

Review your print out for checklist items.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2021**

2021 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

1,139.

REV 09/17/21 INTUIT.CG.CFP.SP

1555

670-35-1054
KUSHAGRA SHARMA

2151 ASTORIA CIR APT 105
HERNDON VA 20170-4036

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

670351054 AN SHAR 30 0 202112 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2021**

2021 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

1,139.

REV 09/17/21 INTUIT.CG.CFP.SP

1555

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LOUISVILLE KY 40293-1100

670351054 AN SHAR 30 0 202112 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2021**

2021 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

1,139.

REV 09/17/21 INTUIT.CG.CFP.SP

1555

670-35-1054
KUSHAGRA SHARMA

2151 ASTORIA CIR APT 105
HERNDON VA 20170-4036

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

670351054 AN SHAR 30 0 202112 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/18/2022**

2021 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

1,139.

REV 09/17/21 INTUIT.CG.CFP.SP

1555

670-35-1054
KUSHAGRA SHARMA

2151 ASTORIA CIR APT 105
HERNDON VA 20170-4036

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

670351054 AN SHAR 30 0 202112 430

Filing Status [X] 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: Kushagra
Last name: Sharma
Your social security number: 670-35-1054
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
2151 Astoria Cir
Apt. no. 105
City, town, or post office. If you have a foreign address, also complete spaces below.
Herndon
State VA
ZIP code 201704036
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

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

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	20,030.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	20,030.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	20,030.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	20,030.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	15,477.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	15,477.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	15,477.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																					
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a																					
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X												
X	X	X	X	X	X	X	X	X	X														
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 2021 estimated tax	36																					

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	4,553.
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no. (518) 894-2962	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Firm's address		Phone no.	Firm's EIN

Tax History Report

2020

▶ Keep for your records

Name(s) Shown on Return

Kushagra Sharma

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status				Single	Single
Total income				75,087.	120,525.
Adjustments to income				2,000.	
Adjusted gross income				73,087.	120,525.
Tax expense				3,833.	6,880.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .				12,200.	12,400.
Exemption amount . .				0.	0.
QBI deduction					
Taxable income				60,887.	108,125.
Tax				9,251.	20,030.
Alternative min tax . .					
Total credits					
Other taxes					
Payments				9,563.	15,477.
Form 2210 penalty . .					
Amount owed					4,553.
Applied to next year's estimated tax .					
Refund				312.	
Effective tax rate % . .				12.66	16.62
**Tax bracket %				22.0	24.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$40.00 (the "RPS fee"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ .	Usually within 21 days ²	\$40.00 ³

¹You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a debit card.

²However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

³This fee consists of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 4 of the Refund Processing Service Agreement for more details.

Questions? Call 877-908-7228

FORM 1040 or FORM 1040-SR WORKSHEET
NOTE: Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

2020

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
 Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

- QuickZoom** to Schedule 1 — Additional Income and Adjustments to Income ▶ _____
QuickZoom to Schedule 2 — Additional Taxes ▶ _____
QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____

Form 1040 or Form 1040-SR — Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2020, or other tax year
 beginning _____, 2020, ending _____, 20 ____.

Your First Name	MI	Last Name	Your Social Security No.
<u>Kushagra</u>		<u>Sharma</u>	<u>670-35-1054</u>
If Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security No.
_____		_____	_____
Home Address (No. and Street). If You Have a P.O. Box, See Instructions.			Apt. No.
<u>2151 Astoria Cir</u>			<u>105</u>
City, Town or Post Office. If you have a foreign address, also complete below. State			ZIP Code
<u>Herndon</u> _____ <u>VA</u>			<u>20170-4036</u>
Foreign country name		Foreign province/state/county	Foreign postal code
_____		_____	_____

QuickZoom to explanation statement for overseas extension ▶

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
 Checking a box will not change your tax or refund. **You** **Spouse**

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

Filing Status Check only one box.

All entries for filing status and dependents should be made on the Federal Information Worksheet.

- Single
 Married filing jointly (even if only one had income)
 Married filing separately. Enter spouse's SSN above and full name here.
 Head of household (with qualifying person). (See instr.) If the qualifying person is a child but
 not your dependent, enter the child's name here. ▶ _____
 Qualifying widow(er) (See instructions)

Dependents If more than four dependents, see instructions and check here ▶

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for:	
				under age 17 qualifying for child tax credit	Credit for other dependents
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

- QuickZoom** to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet . . .

Standard Deduction

<input type="checkbox"/>	Someone can claim you as a dependent
<input type="checkbox"/>	Someone can claim your spouse as a dependent

a Check if: **You** were born before January 2, 1956, **Blind.**
 Spouse was born before January 2, 1956, **Blind.**

Total boxes checked ▶ **a**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ **b**

Form 1040 or Form 1040-SR, Lines 1 - 7

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	120,525.
2 a	Tax-exempt interest 2a _____		
b	Taxable interest	2b	
3 a	Qualified dividends 3a _____		
b	Ordinary dividends	3b	
4 a	IRA distributions 4a _____		
b	Taxable amount	4b	
5 a	Pensions and annuities 5a _____		
b	Taxable amount	5b	
6 a	Social security benefits 6a _____		
b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	7	

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ▶ _____

Form 1040 or Form 1040-SR, Lines 8 - 11

8	Other income from Schedule 1, line 9	8	0.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	120,525.
10	Adjustments to income:		
a	From Schedule 1, line 22 10 a _____ Enter the smaller of these cash contributions made or \$300 (\$150 if married filing separately) on line 10b below if you take the standard deduction _____		
b	Charitable contributions if you take the standard deduction. 10 b _____		
c	Add lines 10a and 10b. These are your total adjustments to income ▶	10 c	
11	Subtract line 10c from line 9. This is your adjusted gross income ▶ AGI including excludable Puerto Rico Income.	11	120,525. 120,525.

Form 1040 or Form 1040-SR, Line 12 — Standard or Itemized Deduction

12 Standard deduction or itemized deductions (from Schedule A)
Standard Deduction for —

- People who checked blind or over 65 or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately: \$12,400
 - Married filing jointly or Qualifying widow(er): \$24,800
 - Head of household: \$18,650

QuickZoom to the Standard Deduction Worksheet _____

Itemized deductions (from Schedule A) or your standard deduction , see above	12	12,400.
Subtract itemized or standard deduction from adjusted gross income amount		108,125.

Form 1040 or Form 1040-SR, Lines 13 - 18		
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14 Add lines 12 and 13	14	12,400.
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	108,125.

16 Tax. Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>		
		20,030.
17 Amount from Schedule 2, line 3.	17	
18 Add lines 16 and 17	18	20,030.
QuickZoom to Schedule 2 - Additional Tax section		▶

Form 1040 or Form 1040-SR, Line 19 - 24		
19 Child tax credit/credit for other dependents	19	
20 Amount from Schedule 3, line 7.	20	
21 Add lines 19 and 20	21	
22 Subtract line 21 from line 18. If zero or less, enter -0-	22	20,030.
23 Other taxes, including self-employment tax, from Schedule 2, line 10.	23	0.
24 Add lines 22 and 23. This is your total tax	24	20,030.
QuickZoom to Schedule 3 — Additional Credits and Payments		▶

Form 1040 or Form 1040-SR, Lines 25 - 33		
25 Federal income tax withheld from:		
a Form(s) W-2	25 a	15,477.
b Form(s) 1099.	25 b	
c Other forms.	25 c	
d Add lines 25a through 25c.	25 d	15,477.
26 2020 estimated tax payments and amount applied from 2019 return	26	
27 Other payments and refundable credits:		
Earned income credit (EIC)	No	
Nontaxable combat pay election		
28 Additional child tax credit. Attach Schedule 8812		
29 American opportunity credit from Form 8863, line 8.		
30 Recovery rebate credit.		
31 Amount from Schedule 3, line 13		
32 Add lines 27 through 31. These are your other payments and refundable credits	32	
33 Add Lines 25d, 26, and 32. These are your total payments	33	15,477.

QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated. ▶ _____
QuickZoom to "due diligence checklist" substitute for Form 8867. ▶ _____
QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____

Form 1040 or Form 1040-SR, Lines 34 - 36		
Refund:		
34 If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	34	
35 a Amount of overpayment you want refunded to you . If Form 8888 is attached, check here. ▶ <input type="checkbox"/>	35	
Direct deposit? ▶ b Routing number <u>XXXXXXXXXX</u> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ▶ d Account number <u>XXXXXXXXXXXXXXXXXXXX</u>		
36 Amount of overpayment on line 34 you want applied to your 2021 estimated tax ▶	36	
Form 1040 or Form 1040SR, Lines 37 and 38		
Amount You Owe:		
37 Subtract total payments from total tax ▶ Note: Schedule H and Schedule E SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	4,553.
38 Estimated tax penalty ▶	38	
QuickZoom to Late Penalties and Interest Worksheet ▶ QuickZoom. ▶ _____		

Schedule 1 — Additional Income and Adjustments to Income

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes.	1	0.
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Alimony Received Smart Worksheet

	Taxpayer	Spouse	Date of divorce/sep	*
A				<input type="checkbox"/>
B				<input type="checkbox"/>

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable

2 a Alimony received. . . . Taxpayer _____ Spouse _____	2 a	
b Date of original divorce or separation agreement ▶ _____		
3 Business income or (loss). Attach Schedule C	3	
4 Other gains or (losses). Attach Form 4797	4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6 Farm income or (loss). Attach Schedule F.	6	
7 Unemployment compensation	7	
8 Other income. List type and amount: ▶ _____	8	
9 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 8	9	0.
Total Income. Combine Form 1040 lines 1- 7 and		

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings.	17	

Alimony Paid Smart Worksheet

	Recipient's name	Recipient's SSN	Date of divorce/sep	*	Alimony paid
A	_____	_____	_____	<input type="checkbox"/>	_____
B	_____	_____	_____	<input type="checkbox"/>	_____

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

18 a	Alimony paid	18 a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement ▶ _____		
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 or 1040-SR, line 10a	22	

Schedule 2 – Additional Taxes

Part I Tax

1	Alternative minimum tax (see instructions). Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 Explain underreported tips	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7 a	Household employment taxes from Schedule H	7 a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	7 b	
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 ▶ 10 0.
Total tax (add line 10 and Schedule 3, line 7b) 20,030.

Schedule 3 – Additional Credits and Payments

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential Energy Credit. Attach Form 5695	5	
6	Other credits from Form:		
a	<input type="checkbox"/> 3800		
b	<input type="checkbox"/> 8801		
c	<input type="checkbox"/>		
7	Add lines 1 through 6.	6	
	Enter here and on Form 1040 or 1040-SR, line 20	7	
a	Add line 7 plus child tax/other dep. credit on line 19 above		
b	Subtract total credits on line 7a from tax on line 18 above. <u>20,030.</u>		

Quickzoom to 1040 Worksheet, line 24 – Total Tax ▶ QuickZoom. . . ▶

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12 a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202.	12 b	
c	Health coverage tax credit from Form 8885	12 c	
d	Other	12 d	
e	Deferral for certain Schedule H or SE filers	12 e	
f	Add lines 12a through 12e	12 f	
13	Total Payments: Part II, lines 8 through 12f, Withholding (Form 1040, line 25d), Estimated Tax Payments (Form 1040, line 26) and Form 1040, lines 27-30 <u>15,477.</u>	13	
	Other Payments and Refundable Credits (Form 1040, line 32) ▶		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete the following. **No**
 Designee's Name ▶ _____
 Phone Number ▶ _____ Personal Identification Number (PIN) . . ▶ _____

Signature and Paid Preparer

Sign Here
 Joint return? See instructions.
 Keep a copy of this return for your records.

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 accurately list all amounts and sources of income I received during the year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature	Date	Your Occupation	If the IRS sent you an Identity Protection PIN, enter it here
Spouse's Signature. If joint, both must sign.	Date	Software Engineer 2 Spouse's Occupation	
Daytime Phone No. (518) 894-2962		Email Address	

Paid Preparer's Use Only

Print/Type Preparer's name	Preparer's PTIN	Check if:
Preparer's Signature	Date	<input type="checkbox"/> Self-employed
Firm's Adress (or yours if self-employed) Self-Prepared	Firm's EIN.	Phone No.
	State	ZIP Code

Filing Address Information

Send Form 1040 to: You have chosen to electronically file this return.

Name(s) Shown on Return Kushagra Sharma	Your SSN 670-35-1054
--	-------------------------

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2019 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 15.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	_____
2	Investment income.	2	_____
3	Total adjusted gross income	3	_____
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	_____
5	State and local income taxes allocable to investment income	5	_____
6	State and local taxes (Schedule A, line 5e)	6	_____
7	Lesser of line 5 or line 6.	7	_____
8	Foreign income taxes	8	_____
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	_____
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	_____

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Reserved	1	_____
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	_____
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	_____
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	_____
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12	5	_____
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	_____
7	Subtract line 6 from line 5.	7	_____
8	Enter the lesser of line 7 or line 4	8	_____

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII

1) Former Passive Activity Suspended Losses

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

Federal Information Worksheet

▶ Keep for your records

2020

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Kushagra
 Middle initial _____ Suffix _____
 Last name Sharma
 Social security no. 670-35-1054
 Occupation Software Engineer 2
 Date of birth 10/01/1990 (mm/dd/yyyy)
 Age as of 1-1-2021 30
 Daytime phone (518) 894-2962 Ext _____
 Legally blind
 Date of death _____

Spouse:

First name _____
 Middle initial _____ Suffix _____
 Last name _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2021 _____
 Daytime phone _____ Ext _____
 Legally blind
 Date of death _____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** taxpayer claimed as dependent on that person's return? Yes No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** spouse claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . Yes No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Part II – Address and Federal Filing Status (enter information in this section)

US Address:

Address 2151 Astoria Cir Apt no. 105
 City Herndon State VA ZIP code 20170-4036

Foreign Address: Check this box to use foreign address . . .

Address _____ Apt no. _____
 City _____
 Foreign code _____ Foreign country _____
 Foreign province/county _____ Foreign postal code _____

APO/FPO/DPO address, check if appropriate APO FPO DPO

Home phone _____
 Check to print phone number on Form 1040 Home Taxpayer daytime Spouse daytime

Print Form 1040-SR instead of Form 1040 Yes No

Federal filing status:

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year.
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help)
- 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____
- 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2018 2019
 Are you a dependent with a qualifying child Yes No
 Enter qualifying person's name:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)			E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2020						
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ... Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2020? ... Yes No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help) ...
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2020 ...
Check if you were notified by the IRS that EIC cannot be claimed in 2020 or if you are ineligible to claim the EIC in 2020 for any other reason ...

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund? ... Yes No
Do you want to elect direct debit of federal balance due (Electronic filing only)? ... Yes No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ... Digital Federal Credit Union
Check the appropriate box ... Checking Savings
Routing number ... 211391825 Account number ... 43220037

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ... 05/11/2021
Balance-due amount from this return ... 4,553.

Amended Returns:

Do you want to elect direct debit of federal amended balance due (e-File only)? ... Yes No
Enter the payment date to withdraw from the account above ...
Balance-due amount from this amended return ...

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ...
Check this box if you are married filing separately and your spouse itemized deductions ...
Check this box to take the standard deduction even if less than itemized deductions ...

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ... Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ... Yes No
Is the spouse a full-time student? ... Yes No

American Opportunity and Lifetime Learning Credit (Form 8863)

For 2020, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ... Yes No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ...
Resident country ... USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ...
Excludable income from Puerto Rico ...

Dual Status Alien Return:

Check this box if you are a dual-status alien ...
Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ...

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ... Yes No

If Yes, complete the following:

Third party designee name ...
Third party designee phone number ...
Personal Identification number (enter any 5 numbers) ...

Part VI – Additional Information for Your Federal Return – Continued

Personal Representative for deceased taxpayers:

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse ▶ _____

Part VII – State Filing Information

Identity Protection PIN:

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer’s state of residence as of December 31, 2020 ▶ VA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶

Taxpayer is a resident of the state above for only part of year ▶

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse’s state of residence as of December 31, 2020 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶

Spouse is a resident of the state above for only part of year ▶

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union ▶

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶

Check if this is the joint return created to file joint state tax return (see Help) ▶

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN . . . _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 29406

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number B65325389

Issued by what state VA

License or ID license . ▶ ID . ▶ neither . ▶ decline . ▶

Spouse

Drivers license or state ID number _____

Issued by what state _____

License or ID license . ▶ ID . ▶ neither . ▶ decline . ▶

Personal Information Worksheet
For the Taxpayer

2020

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Kushagra Middle initial . Last name . . . Sharma
Suffix

Social security no. . . 670-35-1054 Member of U.S. Armed Forces in 2020? . . Yes No

Date of birth 10/01/1990 (mm/dd/yyyy) age as of 1-1-2021 30

Occupation Software Engineer 2 Daytime phone (518) 894-2962 Ext

Marital status . . . Single
If widowed, check the appropriate box for the year your spouse died:
After 2020 ► 2020 . ► 2019 . ► 2018 . ► Before 2018 . ►

Are you retired on total and permanent disability? (for Schedule R, see Help) ► Yes No
Check if this person is legally blind ► Yes No
If deceased, enter the date of death ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2021 and this is the first year you
are filing a tax return? ► Yes No

