA identifier _____			
2 Type of Filer			
a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Consolidated e <input type="checkbox"/> Fiduciary or Other-Enter type _____			
3 U.S. Taxpayer Identification Number 018-43-4688		4 Foreign identification (Complete only if item 3 is not applicable.)	
If filer has no U.S. Identification Number complete Item 4.		a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____	
		b Number: _____	c Country of Issue _____
5 Individual's Date of Birth 03-01-1984			
6 Last Name or Organization Name GOVARD		7 First Name HARI PRIYA	8 M.I.
9 Address (Number, Street, and Apt. or Suite No.) 42303 STONEMONT CIRCLE			
10 City ASHBURN	11 State/Province VA	12 ZIP/Postal Code 20148	13 Country United States
14a Does the filer have a financial interest in 25 or more financial accounts?			
<input type="checkbox"/> Yes If "Yes" enter total number of accounts _____			
<input type="checkbox"/> No			
14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?			
<input type="checkbox"/> Yes If "Yes" enter total number of accounts _____			
<input type="checkbox"/> No			

Signature

44a Check here <input type="checkbox"/> if this report is completed by a third party preparer and complete the third party preparer section.					
44 Filer Signature		45 Filer Title, if not reporting a personal account		46 Date (MM/DD/YYYY)	
47 Preparer's last name		48 First name		49 MI	50 Check <input type="checkbox"/> if self-employed
51 PTIN					
52 Contact phone no.	52a Ext	53 Firm's name			54 Firm's TIN
		54a	EIN	Foreign	
55 Mailing address (number, street, apartment or suite number)		56 City		57 State	58 ZIP/Postal Code
					59 Country

Part III Information on Financial Account(s) Owned Jointly

Account Information			
15 Maximum account value 2,505	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	1 of 1
17 Name of Financial Institution in which account is held STATE BANK OF INDIA			
18 Account number or other designation 0032055331102		19 Mailing Address (Number, Street, and Apt. or Suite No.) GVK TOWERS SAI NAGAR COLONY	
20 City CHAITANYAPURI	21 Province/State	22 Postal Code 500060	23 Country India
Principal Joint Owner Information			24 Number of joint owners for this account: 2
25 TIN 018-43-4688		25a TIN type a <input type="checkbox"/> EIN b <input checked="" type="checkbox"/> SSN/TIN c <input type="checkbox"/> Foreign	
26 Last Name or Organization Name GOVARDHANAM		27 First Name HARI PRIYA	28 M.I.
29 Address (Number, Street, and Apt. or Suite No.) 42303 STONEMONT CIR			
30 City Ashburn	31 State/Province VA	32 ZIP/Postal Code 20148	33 Country United States

Account Information			
15 Maximum account value	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	_____ of _____
17 Name of Financial Institution in which account is held			
18 Account number or other designation		19 Mailing Address (Number, Street, and Apt. or Suite No.)	
20 City	21 Province/State	22 Postal Code	23 Country
Principal Joint Owner Information			24 Number of joint owners for this account:
25 TIN		25a TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/TIN c <input type="checkbox"/> Foreign	
26 Last Name or Organization Name		27 First Name	28 M.I.
29 Address (Number, Street, and Apt. or Suite No.)			
30 City	31 State/Province	32 ZIP/Postal Code	33 Country

Account Information			
15 Maximum account value	15a <input type="checkbox"/> Maximum account value unknown	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter below	_____ of _____
17 Name of Financial Institution in which account is held			
18 Account number or other designation		19 Mailing Address (Number, Street, and Apt. or Suite No.)	
20 City	21 Province/State	22 Postal Code	23 Country
Principal Joint Owner Information			24 Number of joint owners for this account:
25 TIN		25a TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/TIN c <input type="checkbox"/> Foreign	
26 Last Name or Organization Name		27 First Name	28 M.I.
29 Address (Number, Street, and Apt. or Suite No.)			
30 City	31 State/Province	32 ZIP/Postal Code	33 Country

IRS e-file Signature Authorization

OMB No. 1545-0074

2020

- ▶ 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 ANAND M DHARMA	Social security number 667-34-9777
Spouse's name HARI PRIYA GOVARD	Spouse's social security number 018-43-4688

Part I Tax Return Information - Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1	211,669
2 Total tax	2	27,448
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,035
4 Amount you want refunded to you	4	
5 Amount you owe	5	14,549

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

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

Taxpayer's PIN: check one box only

- I authorize GANESAN & ASSOCIATES, INC to enter or generate my PIN 82132 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- 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 GANESAN & ASSOCIATES, INC to enter or generate my PIN 34924 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ 03-24-2021

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

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

Form **8879** (Rev. 01-2021)

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

ANAND M DHARMA & HARI PRIYA GOVARD

Taxpayer address (optional)

42303 STONEMONT CIRCLE

ASHBURN, VA 20148

1. Your federal income tax return for 2020 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by GANESAN & ASSOCIATES, INC.
2. Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