Language in which you want the IRS to communicate with you ►

Do you want \$3 to go to Presidential Election Campaign Fund? ► Yes No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 Can someone (such as your parent) claim you as a dependent? ► Yes No
- 2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► Yes No
*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*
- 3 Were you a full-time student during any part of five months during 2020? ► Yes No
- 4 Did your earned income exceed one-half of your support? ► Yes No
- 5 Was at least one of your parents alive on December 31, 2020? ► Yes No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2020 VA
Check the appropriate box:
This person is a resident of the state above for the entire year
This person is a resident of the state above for only part of year
Date this person established residence in state above ►
In which state (or foreign country) did this person reside before this change? ►

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2020
Unreimbursed medical expenses paid for qualifying person in 2020
Employment taxes paid for dependent care providers in 2020
Full-time student for 5 calendar months during 2020? ► Yes No
Disabled person who was not physically or mentally capable of self-care? ► Yes No
This person is a qualifying person for the child and dependent care credit ► Yes No



Student Information Worksheet

2020

▶ Keep for your records

Name of Student Kushagra Sharma	Social Security Number 670-35-1054
---	--

Part I – Student Status

- 1 Was this person a student during 2020? Yes No
- 2 What kind of school did the student attend during 2020? (Check all that apply.)
- a Elementary d Vocational school g Not applicable
- b High school (secondary) e Military academy
- c College (postsecondary) f Apprenticeship (Qualified Tuition Program only)
- 3 Did the student receive scholarships or other education assistance? Yes No
- 4 Qualified Tuition Program only:
- a Did the student make any education loan payments to treat as expenses? Yes No
- If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2020? Yes No NA
- 2 Was this student enrolled at an eligible education institution during 2020? Yes No NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? Yes No NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? Yes No NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? Yes No NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? Yes No NA
- 7 Is this student an eligible dependent of the taxpayer? Yes No NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ▶ _____
- 9 In how many prior years has a Hope Credit been claimed for this student ▶ _____

Part III – Education Credit Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? Yes No
Already completed 4 years of college
Income exceeds \$90,000
- 2 Is this student qualified for the Lifetime Learning Credit? Yes No
Income exceeds \$69,000
- 3 Is this student qualified for the Tuition and Fees Deduction? Yes No
Income exceeds \$80,000

Part IV – Educational Institution and Tuition Summary

School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
University Of The Potomac (VA) 83-0497458	7799 Leesburg Pike Suite 200 Falls Church VA 22043	11,250.	3,983.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals		11,250.	3,983.		

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) Yes No

16	Deducted on Sched A . . .							
17	Used for credit or deduction							
18	Used for exclusion		0.	0.	0.			
	See tax help							
19	Total adjustments.	3,983.	3,983.	3,983.	3,983.	3,983.	3,983.	
20	Adjusted qualified expenses	7,867.	7,867.	7,367.	7,367.	7,867.	7,267.	0.

Part VII – Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome.	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit	<input type="checkbox"/>
4	Elect the tuition and fees deduction	<input type="checkbox"/>
4	Not applicable	<input type="checkbox"/>

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Enter the total distributions from this QTP during 2020	
2	Enter the amount of adjusted qualified education expenses attributable to this QTP:	
a	Qualified Education Loan Payments	
b	Qualified Education Loan Payments applied	
c	Qualified Apprenticeship Education Expenses	
d	Qualified Apprenticeship Education Expenses applied	
e	Qualified Elementary and Secondary Education Expenses	
f	Qualified Elementary and Secondary Education Expenses applied	
g	Adjusted Qualified Higher Education Expenses	
h	Adjusted Qualified Higher Education Expenses applied	
3	Total qualified education expenses attributable to this QTP	
4	Excess distributions. Subtract line 3 from line 1.	
	If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2	
6	Fraction. Divide line 3 by line 1.	
7	Multiply line 5 by line 6.	
8	Earnings taxable to recipient. Subtract line 7 from line 5.	

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses	
3	Qualified Elementary and Secondary Education Expenses applied	
4	Subtract line 3 from line 1.	
5	Adjusted Qualified Higher Education Expenses.	
6	Qualified Higher Education Expenses applied to ESA distributions	
7	Excess distributions. Subtract line 6 from line 4.	
8	Distributions taxable to recipient	

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2020 for this student.	
2	Adjusted Qualified Higher Education Expenses.	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	
4	Interest included in line 1	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name

Street address

Street address

City

State Zip Code

City

State Zip Code

► Keep for your records

Name(s) Shown on Return
Kushagra Sharma

Social Security Number
670-35-1054

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	120,525.		120,525.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	15,477.		15,477.
3 & 7	Total social security wages/tips	4,065.		4,065.
4	Total social security tax withheld	252.		252.
5	Total Medicare wages and tips	4,065.		4,065.
6	Total Medicare tax withheld	59.		59.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. . .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	120,525.		120,525.
17	Total state tax withheld	6,410.		6,410.
19	Total local tax withheld.			

Name Kushagra Sharma Social Security Number 670-35-1054

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below.

<p>a Employee's social security no. . . <u>670-35-1054</u></p> <p>b Employer ID number (EIN) . . . <u>33-1084768</u></p> <p>c Employer's name, address, and ZIP code <u>TECHNOCRAFTS, INC.</u> Street <u>25356 HERRING CREEK DRIVE</u> City <u>CHANTILLY</u> State <u>VA</u> ZIP Code <u>20152</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> <p>d Control number . _____</p> <p><input type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>KUSHAGRA</u> M.I. _____ Last <u>SHARMA</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>2151 ASTORIA CIRCLE APT # 105</u> City <u>HERNDON</u> State <u>VA</u> ZIP Code <u>20170</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>120,525.00</u></p> <p>3 Social security wages <u>4,065.00</u></p> <p>5 Medicare wages and tips <u>4,065.00</u></p> <p>7 Social security tips _____ ▶ Enter unreported tips in Part VII on Page 2 below.</p> <p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>2 Federal income tax withheld <u>15,477.00</u></p> <p>4 Social security tax withheld <u>252.03</u></p> <p>6 Medicare tax withheld <u>58.94</u></p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p>
---	--	--

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	P: Double-click to link to Form 3903, line 4 . . . _____
_____	_____	R: Enter MSA contribution for Taxpayer _____
_____	_____	Spouse _____
_____	_____	W: Enter HSA contribution for Taxpayer _____
_____	_____	Spouse _____
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>VA</u>	<u>30-331084768F-001</u>	<u>120,525.00</u>	<u>6,410.00</u>
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
_____	_____	_____
_____	_____	_____
_____	_____	_____

1098-T

Worksheet

Tuition Statement

► Keep for your records

2020

Taxpayer's name Kushagra Sharma	Social Security No. 670-35-1054
------------------------------------	------------------------------------

1098-T Information (Required):

- A** A Form 1098-T was received from this institution for 2020. Yes No
- B** A Form 1098-T was received from this institution for **2019** with Box 2 filled in and Box 7 checked Yes No

Identify Student (Required):

- A** If student is Kushagra
Double-click to link this 1098-T to the applicable Taxpayer or Spouse Student Information Worksheet ► Kushagra
- B** If student is _____
Double-click to link this 1098-T to the applicable Dependent Student Information Worksheet ► _____

Filer's name <u>University Of The Potomac (VA)</u>	1 Payments received for qualified tuition and related expenses \$ <u>11,250.</u>
Street address <u>7799 Leesburg Pike Suite 200</u>	
City State Zip Code <u>Falls Church VA 22043</u>	2
Foreign province/county _____	
Foreign postal code Foreign country _____	3

Filer's Employer Identification Number <u>83-0497458</u>	Student's Taxpayer Identification Number <u>670-35-1054</u>	4 Adjustments made for a prior year \$ <u>0.</u>	5 Scholarships or grants \$ <u>3,983.</u>
---	--	--	---

Student's name <u>Kushagra</u>	6 Adjustments to scholarships or grants for a prior year \$ <u>0.</u>	7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2021 ► <input type="checkbox"/>
Street address Apt. No. <u>2151 Astoria Cir 105</u>		
City State Zip Code <u>Herndon VA 20170-4036</u>		

Service Provider/ Acct No <u>382424</u>	8 Check if at least half-time student ► <input checked="" type="checkbox"/>	9 Check if a graduate student . . ► <input checked="" type="checkbox"/>	10 Ins. contract reimb./refund \$ <u>0.</u>
--	--	--	---

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses

- A** Enter box 1 amount **not** paid during 2020 0.
- B** Enter box 1 amount actually paid during 2020 11,250.

Reconciliation of Box 5, Scholarships or Grants

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance _____
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) _____
- C** Portion of box 5 amount from scholarships or grants 3,983.
- D** Box 5 amount includes veteran- or employer-provided educational assistance

Form 1099-Q Summary

2020

► Keep for your records

Name(s) Shown on Return <u>Kushagra Sharma</u>	Social Security No. <u>670-35-1054</u>
---	---

	Recipient Taxpayer	Recipient Spouse
Coverdell Educational Savings Account (ESA) Distributions		
1 Total gross distributions from box 1 of Form 1099-Q		
a Less: Rollover to another ESA of beneficiary		
b Less: Transfer to another family member		
c Less: Transfer to a non-family member		
d Less: Return of 2020 contributions		
e Less: Return of pre 2020 contributions. These are reported on the tax return in the year the contribution was made, not on the 2020 tax return		
2 Balance of gross Coverdell ESA distributions		
3 Education expenses not used as basis for credits		
4 Amount of ESA distributions after return of basis		
5 Earnings on return of 2020 contributions		
6 Earnings on non-family member transfer		
7 Taxable amount of ESA distributions on line 2		
8 Taxable amount included on Schedule 1 (Form 1040), line 21		
9 Non-taxable ESA distributions		
Gross State Qualified Tuition Plan (QTP) Distributions		
10 Total gross distributions from box 1 of Form 1099-Q		
a Less: Rollover to another QTP of beneficiary		
b Less: Transfer to another family member		
c Less: Transfer to a non-family member		
d Less: Expenses refunded and recontributed		
11 Balance of gross state QTP distributions		
12 Earnings on state QTP distributions on line 11		
Gross Private Qualified Tuition Plan (QTP) Distributions		
13 Total gross distributions from box 1 of Form 1099-Q		
a Less: Rollover to another QTP of beneficiary		
b Less: Transfer to another family member		
c Less: Transfer to a non-family member		
d Less: Expenses refunded and recontributed		
14 Balance of gross private QTP distributions		
15 Earnings on private QTP distributions on line 14		
Taxable Qualified Tuition Plan (QTP) Distributions		
16 Balance of gross QTP distributions.		
17 Earnings on QTP distributions on line 16		
18 Education expenses not used as basis for credits		
19 Non-taxable QTP distributions		
20 Taxable amount of earnings on line 17		
21 Earnings on non-family member transfer (state)		
22 Earnings on non-family member transfer (private)		
23 Taxable amount included on Schedule 1 (Form 1040), line 21		

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total.							

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total.					

Wages, Salaries, & Tips Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	120,525.		120,525.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2020			
b _____			

10 Subtotal.			
Add lines 1 through 9	120,525.		120,525.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2	0.		0.
14 Other non-earned income:			

15 Total of lines 10 through 14	120,525.		120,525.

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.		
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1		
3	Subtract line 2 from line 1		
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year		
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".		
6	Add lines 3 through 5		
7	Enter the smaller of line 6 or the gain from Form 4797, line 7		
8	Enter the amount, if any, from Form 4797, line 8		
9	Subtract line 8 from line 7. If zero or less, enter -0-		
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.		
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund		
		Regular	AMT
	a On Form 1099-DIV		
	b On Form 2439		
	c On Schedule(s) K-1		
	d On Form 1099-R		
	e From Form 8814		
	f Other.		
	Total		
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale		
13	Add lines 9 through 12.		
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	0.	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	0.	0.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code D		
	a Enter your capital gain excess, if you are filing Form 2555		0.
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	0.	0.
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.		

**Schedule D
Line 18**

28% Rate Gain Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Kushagra Sharma

Social Security Number
670-35-1054

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II				
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
		50 % Exclusion	60 % Exclusion	75% Exclusion	
a	Schedule D . . .	_____	_____	_____	
b	Form 8814 . . .	_____	_____	_____	
c	Schedule B . . .	_____	_____	_____	
d	Form 6252 . . .	_____	_____	_____	
e	Form 2439 . . .	_____	_____	_____	
f	Other	_____	_____	_____	
	Total	_____	_____	_____	
3	Enter the total of all collectibles gain or (loss) from:				
		Regular	AMT		
a	Form 4684, line 4 (but only if line 15 is more than zero)	_____	_____		
b	Form 6252	_____	_____		
c	Form 6781, Part II	_____	_____		
d	Form 8824	_____	_____		
	Total	_____	_____		
4	Enter the total of any collectibles gain reported to you on:				
		Regular	AMT		
a	Form 1099-DIV, box 2d	_____	_____		
b	Form 2439, box 1d	_____	_____		
c	Schedule K-1 from a partnership, S corporation, estate, or trust	_____	_____		
d	Disposition of interest in partnership or S corporation	_____	_____		
e	Other	_____	_____		
	Total	_____	_____		
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C				
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.				
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18				
8	Enter the amount of any capital gain excess				0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a			0.	0.

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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1 a Enter your taxable income from Form 1040, line 15 **1 a** 108,125.
b Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht **b** _____
c Add lines 1a and 1b **1 c** 108,125.

2 a Enter your qualified dividends from Form 1040, line 3a **2 a** _____
b Enter any capital gain excess attributable to qualified dividends **b** _____
c Subtract line 2b from line 2a **2 c** _____

3 Amount from Form 4952, line 4g **3** _____

4 a Amount from Form 4952, line 4e **4 a** _____
b Amount from the dotted line next to Form 4952, line 4e **b** _____
c Line 4b, if applicable, 4a, if not **c** _____

5 Subtract line 4c from line 3 **5** 0.

6 Subtract line 5 from line 2c. If zero or less, enter -0- **6** 0.

7 a Enter line 15 of Schedule D **7 a** _____
b Enter line 16 of Schedule D **b** _____
c Enter the **smaller** of line 7a or line 7b **7 c** 0.

8 Enter the **smaller** of line 3 or line 4c **8** _____

9 a Subtract line 8 from line 7 **9 a** 0.
b Enter any capital gain excess attributable to capital gains **b** _____
c Subtract line 9b from line 9a **9 c** 0.

10 Add lines 6 and 9c **10** 0.

11 a Enter the amount from Schedule D, line 18 **11 a** 0.
b Enter the amount from Schedule D, line 19 **b** _____
c Add lines 11a and 11b **11 c** 0.

12 Enter the **smaller** of line 9c or line 11c **12** 0.

13 Subtract line 12 from line 10 **13** 0.

14 Subtract line 13 from line 1c. If zero or less, enter -0- **14** 108,125.

15 Enter:
• \$40,000 if single or married filing separately,
• \$80,000 if married filing jointly or qualifying widow(er), or
• \$53,600 if head of household. **15** 40,000.

16 Enter the **smaller** of line 1c or line 15 **16** 40,000.

17 Enter the **smaller** of line 14 or line 16 **17** 40,000.

18 Subtr ln 10 from ln 1c. If zero or less, enter -0- **18** 108,125.

19 Enter the **smaller** of line 1c or:
• \$163,300 if single or married filing sep,
• \$326,600 if MFJ or qual widow(er), or
• \$163,300 if head of household. **19** 108,125.

20 Enter the **smaller** of line 14 or line 19 **20** 108,125.

21 Enter the **larger** of line 18 or line 20 **21** 108,125.

22 Subtract line 17 from line 16. This amount is taxed at 0% **22** 0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.

23 Enter the **smaller** of line 1c or line 13 **23** 0.

24 Enter the amount from line 22 (if line 22 is blank, enter -0-) **24** 0.

25 Subtract line 24 from line 23. If zero or less, enter -0- **25** 0.

26 Enter:
• \$441,450 if single,
• \$248,300 if married filing separately,
• \$496,600 if married filing jointly or qualifying widow(er), or
• \$469,050 if head of household. **26** 441,450.

27 Enter the smaller of line 1c or line 26 **27** 108,125.

28 Add lines 21 and 22 **28** 108,125.

29 Subtract line 28 from line 27. If zero or less, enter -0- **29** 0.

30 Enter the **smaller** of line 25 or line 29 **30** 0.

31 Multiply line 30 by 15% (0.15) **31** 0.

32 Add lines 24 and 30 **32** 0.
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33

33 Subtract line 32 from line 23 **33** 0.

34 Multiply line 33 by 20% (0.20) **34** 0.
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.

35 Enter the **smaller** of line 9c above or Schedule D, line 19 **35** _____

36 Add lines 10 and 21 **36** _____

37 Enter the amount from line 1c above **37** _____

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	_____
40	Multiply line 39 by 25% (0.25)	40	_____
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	_____
42	Subtract line 41 from line 1c	42	_____
43	Multiply line 42 by 28% (0.28)	43	_____
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	<u>20,030.</u>
45	Add lines 31, 34, 40, 43, and 44	45	<u>20,030.</u>
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	<u>20,030.</u>
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 16	47	<u>20,030.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet 2020

Line 16

► Keep for your records

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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1 Enter the amount from Form 1040 or 1040-SR, line 15. **1** _____

2 Enter the amount from Form 1040 or 1040-SR, line 3a **2** _____

3 Are you filing Schedule D?
 Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- **3** _____
 No. Enter the amount from Form 1040 or 1040-SR, line 7.