Federal Supporting Statements

2020 PG01

Name(s) as shown on return

Tax ID Number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

Schedule B - Interest

Statement #1

Payer	Amount
BANK OF AMERICA	5
BFS FCU	5
CAPITAL ONE BANK	3
CAPITAL ONE NATIONAL ASSOC	698
CITI BANK	183
CITI INDIA	168
DISCOVER	370
ICICI BANK INDIA	60
ICICI BANK INDIA	250
MISCELLANEOUS	10
ROBINHOOD	1
WORTHY COMMUNITY BONDS	<u>4</u>
Total	<u><u>1,757</u></u>

Schedule E - Line 19 - Other Expenses **PG01**
Statement #2

Other Expenses	Property A	Property B	Property C
HOA	2,042		
PAINTING	<u>1,100</u>	<u> </u>	<u> </u>
Total	<u><u>3,142</u></u>	<u><u> </u></u>	<u><u> </u></u>

Name(s) as shown on return

Your Social Security Number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

Schedule C, Line 1 - Gross Receipts

Description	Amount
HEGOMAN	\$ 973
MINDLANCE	750
Total:	\$ 1,723

Schedule A, Line 8a - Home mtg interest & points - Form 1098

Description	Amount
LOAN DEPOT	\$ 4,189
BANK FUND STAFF	16,788
Total:	\$ 20,977

Schedule A, Line 11 - Cash Contributions

Description	Amount
SAIFBABA TEMPLE	\$ 341
GIVE FOUNDATION	300
GO FUNDME	120
Total:	\$ 761

Name(s) as shown on return

Your Social Security Number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

Schedule A, Line 5b - Real Estate Taxes

<u>Description</u>	<u>Amount</u>
LOAN DEPOT	\$ 3,990
LOAN DEPOT	3,998
Total:	\$ 7,988

9898

 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. MATRIX TRUST COMPANY 717 17TH STREET Denver CO 80202			1 Gross distribution \$ 614	OMB No. 1545-0119 2020 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$ 614	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
			3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 61		
PAYER'S TIN 75-3182674		RECIPIENT'S TIN 667-34-9777				Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S name ANAND M DHARMA			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
Street address (including apt. no.) 42303 STONEMONT CIRCLE			7 Distribution code(s) 8		8 Other \$ %	
City or town, state or province, country, and ZIP or foreign postal code ASHBURN VA 20148			9a Your percentage of total distribution %		9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$ 25		15 State/Payer's state no. VA 0021648639
Account number (see instructions)			13 Date of payment	17 Local tax withheld \$		16 State distribution \$ 614
				18 Name of locality		19 Local distribution \$

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

EEA

Do Not Cut or Separate Forms on This Page - Do Not Cut or Separate Forms on This Page

The information on the Form 1099R was used to prepare the taxpayer's 2020 Federal tax return by GANESAN & ASSOCIATES,

9898

 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. MATRIX TRUST COMPANY 717 17TH STREET Denver CO 80202			1 Gross distribution \$ 12,407	OMB No. 1545-0119 2020 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount \$ 12,407	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S TIN 75-3182674		RECIPIENT'S TIN 667-34-9777	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 1,241		
RECIPIENT'S name ANAND M DHARMA			5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.
Street address (including apt. no.) 42303 STONEMONT CIRCLE			7 Distribution code(s) 8	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
City or town, state or province, country, and ZIP or foreign postal code ASHBURN VA 20148			9a Your percentage of total distribution %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$ 496	15 State/Payer's state no. VA 0021648639		
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality		19 Local distribution \$

Form **1099-R**

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

EEA

Do Not Cut or Separate Forms on This Page - Do Not Cut or Separate Forms on This Page

The information on the Form 1099R was used to prepare the taxpayer's 2020 Federal tax return by GANESAN & ASSOCIATES,

		a Employee's social security number 667-34-9777		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 03-0529614				1 Wages, tips, other compensation 110,266		2 Federal income tax withheld 7,623					
c Employer's name, address, and ZIP code RAPIDIT INC 4080 MCGINNIS FERRY RD SUITE 1206 ALPHARETTA GA 30005				3 Social security wages 113,168		4 Social security tax withheld 7,016					
				5 Medicare wages and tips 113,168		6 Medicare tax withheld 1,641					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial ANAND M		Last name DHARMA		Suff.		11 Nonqualified plans		12a See instructions for box 12 D 2,902			
42303 STONEMONT CIRCLE ASHBURN VA 20148				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b					
				14 Other		12c					
						12d					
f Employee's address and ZIP code				15 State Employer's state ID number VA 30030529614f001		16 State wages, tips, etc. 110,266		17 State income tax 5,771		18 Local wages, tips, etc.	
								19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2020**

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2020 Federal tax return by GANESAN & ASSOCIATES, I

		a Employee's social security number 018-43-4688		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile			
b Employer identification number (EIN) 52-2085484				1 Wages, tips, other compensation 41,151				2 Federal income tax withheld 3,040					
c Employer's name, address, and ZIP code KINDRED HEALTHCARE 680 SOUTH 4TH STREET Louisville KY 40202				3 Social security wages 43,340				4 Social security tax withheld 2,687					
				5 Medicare wages and tips 43,340				6 Medicare tax withheld 628					
				7 Social security tips				8 Allocated tips					
d Control number				9				10 Dependent care benefits					
e Employee's first name and initial HARI		Last name GOVARD		Suff.		11 Nonqualified plans				12a See instructions for box 12 C 21			
42552 MEGELLAN SQUARE ASHBURN VA 20148		VA 20148				13 Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		12b D 2,189	
						14 Other				12c DD 857			
										12d			
f Employee's address and ZIP code													
15 State Employer's state ID number VA 30522085484F001		16 State wages, tips, etc. 41,151		17 State income tax 2,108		18 Local wages, tips, etc.		19 Local income tax		20 Locality name			

Form **W-2** Wage and Tax Statement **2020**

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2020 Federal tax return by GANESAN & ASSOCIATES, I

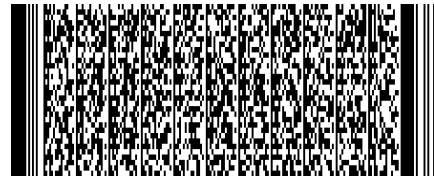
		a Employee's social security number 018-43-4688		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 61-1776778				1 Wages, tips, other compensation 42,428				2 Federal income tax withheld 1,070			
c Employer's name, address, and ZIP code WVNH EMP LLC 4700 ASHWOOD DR Cincinnati OH 45241				3 Social security wages 42,428				4 Social security tax withheld 2,631			
				5 Medicare wages and tips 42,428				6 Medicare tax withheld 615			
				7 Social security tips				8 Allocated tips			
d Control number				9				10 Dependent care benefits			
e Employee's first name and initial HARI PRIYA		Last name GOVARD		Suff.		11 Nonqualified plans				12a See instructions for box 12 AA 326	
42303 STONEMONT CIRCLE ASHBURN VA 20148				13 Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		12b	
				14 Other				12c		12d	
f Employee's address and ZIP code				15 State Employer's state ID number VA 30611776778F		16 State wages, tips, etc. 42,428		17 State income tax 2,083		18 Local wages, tips, etc.	
								19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2020**

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2020 Federal tax return by GANESAN & ASSOCIATES, I



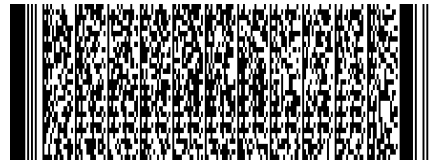
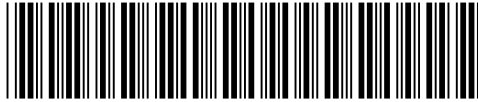
ANAND M DHARMA
 HARI PRIYA GOVARD
 42303 STONEMONT CIRCLE

ASHBURN VA 20148

SSN - You	┌ DHAR	667349777	Vendor ID	1024	└
SSN - Spouse	GOVA	018434688			
Fed Adj Gross Income (FAGI)	1.	211669.	Withholding (VA) - You	19A.	6292.
Additions	2.		Withholding (VA) - Spouse	19B.	4191.
Subtotal	3.	211669.	Estimated Payments	20.	
Age Deduction - You	4A.		2019 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	10483.
Total VA Adj Gross Income (VAGI)	9.	211669.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.	30044.	Tax Overpayment	28.	928.
Standard Deduction	11.		Overpayment Credited to Next Year	29.	
Exemptions	12.	3720.	VAC - Virginia 529 / ABLEnow	30.	
Deductions	13.	2750.	VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	36514.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	175155.	Sales and Use Tax	33.	
Amount of Tax	16.	9814.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.	259.	Will Pay by Credit/Debit Card		
VAGI - Spouse	17A.	84143.	Your Refund		928.
Net Amount of Tax	18.	9555.	Bank Routing #		
			Bank Account #		



667349777



Filing Status, Age & License Information

Additional Filing Information

Filing Status 2
 Federal Head of Household
 DOB - You 05031978
 VA Driver's License ID - You
 VA Driver's License - Iss. Date - You
 Spouse Name (Filing Status 3 Only)
 DOB - Spouse 03011984
 VA Driver's License ID - Spouse
 VA Driver's License - Iss. Date - Spouse

Locality 107
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman
 Amended
 Reason Code
 Overseas on Due Date
 Federal EIC & Amount
 Deceased Indicator
 No Sales & Use Tax Due Indicator
 Obtain Electronic 1099G
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You
 Spouse 1 65 & Over - Spouse
 Dependents 2 Blind - You
 Total (A) 4 Blind - Spouse
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date 032421 Phone - You
 Signature - Spouse _____ Date 032421 Phone - Spouse
 Signature - Preparer _____ Date 032421 Phone - Preparer 3014950010

The Tax Department may discuss my/our return with my/our preparer. Preparer Information 2 P00849642

RAM GANESAN CPA
 GANESAN & ASSOCIATES, INC
 8808 COLESVILLE ROAD
 SILVER SPRING, MD 20910

File by May 1, 2021
 Include Page 1, Page 2 and all supporting 760CG documents.