4 Add lines 2 and 3 **4** _____

5 Subtract line 4 from line 1. If zero or less, enter -0- **5** _____

6 Enter:
 \$40,000 if single or married filing separately,
 \$80,000 if married filing jointly or qualifying widow(er),
 \$53,600 if head of household.] **6** _____

7 Enter the smaller of line 1 or line 6 **7** _____

8 Enter the smaller of line 5 or line 7 **8** _____

9 Subtract line 8 from line 7 (this amount taxed at 0%) **9** _____

10 Enter the smaller of line 1 or line 4 **10** _____

11 Enter the amount from line 9 **11** _____

12 Subtract line 11 from line 10. **12** _____

13 Enter:
 \$441,450 if single,
 \$248,300 if married filing separately,
 \$496,600 if married filing jointly or qualifying widow(er),
 \$469,050 if head of household.] **13** _____

14 Enter the smaller of line 1 or line 13 **14** _____

15 Add lines 5 and 9 **15** _____

16 Subtract line 15 from line 14. If zero or less, enter -0- **16** _____

17 Enter the smaller of line 12 or line 16 **17** _____

18 Multiply line 17 by 15% (0.15) **18** _____

19 Add lines 9 and 17 **19** _____

20 Subtract line 19 from line 10 **20** _____

21 Multiply line 20 by 20% (0.20) **21** _____

22 Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet. **22** _____

23 Add lines 18, 21, and 22 **23** _____

24 Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. **24** _____

25 **Tax on all taxable income.** Enter the **smaller** of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16. **25** _____

IRA Contributions Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2020, including any made between 1/1/2021 and 5/17/2021, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
▶	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2021 to 5/17/2021 (<i>See Help</i>).		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
12	Deductible traditional IRA contributions from worksheet		
13	Nondeductible traditional IRA contributions from worksheet. QuickZoom to worksheet indicated by the check: ___ IRA deduction worksheet ▶ ___ Worksheet for social security recipients ▶		
14	Amount on line 13 you elect to make nondeductible		
15	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 15 before due date of return, including extensions.		
16	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.		
17	Qualified reservist repayments		
18	Nondeductible traditional IRA contributions, to Form 8606, ln 1. . .		

IRA Contributions Worksheet

2020

▶ Keep for your records

Kushagra Sharma

670-35-1054 Page 2

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
19	Enter regular Roth IRA contributions made for 2020, including any made between 1/1/2021 and 5/17/2021, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.		
20	Contributions recharacterized from a traditional IRA, (from In 4). . .		
21	Roth IRA contributions, from Schedule(s) K-1.		
22	Enter contributions recharacterized to a traditional IRA.		
▶	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
23	Disallowed Roth IRA conversions		
24	Roth IRA contributions. Combine lines 20 through 23		
25	Enter any contribution included on line 24 withdrawn before the due date of the tax return. <i>See Help</i>		
26	Excess Roth IRA contribution credit		
27	Total Roth IRA contributions		
28	Repayments of qualified Roth reservist distributions		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
29	Roth IRA contributions after limitation		
30	Excess Roth IRA contributions, to Form(s) 5329, line 23		
	Note: <i>You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.</i>		

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
31	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.		
	Note: <i>You do not need to report any Coverdell ESA contributions which are not excess contributions..</i>		

Tax Payments Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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Estimated Tax Payments for 2020 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	07/15/20		07/15/20			07/15/20		
2	07/15/20		07/15/20			07/15/20		
3	09/15/20		09/15/20			09/15/20		
4	01/15/21		01/15/21			01/15/21		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2020					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2020 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	15,477.	6,410.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Positive Adjustment			
e Negative Adjustment			
f Additional Medicare Tax			
19 Total Withholding Lines 10 through 18f	15,477.	6,410.	
20 Total Tax Payments for 2020	15,477.	6,410.	

Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2019 extensions				
22 2019 estimated tax paid after 12/31/2019				
23 Balance due paid with 2019 return				
24 Other (amended returns, installment payments, etc)				

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	120,525.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2019 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	120,525.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 6,410.00

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 6,410.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . Sales Taxes . . . Greater amount .

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Foreign real propety taxes included in lines 2a-2f above	_____
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	_____
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2019 Amount Enter 2020 description:	
	_____ Jaguar XE 35T	_____ 470.00
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 5c)	_____ 470.00
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit).	_____
e	Other taxes.	
	2019 Amount Enter 2020 description:	
	_____	_____
	_____	_____
	_____	_____
f	Foreign real propety taxes included in lines 4a-4e above	_____
g	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	_____
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above.	_____
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet.	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above.	_____

Name(s) Shown on Return
Kushagra Sharma

Social Security Number
670-35-1054

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1 6,410.
2	2020 state estimated taxes paid in 2020	2
3	2019 state estimated taxes paid in 2020	3
4	Amount paid with 2019 state application for extension	4
5	Amount paid with 2019 state income tax return	5
6	Overpayment on 2019 state income tax return applied to 2020 tax	6
7	Other amounts paid in 2020 (amended returns, installment payments, etc.)	7
8	State estimated tax from Schedule(s) K-1 (Form 1041)	8
Local income taxes:		
9	Local income tax withheld	9
10	2020 local estimated taxes paid in 2020	10
11	2019 local estimated taxes paid in 2020	11
12	Amount paid with 2019 local application for extension	12
13	Amount paid with 2019 local income tax return	13
14	Overpayment on 2019 local income tax return applied to 2020 tax	14
15	Other amounts paid in 2020 (amended returns, installment payments, etc.)	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	16
Other:		
17		17
18	Total Add lines 1 through 17	18 6,410.
19	State and local refund allocated to 2020	19
20	Nondeductible state income tax from line 28	20
21	Total reductions Add lines 19 and 20	21
22	Total state and local income tax deduction Line 18 less line 21	22 6,410.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	23
24	Adjusted gross income	24
25	Add lines 23 and 24	25
26	Nondeductible percent. Line 23 divided by line 25	26 %
27	Hawaii state income tax included in line 18	27
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28

Charitable Deduction Limits Worksheet For Current Year Contributions

2020

▶ Keep for your records

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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Step 1 – Enter your other charitable contributions made during the year.

1 Enter your cash contributions to 100% limit organizations	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 – Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)	8	120,525.
--	---	----------

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9.	10	
11 Carryover. Subtract line 10 from line 7.	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6.	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5.	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29 Multiply line 8 by 0.5	29	
30 Add lines 10, 14, 21, and 27	30	

31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions subject to limit based on 100% of AGI

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Carryover Contributions

2020

▶ Keep for your records

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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Step 1 — Enter your other charitable contributions made during the year.

1 Enter your cash contributions to 100% limit organizations	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)	8	120,525.
		Percentage of line 8
		Used in Current Year
a 60% AGI limit to line 9	a	72,315.
b 50% AGI limit to line 12	b	60,263.
c 30% AGI limit, Section C to line 19	c	36,158.
d 30% AGI limit, Section D to line 26	d	36,158.
e 20% AGI limit to line 35	e	24,105.

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9	10	
11 Carryover. Subtract line 10 from line 7	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29 Multiply line 8 by 0.5	29	
30 Add lines 10, 14, 21, and 27	30	

31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2.	37		

F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1.	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Contributions Summary

2020

▶ Keep for your records

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
Totals:				

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

Part III Contribution Carryovers to 2021

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2020 contributions							
2 2020 contributions allowed							
3 Carryovers from:							
a 2019 tax year		N/A					
b 2018 tax year		N/A					
c 2017 tax year		N/A					
d 2016 tax year		N/A					
e 2015 tax year		N/A					
4 Carryovers allowed in 2020		N/A					
5 Carryovers disallowed in 2020		N/A					
6 Carryovers to 2021:							
a From 2020							
b From 2019		N/A					
c From 2018		N/A					
d From 2017		N/A					
e From 2016		N/A					
f From 2015		N/A					

Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? Yes No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ▶ Yes No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ▶ Yes No
- 4 Was any charity other than a 60%/50% charity? Yes No

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your earned income* more than \$750? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,100	_____	►	1	_____
2	Enter the amount shown below for your filing status. • Single or married filing separately — \$12,400 • Married filing jointly — \$24,800 • Head of household — \$18,650	_____	►	2	12,400.
3	Standard deduction.				
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1956, and not blind, stop here and enter this amount on Form 1040 or 1040-SR, line 12. Otherwise, go to line 3b			3 a	_____
3 b	If born before January 2, 1956, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,300 (\$1,650 if single or head of household)			3 b	_____
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 12			3 c	_____

**Earned income includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.*

Earned Income Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	120,525.		120,525.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	120,525.		120,525.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	120,525.		120,525.
11 Scholarship or fellowship income not on W-2	0.		0.
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	120,525.		120,525.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	120,525.		120,525.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, In 2.	120,525.		120,525.