2020 Schedule ADJ/CG



667349777

Additions

Interest on obligations (other state) 1.
 Other Additions
 Fixed Date Conformity 2A.
 2B.
 2C.
 Total Additions 3.

Low-Income Credit or VA EIC (con't)

Total Exemptions 11.
 # of Personal Exemptions 12.
 Total Exemptions Amount or \$0 13.
 Federal EIC 14.
 20% of Line 14 15.
 Greater of Line 13 or Line 15 16.
 Credit 17.

Subtractions

Income (US obligations / securities) 4.
 Disability Income (wages) - You 5A.
 Disability Income (wages) - Spouse 5B.
 Other Subtractions
 Fixed Date Conformity 6A.
 6B. Code
 6C. Code
 6D. Code
 Total Subtractions 7.

Addition to Tax, Penalty & Interest

Addition to Tax 18.
 Form 760C Addition
 Form 760F Addition
 Penalty 19.
 Late Filing Penalty
 Extension Penalty
 Interest 20.
 Total Adjustments 21.

Deductions 8A. 104 2750.
 8B.
 8C.
 Total Deductions 9. 2750.

Claiming More Adjustments - Schedule ADJS

Low-Income Credit or VA EIC

Family	Name	SSN	VAGI
You			
Spouse			
Dependent			
Dependent			
Total Family VAGI			10.

2020 Schedule INC/CG

Report all W-2s, 1099s, & VK-1s with VA Withholding



667349777

ANAND M DHARMA

HARI PRIYA GOVARD

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
667349777	R	25.	753182674	0021648639	614.
667349777	R	496.	753182674	0021648639	12407.
667349777	W	5771.	030529614	30030529614F001	110266.
018434688	W	2108.	522085484	30522085484F001	41151.
018434688	W	2083.	611776778	30611776778F	42428.

Total VA Withholding	SSN	VA Withholding
You	667349777	6292.
Spouse	018434688	4191.

Total # of W-2s, 1099s & VK-1s 5

2020 VA Schedule A/CG

667349777



Itemized Deductions - Enclose Schedule A with your return, when claiming itemized deductions.

ANAND M DHARMA & HARI PRIYA GOVARD

Filing Status Claimed on Federal Return

1	Medical & Dental Expenses		2	1.	
2	Adjusted Gross Income			2.	211669
3	Multiply Line 2 by 10%			3.	21167
4	Subtract Line 3 from Line 2			4.	
5a	State and Local Taxes	Claiming General Sales Tax		5a.	10483
5b	State and Local Real Estate Taxes			5b.	7988
5c	State and Local Personal Property Taxes			5c.	318
6	Other Deductible Taxes - Type & Amount			6.	
7	Add Lines 5a, 5b, 5c and 6	Foreign Income Taxes		7.	18789
8a	Home Mortgage Int and Points Rep	Didn't Use Mortgage		8a.	20977
8b	Home Mortgage Int Not Rep	SEE ATTACHED		8b.	
8c	Points Not Reported 1098			8c.	
8d	Mortgage Insurance Premiums			8d.	
8e	Add Lines 8a - 8d			8e.	20977
9	Investment Interest			9.	
10	Add Lines 8e and 9			10.	20977
11	Gifts by Cash or Check			11.	761
12	Other Than by Cash or Check			12.	
13	Carryover From Prior Year			13.	
14	Add Lines 11 through 13			14.	761
15	Casualty & Theft Loss(es)			15.	
16a	Gambling Losses			16a.	
16b	Other - Type & Amount			16b.	
16c	Add Lines 16a and 16b	SEE ATTACHED		16c.	
17	Add Lines 4, 7, 10, 14, 15, and 16c OR If Deductions Limited, Enter Worksheet Line 12a or 12b			17.	40527
18	If Your Total on Line 17 was limited. Enter Worksheet Amt Part B Line 15. Otherwise enter Line 5a above			18.	10483
19	Virginia Itemized Deductions			19.	30044

Name(s) as shown on return

Your social security number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

Fixed Date Conformity Modifications to Itemized Deductions

Complete the FDC Worksheet before completing Virginia Schedule A. Enter the information requested on each line. On the Virginia Schedule A, Medical and Dental Expenses (Line 4), Gifts to Charity (Line 14), and Casualty and Theft Loss (Line 15) may require modification due to fixed date conformity adjustments. These amounts should be recomputed by substituting the amount on Line 5 of this worksheet for the FAGI that you used to compute your federal limitations. Also use the amount on Line 5 of this worksheet instead of Line 1 from Forms 760, 760PY, and 763 when computing Virginia Schedule A, Line 17.

1. Federal Adjusted Gross Income (FAGI) from federal return	1	211669 .00
2. Fixed date conformity additions to FAGI	2	.00
3. Subtotal. Add Lines 1 and 2	3	211669 .00
4. Fixed date conformity subtractions from FAGI	4	.00
5. Fixed date conformity FAGI. Subtract Line 4 from Line 3	5	211669 .00

LIMITED ITEMIZED DEDUCTION WORKSHEET

Part A - Compute Your Itemized Deduction Limitation

Complete this worksheet after completing Lines 1 - 16 of the Virginia Schedule A.

All taxpayers must complete Lines 1-11 of this worksheet as though they were residents of Virginia for the entire taxable year. If your filing status is different for federal and Virginia purposes, see instructions.

1. Enter the total amount from Virginia Schedule A, Lines 4, 5a (not to exceed \$10,000 or \$5,000 if married filing separately), 5b, 5c, 6, 10, 14, 15, and 16c	1.	40044 .00
2. Enter the total amount from Virginia Schedule A, Lines 4, 9, and 15, plus any gambling losses included on Line 16a.	2.	.00
3. Subtract Line 2 from Line 1. If the result is zero or less, the limitation does not apply. Stop here and follow the instructions for Line 17 of Virginia Schedule A	3.	40044 .00
4. Multiply Line 3 above by 80% (0.80)	4.	32035 .00
5. Enter the total from Line 1 of Form 760, Form 760PY, or Line 763 (or amount from Line 5 of FDC Worksheet).	5.	211669 .00
6. Enter \$326,050 if filing jointly or qualifying widow(er), \$298,850 if head of household, \$271,700 if single, or \$163,025 if married filing a separate return	6.	326050 .00
7. Subtract Line 6 from Line 5. If the result is zero or less, stop here, the limitation does not apply. Stop here and follow the instructions for Line 17 of Virginia Schedule A	7.	-114381 .00
8. Multiply Line 7 above by 3% (0.03)	8.	.00
9. Enter the smaller of Line 4 or Line 8	9.	.00
10. Enter the amount from Line 3 above	10.	.00
11. Divide Line 9 by Line 10. Enter the result to 3 decimal places	11.	.00
12. Limited Itemized Deduction Total		
12a. <u>Resident (Form 760) and Nonresident (Form 763) filers</u> Subtract Line 9 from Line 1 and enter here and on Virginia Schedule A, Line 17. Continue to Part B of the worksheet	12a.	.00

12b. Part-Year Resident (Form 760PY) filers

Enter only the itemized deductions paid while a Virginia resident on Virginia Schedule A. Use the steps below to compute the amount to enter on Line 17 of Virginia Schedule A if you are subject to the itemized deduction limitation.

1) Enter the total amount from Virginia Schedule A Lines 4, 5a (not to exceed \$10,000 or \$5,000 if married filing separately), 5b, 5c, 6, 10, 14, 15, and 16c	1	.00
2) Multiply the total amount from Virginia Schedule A, Lines 5a (not to exceed \$10,000 or \$5,000 if married filing separately), 5b, 5c, 6, 8e, 14, and 16c (minus any gambling losses reported on Line 16a) by Line 11	2	.00
3) Subtract Line 2 from Line 1. Enter here and on Virginia Schedule A, Line 17.	12b.	.00

Part B - Compute Your State and Local Income Tax Modification

13. Enter the state and local income tax from Virginia Schedule A, Line 5a (not to exceed \$10,000 or \$5,000 if married filing separately). Part year residents enter only the amount paid while a Virginia resident. For foreign income tax, see instructions	13.	.00
14. Multiply Line 13 by Line 11.	14.	.00
15. Subtract Line 14 from Line 13. Enter here and on Virginia Schedule A, Line 18	15.	.00

2020 Schedule FED/CG

ANAND M DHARMA
HARI PRIYA GOVARD
42303 STONEMONT CIRCLE



667349777
018434688 107

ASHBURN VA 20148

SCHEDULE C and/or SCHEDULE F INFORMATION

1. Schedule Name	First Schedule Info. C	Second Schedule Info.
2. Gross Receipts or Sales	1723.	
3. Depreciation/Expense Deduction		
4. Business Activity Code	523900	
5. Business Locality Code	107	
6. Car & truck expenses		
7. Inventory at end of year		
8. # of miles you used your vehicle for: Business		
9. # of miles you used your vehicle for: Commuting		
10. # of miles you used your vehicle for: Other		

SCHEDULE 2106 INFORMATION

- 11. # of miles you used your vehicle for: **Business**
- 12. # of miles you used your vehicle for: **Commuting**
- 13. # of miles you used your vehicle for: **Other**
- 14. % of business use of vehicle: **Vehicle 1**
- 15. % of business use of vehicle: **Vehicle 2**

SCHEDULE 4562 INFORMATION

- 16. Property Used more than 50% in qualified business
Type of Property
- 17. Date placed in service
- 18. Business/Investment Use %
- 19. Cost or other basis
- 20. Depreciation Deduction
- 21. Elected Section 179 Cost
- 22. Business Locality Code

**DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

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Your Name	B Your Social Security Number	
ANAND M DHARMA	667-34-9777	
Spouse's Name	A Spouse's Social Security Number	
HARI PRIYA GOVARD	018-43-4688	
Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		211669.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		211669.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		175155.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		9555.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)	4191.	6292.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		928.

Part II Declaration of Taxpayer and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Taxpayer's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN

8	2	1	3	2
---	---	---	---	---

 as my signature on my 2020 e-filed Virginia individual income tax return.