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	120,525.		120,525.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	120,525.		120,525.

Name(s) Shown on Return
Kushagra Sharma

Social Security Number
670-35-1054

- QuickZoom to Schedule EIC ►
- QuickZoom to Dependent Information Worksheet to enter qualifying children information. ► _____
- QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income ►
- QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

<p>1 Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes</p>	1	120,525.
<p>2 Adjustments to line 1 amount:</p> <p>a Income reported as wages and as self-employment income.</p> <p>b Other income entered as wages that is not considered earned income</p> <p>c Distributions from section 457 and other nonqualified plans reported on W-2</p>	<p>2 a</p> <p>b</p> <p>c</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>3 Subtract lines 2a, 2b and 2c from line 1</p>	3	120,525.
<p>4 a Taxpayer's nontaxable combat pay election for EIC</p> <p>b Spouse's nontaxable combat pay election for EIC</p> <p>c Total nontaxable combat pay election</p>	<p>4 a</p> <p>b</p> <p>4 c</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>5 If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p>	5	_____
<p>6 Medicaid Waiver Payments reported as nontaxable</p>	6	_____
<p>7 Earned income. Add lines 3, 4, 5, and 6</p>	7	120,525.
<p>8 Enter the credit, from the EIC Table, for the amount on line 7. Be sure to use the correct column for filing status and number of children.</p> <p>If line 8 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 27.</p>	8	0.
<p>9 Enter your AGI from Form 1040, line 11</p>	9	_____
<p>10 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 9 less than \$8,800 (\$14,700 if married filing jointly)? • 1 or more qualifying children, is the amount on line 9 less than \$19,350 (\$25,250 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 11 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 9. Be sure to use the correct column for filing status and number of children</p>	10	_____
<p>11 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 10, enter the amount from line 8 • If 'No' on line 10, enter the smaller of line 8 or line 10 	11	_____

Enter line 11 amount on Form 1040, line 27.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 7 above) is equal to or more than:
- \$15,820 (\$21,710 if married filing jointly) without a qualifying child.
- \$41,756 (\$47,646 if married filing jointly) with one qualifying child.
- \$47,440 (\$53,330 if married filing jointly) with two qualifying children.
- \$50,954 (\$56,844 if married filing jointly) with more than two qualifying children.
- 2 The Adjusted Gross Income (line 9 above) is equal to or more than:
- \$15,820 (\$21,710 if married filing jointly) without a qualifying child.
- \$41,756 (\$47,646 if married filing jointly) with one qualifying child.
- \$47,440 (\$53,330 if married filing jointly) with two qualifying children.
- \$50,954 (\$56,844 if married filing jointly) with more than two qualifying children.
- 3 Investment income is more than \$3,650.
(Investment Income Smart Worksheet, item H above)
- 4 The married filing separate return status is checked.
(Information Worksheet, Part II)
- 5 Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)
- 8 Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- a qualifying children of another person, or
- b invalid social security numbers for EIC purposes.
(Information Worksheet, Part III)
- 11 Disallowed by IRS to claim Earned Income Credit in 2020.
(Information Worksheet, Part IV)
- 12 Filing Form 2555, Foreign Earned Income.
- 13 Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2020?

Yes, all of the above is correct.

No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2020?

2 Yes, my dependents lived with me at this address.

No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2020.

Compliance and Due Diligence Indicator	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Disqualified from Earned Income Credit.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Potential qualifying child count	▶	<u>0</u>
Non dependent potential qualifying child count	▶	<u>0</u>
Qualifying child count (max 3)	▶	<u>0</u>

Schedule SE Adjustments Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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	(a) Taxpayer	(b) Spouse
QuickZoom to the Long Schedule SE ▶	<input type="checkbox"/>	<input type="checkbox"/>
A Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
B Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
C QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AH		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C		
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Education Tuition and Fees Summary

2020

▶ Keep for your records

Name(s) Shown on Return <u>Kushagra Sharma</u>	Your Social Security No. <u>670-35-1054</u>
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Part I - Qualified Education Expense Summary

(a) Student's name First Name _____ MI _____ Last Name _____ Suffix _____ Social Security Number _____	(b) Qualified Education Expenses	(c) Qualified for:		(d) Elected Credit or Deduction if manual	(e) Elected Credit or Deduction if automatic
		Yes	No		
		Amer Opp Cr . . . ▶	[] []	[]	[]
		Lifetime Cr . . . ▶	[] []	[]	[]
		Tuition Ded . . . ▶	[] []	[]	[]
		Total Qualified Expenses		[]	[]
		Amer Opp Cr . . . ▶	[] []	[]	[]
		Lifetime Cr . . . ▶	[] []	[]	[]
		Tuition Ded . . . ▶	[] []	[]	[]
		Total Qualified Expenses		[]	[]
		Amer Opp Cr . . . ▶	[] []	[]	[]
		Lifetime Cr . . . ▶	[] []	[]	[]
		Tuition Ded . . . ▶	[] []	[]	[]
		Total Qualified Expenses		[]	[]
Total qualified expenses		American Opportunity Credit			
		Lifetime Learning Credit			
		Tuition and Fees Deduction			

Part II - Optimize Education Expenses for the Lowest Tax

Relaunch Optimizer

- 1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now ▶
- 2 **Automatic** - Check to use the choices calculated in Part I, column (e) above ▶
- or
- 3 **Manual** - Check to use the choices you entered in Part I, column (d) above ▶

Part III - Summary of Credits

Tuition and Fees Deduction Summary

1 Total 2020 tuition and fees paid for purposes of deduction	1	_____
2 Modified adjusted gross income	2	_____
3 Maximum deduction allowed	3	_____
4 Allowable Tuition and Fees Deduction (lesser of line 1 or line 3)	4	_____ 0 .

American Opportunity, Lifetime Learning Credits Summary

1 Tentative American Opportunity Credit	1	_____
2 Tentative Lifetime Learning Credit	2	_____
3 Total Education Credits (after limitations)	3	_____ 0 .

Use a separate worksheet for each casualty or theft event.

Keep for your records

Name(s) shown on return
Kushagra Sharma

Social Security No.
670-35-1054

Part I Casualty or Theft Event Information

- 1 Description of this casualty or theft event
2 Date of casualty or theft event
3 Use of property, check one if not a Ponzi loss (line 5c):
a Personal (includes home office deducted under simplified method, see tax help)
b Business, employment, or income-producing
4 If box 3a is checked, check one:
a This event qualifies as a Hurricane Harvey or Tropical Storm Harvey Disaster.
b This event qualifies as a Hurricane Irma Disaster
c This event qualifies as a Hurricane Maria Disaster
d This event qualifies as a 2017 California Wildfire Disaster (01/01/2017-01/18/2018)
e This event is a qualified federally declared major disaster
f This event is a federally declared disaster (not "qualified")
g This event qualifies as a 2016 federally declared disaster area
h This event does not qualify as a federally declared disaster.
i Enter the FEMA disaster decl. number if any line 4a-g is checked. Enter the four-digit number only. If the FEMA disaster decl. number begins with DR, enter it here
j If the FEMA disaster decl. number begins with EM instead of DR, enter it here
5 If box 3b is checked, check one:
a Check if the property was used in a passive activity
b Check if the property was not used in a passive activity
c Check if this is a Rev Proc 2009-20 Ponzi-Type loss
6 Worksheet Copy Number 1

Part II Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event

- a Description including type of property
b For personal use property, enter the address, city, state and ZIP code
c Date acquired
d Cost or other basis
e Insurance or other reimbursement
f FMV before event
g FMV after event
h Was this a total loss? Yes No
i If personal use, is this a collectible? Yes No
j If business use, check one: Business Employ Income
k If home office (standard method) enter: Sch C No Sch C Ln 27

- a Description including type of property
b For personal use property, enter the address, city, state and ZIP code
c Date acquired
d Cost or other basis
e Insurance or other reimbursement
f FMV before event
g FMV after event
h Was this a total loss? Yes No
i If personal use, is this a collectible? Yes No
j If business use, check one: Business Employ Income
k If home office (standard method) enter: Sch C No Sch C Ln 27

**Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax**

2020

► Keep for your records

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	47,625.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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Taxable Income – Line 1

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract lines 12 and 13 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	108,125.
2	Additions to income	2	
3	Add lines 1 and 2	3	108,125.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	108,125.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
---	---	---	--

Refund of Taxes – Line 2b

1	Taxable refund of state and local income tax	1	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes.	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b.	3	0.