Do not enter all zeros

GANESAN & ASSOCIATES, INC

ERO Firm Name

I will enter my e-file PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature _____ Date _____

Spouse's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN

3	4	9	2	4
---	---	---	---	---

 as my signature on my 2020 e-filed Virginia individual income tax return.

Do not enter all zeros

GANESAN & ASSOCIATES, INC

ERO Firm Name

I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's Signature _____ Date _____

Part III Certification and Authentication - Practitioner PIN Method Only

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

5	2	3	8	2	6	9	3	1	9	4
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020.) ERO's may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature _____ Date 03-24-2021

VA-COMP	Three-year State Tax Return Comparison			2020
Name(s) as shown on return ANAND M DHARMA & HARI PRIYA GOVARD				Taxpayer ID Number 667-34-9777
[State] Income Tax Return	2018	2019	2020	Difference 2019-2020
Filing Status	MFJ	MFJ	MFJ	
Gross Income	180,479	176,499	211,669	35,170
Standard Deduction				
Itemized Deduction		32,985	30,044	(2,941)
Deductions	32,927	5,800	2,750	(3,050)
Taxable Income	136,069	132,004	175,155	43,151
Actual State Income	136,069	132,004	175,155	43,151
State Income Tax	7,307	7,074	9,555	2,481
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	9,077	8,790	10,483	1,693
Estimates and Extension payments . . .				
Underpayment Penalty				
Overpayment Applied to Next Year . . .				
Refund	1,770	1,716	928	(788)
Balance Due				
Marginal tax rate	5.750000	5.750000	5.750000	
Effective tax rate	5.370000	5.360000	5.460000	0.100000

Name(s) shown on return	Identifying Number
ANAND M DHARMA HARI PRIYA GOVARD	667-34-9777

Virginia College Savings Plan Prepaid Tuition Contract Payments & Savings Account Contributions

TP/SP	Year	Carryover Amount	Contract	Contribution	Used	Carry to Next Year
SP	2020		1	1,350	1,350	
TP	2020	1,400	1		1,400	

(Keep for your records)

Name(s) as shown on return

Your social security number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

Be sure to enter the Virginia Adjusted Gross Income for your spouse on Line 17 of Form 760.

PART 1: SEPARATE YOUR INCOME AND EXEMPTIONS

	You	Spouse
1. Enter the portion of the Virginia Adjusted Gross Income (VAGI) on Line 9 of Form 760 that is related to each spouse. Use the worksheet to compute the separate VAGI for each spouse.	127,526	84,143
2. Enter separate personal exemption amounts. Enter a 1 in the boxes that apply and multiply the total by \$800. Add \$930 to the total to compute the personal exemptions for you and spouse.		
You: 65 or over + Blind = Total x \$800 = + \$930 =	930	
Spouse: 65 or over + Blind = Total x \$800 = + \$930 =		930
3. Subtract Line 2 from Line 1. If either amount is 0 or less, stop here; you do not qualify for this credit	126,596	83,213

PART 2: CALCULATE YOUR TAX ADJUSTMENT

4. Enter the taxable income from Line 15 on Form 760	175,155
5. Enter the smaller amount from Line 3 above. If this amount is larger than \$17,000 and Line 4 is larger than \$34,000, skip to Line 12 and enter \$259 as the credit	83,213
6. Subtract Line 5 from Line 4 (if \$0 or less, enter \$0)	
7. Divide the amount on Line 4 by 2	
8. Enter the tax on the smaller amount from Line 5 or Line 7. Refer to the tax table or rate schedule	
9. Enter the tax on the larger amount from Line 6 or Line 7. Refer to the tax table or rate schedule	
10. Add Lines 8 and 9	
11. Enter the tax from Line 16 on Form 760	
12. TAX ADJUSTMENT: Subtract Line 10 from Line 11. Enter this amount on Line 17 of Form 760	259

The Spouse Tax Adjustment cannot exceed \$259

**Virginia
Worksheet**

**Worksheet for Determining Separate Virginia
Adjusted Gross Income**

2020

(Keep for your records)

Name(s) as shown on return

Your social security number

ANAND M DHARMA & HARI PRIYA GOVARD

667-34-9777

STEP 1 - Determine Separate Federal Adjusted Gross Income

		You	Spouse
1. Wages, salaries, etc	1	123,287	83,579
2. Taxable interest and dividend income	2	1,408	564
3. Taxable refunds, adjustments or offsets of state and local income tax	3		
4. Business income	4	893	
5. Capital gains/losses and other gains/losses	5	1,985	
6. Taxable pensions, annuities and IRA distributions	6		
7. Rents, royalties, partnerships, estates, trusts, etc	7	3	
8. Other income (farm income, taxable social security, etc.)	8	13	
9. Gross income - add Lines 1 through 8	9	127,589	84,143
10. Adjustments to gross income	10	63	
11. FAGI - subtract Line 10 from Line 9	11	127,526	84,143

(The total of both columns should equal your joint FAGI reported on your 1040)

STEP 2 - Determine Separate Virginia Adjusted Gross Income

12. Total additions to FAGI (Form 760, Line 2)	12		
13. Subtotal - add Lines 11 and 12	13	127,526	84,143
14. Age Deduction (Form 760, Line 4)	14		
15. Social Security Act and Tier 1 Railroad Retirement Act Benefits (Form 760, Line 5)	15		
16. State income tax refund or overpayment credit reported as income on your federal return (Form 760, Line 6)	16		
17. Other Subtractions (Form 760, Line 7)	17		
18. Total Subtractions from FAGI - add Lines 14, 15, 16, and 17	18		
19. Subtract Line 18 from Line 13. These are your separate VAGI amounts to be used on Line 1 of the Spouse Tax Adjustment Worksheet	19	127,526	84,143

(The total of both columns should equal your combined VAGI reported on Line 9 of your 760)

Be sure to enter your spouse's VAGI amount on Form 760, Line 17.

VAWK_AGI

**For your records only.
Adjusted Gross Income Split Worksheet**

2020 AGI
FD/ST Summary

Name(s) as shown on state return
ANAND M DHARMA & HARI PRIYA GOVARD

Social Security Number
667-34-9777

Federal 1040 Income and Adjustments

Federal		State	
Col. A Spouse	Col. B Taxpayer	Col. A Spouse	Col. B Taxpayer

Federal 1040

1 Wages, salaries, tips, etc.	1	83,579	123,287	83,579	123,287
2b Taxable interest	2b	564	1,193	564	1,193
3b Ordinary dividends	3b		215		215
4b Taxable amount of IRA distributions	4b				
5b Taxable amount of Pensions and annuities	5b				
6 Taxable amount of Social security benefits	6				
7 Capital gain or (loss)	7		1,985		1,985

Schedule 1 - Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes	1				
2a Alimony received	2a				
3 Business income or (loss)	3		893		893
4 Other gains or (losses)	4				
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5		3		3
6 Farm income or (loss)	6				
7 Unemployment compensation	7				
8 Other income.	8		13		13
9 Add the amounts in each column for Federal 1040 Lines 1-7 and Schedule 1 lines 1-8. This is your total income	9	84,143	127,589	84,143	127,589

Schedule 1 - Adjustments to Income

10 Educator Expenses	10				
11 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	11				
12 Health savings account deduction	12				
13 Moving expenses	13				
14 Deductible part of self-employment tax	14		63		63
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				
19 IRA deduction	19				
20 Student loan interest deduction	20				
21 Tuition and fees	21				
22 Line 22 other adjustments	22				
Charitable Contributions (Standard Deduction Only)					
Add lines 10 through 22 plus Charitable Contributions			63		63
Line 9 less Line 22. This is your AGI		84,143	127,526	84,143	127,526

VAWK_D

**For your records only.
Capital Gains and Losses Worksheet**

2020
STATE D Summary

Name(s) as shown on state return
ANAND M DHARMA & HARI PRIYA GOVARD

Social Security Number
667-34-9777

Part I Short-Term Capital Gains and Losses

Spouse Taxpayer Total

Line 1a	Totals for all ST 1099-B transactions reported to the IRS			
Line 1b	Transactions reported on 8949 with Box A checked		2,206	2,206
Line 2	Transactions reported on 8949 with Box B checked		29	29
Line 3	Transactions reported on 8949 with Box C checked			
Line 4	Federal 6252 Short Term			
	Federal 4684 Short Term			
	Federal 6781 Short Term			
	Federal 8824 Short Term			
	Fed D2 ST Ln 4 (6252,4684,6781& 8824)			
Line 5	Partnership, S-Corporation, Fiduciary			
	Fiduciary Final Year Deductions			
Line 6	Federal Schedule D ST carryover amounts			
	Subtotal:		2,235	2,235

Part II Long-Term Capital Gains and Losses

Spouse Taxpayer

Line 8a	Totals for all LT 1099-B transactions reported to the IRS			
Line 8b	Transactions reported on 8949 with Box D checked		(276)	(276)
Line 9	Transactions reported on 8949 with Box E checked			
Line 10	Transactions reported on 8949 with Box F checked			
Line 11	Federal 4797 Long Term			
	Federal 4797 Prior Year Unallowed Passive			
	Federal 4797 Sec 1231 from 6252			
	Federal 4797 Sec 1231 from 8824			
	Federal 2439 Long Term			
	Federal 6252 Long Term			
	Federal 4684 Long Term			
	Federal 6781 Long Term			
	Federal 8824 Long Term			
Line 12	Partnership, S-Corporation, Fiduciary			
	Final Year Deductions from Fiduciary			
Line 13	Capital Gain Distributions		26	26
Line 14	Federal Schedule D LT carryover amounts			
	Subtotal:		(250)	(250)

State's Computation

Total Capital Gain or Loss		1,985	1,985
Limited Capital Gain or Loss (Amount carrying to the State)		1,985	1,985

Special Note 1

When multiple Federal 6252s & 8824s are entered for business **and** personal properties, Overrides **will** be required.
You may enter individual Overrides on state Sch D screen. Please review the following lines to determine if an Override is necessary.