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	120,525.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	120,525.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	108,473.
6	Enter ATNOL carried to 2019 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i.	5	

Alternative Minimum Taxable Income – Line 4

If married filing separately and Form 6251, line 4, is more than \$745,200:		
1	Alternative minimum taxable income, Form 6251	1
2	Threshold amount	2
3	Subtract line 2 from line 1	3
4	Multiply line 3 by 25% (.25)	4
5	Smaller of line 4 or \$56,700	5
6	Add line 1 and line 5. Enter on Form 6251, line 4	6

Exemption – Line 5

1	Enter \$72,900 if single or head of household, \$113,400 if married filing jointly or qualifying widow(er), \$56,700 if married filing separately	1	72,900.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	120,525.
3	Enter \$518,400 if single or head of household, \$1,036,800 if married filing jointly or qualifying widow(er), \$518,400 if married filing separately	3	518,400.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	72,900.

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Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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1 Enter the amount from Form 6251, line 6	1	
2 a Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a	
b Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b	
c Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3 Add line 1 and line 2c	3	
4 Tax on the amount on line 3.		
<ul style="list-style-type: none"> ● If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. ● All Others: If line 3 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result. 	4	
5 Tax on amount on line 2c. If line 2c is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result	5	
6 Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6	

Federal Carryover Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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2019 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
VA			3,833.		200.	
Totals . .			3,833.		200.	

2019 State Extension Information

(a) State	(b) Paid With Extension

2019 Locality Extension Information

(a) Locality	(b) Paid With Extension

2019 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2019 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2019 State Taxes Due Information

(a) State	(e) Paid With Return

2019 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2019 State Refund Applied Information

(a) State	(g) Applied Amount

2019 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2019 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
VA	3,833.	200.

2019 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2019	2020
1	Filing status	1 <u>1</u> Single	1 <u>1</u> Single
2	Number of exemptions for blind or over 65 (0 - 4)	2 _____	2 _____
3	Itemized deductions	3 <u>3,833.</u>	<u>6,880.</u>
4	Check box if required to itemize deductions	4 <input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5 <u>73,087.</u>	<u>120,525.</u>
6	Tax liability for Form 2210 or Form 2210-F	6 <u>9,251.</u>	<u>20,030.</u>
7	Alternative minimum tax	7 _____	_____
8	Federal overpayment applied to next year estimated tax	8 _____	_____

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions		2019	2020
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a _____	_____
b	Spouse's excess Archer MSA contributions as of 12/31	b _____	_____
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a _____	_____
b	Spouse's excess Coverdell ESA contributions as of 12/31	b _____	_____
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a _____	_____
b	Spouse's excess HSA contributions as of 12/31	b _____	_____

Loss and Expense Carryovers		2019	2020
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss	12 a _____	_____
b	AMT Short-term capital loss	b _____	_____
13 a	Long-term capital loss	13 a _____	_____
b	AMT Long-term capital loss	b _____	_____
14 a	Net operating loss available to carry forward	14 a _____	_____
b	AMT Net operating loss available to carry forward	b _____	_____
15 a	Investment interest expense disallowed	15 a _____	_____
b	AMT Investment interest expense disallowed	b _____	_____
16	Nonrecaptured net Section 1231 losses from:	a 2020	16 a _____
		b 2019	b _____
		c 2018	c _____
		d 2017	d _____
		e 2016	e _____
		f 2015	f _____
17	AMT Nonrecap'd net Sec 1231 losses from:	a 2020	17 a _____
		b 2019	b _____
		c 2018	c _____
		d 2017	d _____
		e 2016	e _____
		f 2015	f _____

Credit Carryovers			2019	2020
18	General business credit		18	
19	Adoption credit from:	a 2020	19a	
		b 2019	b	
		c 2018	c	
		d 2017	d	
		e 2016	e	
		f 2015	f	
20	Mortgage interest credit from:	a 2020	20a	
		b 2019	b	
		c 2018	c	
		d 2017	d	
21	Credit for prior year minimum tax		21	
22	District of Columbia first-time homebuyer credit		22	
23	Residential energy efficient property credit		23	

Other Carryovers			2019	2020
24	Section 179 expense deduction disallowed		24	
25	Excess foreign housing deduction:	a Taxpayer (Form 2555, line 46)	25a	
		b Taxpayer (Form 2555, line 48)	b	
		c Spouse (Form 2555, line 46)	c	
		d Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2019 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2019					
b	2018					
c	2017					
d	2016					
e	2015					

27	2020 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2020					
b	2019					
c	2018					
d	2017					
e	2016					

28 Amount overpaid less earned income credit 312.

Qualified Business Income Deduction (Section 199A) carryovers			2019	2020
29	Qualified business loss carryforward		29	
30	Qualified PTP loss carryforward		30	
31	Applicable percentage	2018	31 a	
		2019	b	

2019 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Name(s) Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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Description	Amount
Income	
Wages	120,525.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	0.
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	120,525.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	120,525.

Two-Year Comparison

2020

Name(s) Shown on Return Kushagra Sharma	Social Security Number
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Income	2019	2020	Difference	%
Wages, salaries, tips, etc	75,087.	120,525.	45,438.	60.51
Interest and dividend income				
State tax refund		0.	0.	
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	75,087.	120,525.	45,438.	60.51
Adjustments to Income	2,000.		-2,000.	-100.00
Adjusted Gross Income	73,087.	120,525.	47,438.	64.91
Itemized Deductions				
Medical and dental				
Income or sales tax	3,833.	6,410.	2,577.	67.23
Real estate taxes				
Personal property and other taxes		470.	470.	
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	3,833.	6,880.	3,047.	79.49
Standard or Itemized Deduction	12,200.	12,400.	200.	1.64
Qualified Business Income Deduction				
Taxable Income	60,887.	108,125.	47,238.	77.58
Income tax	9,251.	20,030.	10,779.	116.52
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	9,251.	20,030.	10,779.	116.52
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes				
Total Tax After Credits	9,251.	20,030.	10,779.	116.52
Withholding	9,563.	15,477.	5,914.	61.84
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	9,563.	15,477.	5,914.	61.84
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	312.		-312.	-100.00
Balance Due		4,553.	4,553.	

Current year effective tax rate 16.62 %

Tax Summary
▶ Keep for your records

2020

Name (s)
Kushagra Sharma

Total income	120,525.
Adjustments to income	
Adjusted gross income	120,525.
Itemized/standard deduction	12,400.
Qualified business income deduction	
Taxable income	108,125.
Tentative tax	20,030.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	20,030.
Total payments	15,477.
Estimated tax penalty	
Amount Overpaid	0.
Refund	0.
Amount Applied to Estimate	0.
Balance due	4,553.

Recovery Rebate Credit Worksheet

2020

Name(s) Shown on Return
Kushagra Sharma

Social Security No.
670-35-1054

This worksheet is used to compute the allowed recovery rebate credit for line 30 of Form 1040 or 1040-SR after accounting for any economic stimulus payment previously received.

<p>1 Can you be claimed as a dependent on another person's 2020 return? <input checked="" type="checkbox"/> No. Go to line 2 <input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>2 Does your 2020 return include a valid social security number for you, and if filing a joint return, your spouse? <input checked="" type="checkbox"/> Yes. Skip lines 3 and 4 and go to line 5. <input type="checkbox"/> No. If you are filing a joint return, go to line 3. If you aren't filing a joint return, Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p> <p>3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number? <input type="checkbox"/> Yes. Your credit is not limited. Go to line 5. <input type="checkbox"/> No. Go to line 4.</p> <p>4 Does one of you have a valid social security number? <input type="checkbox"/> Yes. Your credit is limited. Go to line 5. <input type="checkbox"/> No. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>5 Enter: ● \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or ● \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3.</p> <p>6 Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number</p> <p>7 Add lines 5 and 6</p> <p>8 Enter: ● \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or ● \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3.</p> <p>9 Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number</p> <p>10 Add lines 8 and 9</p> <p>11 Enter the amount from line 11 of Form 1040 or 1040-SR</p> <p>12 Enter the amount shown below for your filing status : ● \$150,000 if married filing jointly or qualifying widow(er) ● \$112,500 if head of household ● \$75,000 if single or married filing separately</p> <p>13 Is the amount on line 11 more than the amount on line 12? <input type="checkbox"/> No. Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18. <input type="checkbox"/> Yes. Subtract line 12 from line 11.</p> <p>14 Multiply line 13 by 5% (0.05)</p> <p>15 Subtract line 14 from line 7. If zero or less, enter -0-</p> <p>16 Enter the amount, if any, of the economic impact payment (EIP) 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here.</p> <p>17 Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15 you don't have to pay back the difference</p> <p>18 Subtract line 14 from line 10. If zero or less, enter -0-</p> <p>19 Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here.</p> <p>20 Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18 you don't have to pay back the difference</p> <p>21 Recovery rebate credit. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR.</p>	<p>5</p> <hr/> <p>6</p> <hr/> <p>7</p> <hr/> <p>8</p> <hr/> <p>9</p> <hr/> <p>10</p> <hr/> <p>11</p> <hr/> <p>12</p> <hr/> <p>13</p> <hr/> <p>14</p> <hr/> <p>15</p> <hr/> <p>16</p> <hr/> <p>17</p> <hr/> <p>18</p> <hr/> <p>19</p> <hr/> <p>20</p> <hr/> <p>21</p> <hr/>
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Compare to U. S. Averages