- * Line 4 - Federal 6252 Short Term
- * Line 4 - Federal 8824 Short Term
- * Line 11 - Federal 4797 Sec 1231 from 6252
- * Line 11 - Federal 4797 Sec 1231 from 8824
- * Line 11 - Federal 6252 Long Term
- * Line 11 - Federal 8824 Long Term

VAWK_D

For your records only.
Capital Gains and Losses Worksheet

2020
FEDERAL D Summary

Name(s) as shown on state return
ANAND M DHARMA & HARI PRIYA GOVARD

Social Security Number
667-34-9777

Part I Short-Term Capital Gains and Losses

- Line 1a Totals for all ST 1099-B transactions reported to the IRS
Line 1b Transactions reported on 8949 with Box A checked
Line 2 Transactions reported on 8949 with Box B checked
Line 3 Transactions reported on 8949 with Box C checked
Line 4 Federal 6252 Short Term
Federal 4684 Short Term
Federal 6781 Short Term
Federal 8824 Short Term
Fed D2 ST Ln 4 (6252,4684,6781& 8824)
Line 5 Partnership, S-Corporation, Fiduciary
Fiduciary Final Year Deductions
Line 6 Federal Schedule D ST carryover amounts

Table with 3 columns: Spouse, Taxpayer, Total. Rows for lines 1a-6 and a subtotal row showing 2,235 for both Spouse and Taxpayer.

Part II Long-Term Capital Gains and Losses

- Line 8a Totals for all LT 1099-B transactions reported to the IRS
Line 8b Transactions reported on 8949 with Box D checked
Line 9 Transactions reported on 8949 with Box E checked
Line 10 Transactions reported on 8949 with Box F checked
Line 11 Federal 4797 Long Term
Federal 4797 Prior Year Unallowed Passive
Federal 4797 Sec 1231 from 6252
Federal 4797 Sec 1231 from 8824
Federal 2439 Long Term
Federal 6252 Long Term
Federal 4684 Long Term
Federal 6781 Long Term
Federal 8824 Long Term
Line 12 Partnership, S-Corporation, Fiduciary
Final Year Deductions from Fiduciary
Line 13 Capital Gain Distributions
Line 14 Federal Schedule D LT carryover amounts

Table with 3 columns: Spouse, Taxpayer, Total. Rows for lines 8a-14 and a subtotal row showing (250) for both Spouse and Taxpayer.

State's Computation

- Total Capital Gain or Loss
Limited Capital Gain or Loss (Amount carrying to the State)

Table with 3 columns: Spouse, Taxpayer, Total. Rows for State's Computation showing 1,985 for both Spouse and Taxpayer.

Special Note 1

When multiple Federal 6252s & 8824s are entered for business and personal properties, Overrides will be required.
You may enter individual Overrides on state Sch D screen. Please review the following lines to determine if an Override is necessary.

- * Line 4 - Federal 6252 Short Term
* Line 4 - Federal 8824 Short Term
* Line 11 - Federal 4797 Sec 1231 from 6252
* Line 11 - Federal 4797 Sec 1231 from 8824
* Line 11 - Federal 6252 Long Term
* Line 11 - Federal 8824 Long Term

VAWK_E

For your records only.
Rents, royalties, partnerships, estates, etc... Worksheet

2020 Schedule E
FD/ST Summary

Name(s) as shown on state return
ANAND M DHARMA & HARI PRIYA GOVARD

Social Security Number
667-34-9777

Federal

	Spouse	Taxpayer	Total
Rental/Royalty Income			
Federal 4835 Farm Rental			
Partnership income (Total active & passive)		3	3
Estate/trust income (Total active & passive)			
Subchapter S income (Total active & passive)			
Federal REMIC Schedule Q			
Section 179 Deduction			
Federal 8829 Office in Home deduction			

Subtotal:

	3	3
--	---	---

Federal's Computation

Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the Federal).

	3	3
--	---	---

State

	Spouse	Taxpayer	Total
Rental/Royalty Income			
Federal 4835 Farm Rental			
Partnership income (Total active & passive)		3	3
Estate/trust income (Total active & passive)			
Subchapter S income (Total active & passive)			
Federal REMIC Schedule Q			
Section 179 Deduction			
Federal 8829 Office in Home deduction			

Subtotal:

	3	3
--	---	---

State's Computation

Total Rents, Royalties, Partnerships, Estates, etc.. (Amount carrying to the State).

	3	3
--	---	---

VAWK_PEN

For your records only.
Total Pensions and Annuities Worksheet

2020 Pension
FD/ST Summary

Name(s) as shown on state return
ANAND M DHARMA & HARI PRIYA GOVARD

Social Security Number
667-34-9777

Federal

1099R (Line 1)
RRB (Line 7)
Income Screen (Line 4d)

Spouse	Taxpayer	Total

Subtotal:

--	--	--

Federal's Computation

Total Pensions and Annuities (Amount carrying to the Federal)

--	--	--

State

1099R (Line 1)
RRB (Line 7)
Income Screen (Line 4d)

Spouse	Taxpayer	Total
	13,021	13,021

Subtotal:

	13,021	13,021
--	--------	--------

State's Computation

Total Pensions and Annuities (Amount carrying to the State)

	13,021	13,021
--	--------	--------