▶ Keep for your records

2020

Name(s) Shown on Return Kushagra Sharma	Social Security No 670-35-1054
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Your 2020 adjusted gross income (AGI) 120,525.
 National adjusted gross income range used below from 100,000. to 199,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	120,525.	122,635.
Taxable interest		1,288.
Tax-exempt interest		7,612.
Dividends		6,482.
Business net income		27,849.
Business net loss		7,626.
Net capital gain		14,584.
Net capital loss		2,371.
Taxable IRA		28,940.
Taxable pensions and annuities		44,175.
Rent and royalty net income		14,160.
Rent and royalty net loss		9,156.
Partnership and S corporation net income		43,023.
Partnership and S corporation net loss		13,646.
Taxable social security benefits		24,980.
Medical and dental expenses deduction		12,111.
Taxes paid deduction	6,880.	12,122.
Interest paid deduction		9,263.
Charitable contributions deduction		4,627.
Total itemized deductions	6,880.	27,540.
Child care credit		630.
Education tax credits		1,473.
Child tax credit		1,428.
Retirement savings contributions credit		0.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	120,525.	143,501.
Taxable income	108,125.	108,489.
Income tax	20,030.	18,217.
Alternative minimum tax		2,462.
Total tax liability	20,030.	18,966.

Estimated Taxes and Form W-4 Worksheet

Name: Kushagra Sharma
SSN: 670-35-1054

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

Choose the Method You Will Use to Pay Your 2021 Federal Income Taxes

By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)

By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2021 withholding will be _____.

Overpayment from my 2020 return. 0.

Amount of my 2020 overpayment to apply to 2021 instead of refunding it _____

Enter Your Filing Status and Other Information for Your 2021 Tax Return

Choose your filing status 1 - Single

Taxpayer age as of the end of 2021 31
 Spouse age as of the end of 2021 _____

Do you qualify for an additional standard deduction?
Taxpayer: _____
Spouse: _____ **Total** 0

Check if you must itemize in 2021. (See Tax Help.)

Dependent of Another

Check if you will be the dependent of another person (but not if married filing jointly).

Dependents on return:	2020	2021
Number of qualifying children dependents age 16 and under	0	0
Number of qualifying children dependents age 17 to 23	0	0
Number of other dependents on return	0	0

Enter Your 2021 Income and Deductions in 2nd column	2020 Actual	2021 Expected
Compensation:		
Annual wages and salary for taxpayer	120,525.	
Medicare wages for taxpayer (W-2 box 5)	4,065.	
Annual wages and salary for spouse		
Medicare wages for spouse (W-2 box 5)		
Self-employment Income:		
Schedule C income for taxpayer		
Schedule C income for spouse		
Schedule F & K-1 income for taxpayer		
Schedule F & K-1 income for spouse		
Conservation Reserve Program Payments for taxpayer		
Conservation Reserve Program Payments for spouse		
Annual net income from self-employment for taxpayer		
Annual net income from self-employment for spouse		

W-2: Check to populate W-2 table from 2020 return

Employer	Owner	Wages	2020 Withholding	2021 Wages	2021 Withholding

Schedule C: Check to populate Schedule C table from 2020 return

Name	Owner	2020 Income	2020 Expenses	2021 Income	2021 Expenses

Other Tax Information:			
Note: Include this income in the Other Income section below.			
Net Investment Income for 3.8% tax		0 .	
Qualified dividends			
Maximum Capital Gains Rate Tax Information:			
Net short-term capital gains or losses			
Net long-term capital gains or losses			
Net 28%-rate capital gains included in long-term			
Unrecap'd Sec 1250 gains incl in long-term (<i>see Tax Help</i>)			
Investment income election (<i>see Tax Help</i>)			
Other Income:			
Total of your other taxable income and losses (<i>see Tax Help</i>)		0 .	
Foreign income or housing exclusions			
Adjustments:			
Deductible IRA contributions, alimony, etc			
Charitable cash contributions if using the standard deduction			
Itemized Deductions:			
Total medical expenses			
State and local property and income taxes (or sales tax)		6,880 .	
Deductible foreign income taxes			
Deductible mortgage interest			
Cash charitable contributions			
Other charitable contributions			
Deductible investment interest expense, casualty or theft losses (<i>see Tax Help</i>)			
Other itemized deductions			
Net qualified disaster loss (<i>see Tax Help</i>)			
Standard Deduction:			
Standard deduction		12,400 .	12,550 .

Deduction Allowed:		
Deduction (<i>greater of standard+qual'd disaster loss or item'd</i>)	12,400.	12,550.
Other Deduction:		
Qualified business income deduction (<i>see Tax Help</i>)		
Credits:		
Earned Income Tax Credit		
Child Tax Credit		
Child and Dependent Care Credit		
Education Credits		
Other Credits.		

Income Tax Calculation for Your 2021 Tax Return	2020 Actual	2021 Expected
Taxable income	108,125.	0.
Income tax	20,030.	
Alternative minimum tax (Enter Alt Min tax expected in 2021) . . .		
Premium tax credit repayment (Enter amt expected for 2021) . . .		
Total credits (Enter credits expected in 2021)		
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
Net investment income tax (3.8%)		0.
Other taxes (Enter other taxes expected in 2021)	0.	
Total federal income tax	20,030.	0.

Enter the Tax Payments You've Already Made for Your 2021 Tax Return	
The federal income tax actually withheld from your paychecks to date	
Taxpayer	
Spouse	
Federal estimated tax payments you've already made	
Payment number 1 (April 15, 2021)	
Payment number 2 (June 15, 2021)	
Payment number 3 (September 15, 2021)	
2020 federal overpayment credited to 2021 (<i>from page 1 above</i>)	
Total taxes paid to date	
Balance of payments needed or (expected refund)	0.

Summary of Taxes to be Paid for 2021	
Federal income taxes to be withheld from your paychecks	
Your 2020 federal overpayment you applied to 2021	
Your 2021 federal estimated taxes,	
based on <u>100% of your 2020 actual tax</u>	4,556.
Estimate of total payments you will need to make for 2021	4,556.

Estimated Tax Payment Options

Name:	<u>Kushagra Sharma</u>
SSN:	<u>670-35-1054</u>

Prepare My 2021 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2021 estimated taxable income	0.
<input type="checkbox"/> 100% of tax on your 2021 estimated taxable income	0.
<input type="checkbox"/> 66-2/3% of tax on your 2021 estimated taxable income (for farmers and fishermen only, see Tax Help)	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2020 taxes (prior-year exception) Note: If your 2020 taxes were less than \$1000, see Tax Help	20,030.

Amount of Estimated Taxes to Pay in 2021	
Taxes based on method above	20,030.
Expected withholding for 2021 . . . (.2020 actual withholding)	15,477.
Taxes due after withholding	4,553.
Estimates you've already paid	_____
Last year's overpayment you applied to this year	_____
Balance of estimated taxes due	4,553.

Round My Payments Up
<input type="checkbox"/> To the next \$10
<input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help)
<input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000
<input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2021	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 15, 2021	1,139.
<input type="checkbox"/> Payment number 2, due June 15, 2021	1,139.
<input type="checkbox"/> Payment number 3, due September 15, 2021	1,139.
<input type="checkbox"/> Payment number 4, due January 18, 2022	1,139.

Total estimated tax payments for 2021	4,556.
---	--------

Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program
<input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

Additional Information for Form W-4

Name:	<u>Kushagra Sharma</u>
SSN:	<u>670-35-1054</u>

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

<input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
Enter Salary and Pay Periods for 2021	Taxpayer	Spouse
Your annual salary for this year	_____	_____
Salary you have already received in 2021	_____	_____
Your remaining salary for this year	_____ 0.	_____
Number of paychecks you have remaining this year		
How often you are paid	_____	_____
Your gross salary per pay period	_____	_____

Form W-4 Personal Withholding Adjustments	Taxpayer	Spouse
Withholding status	_____	_____
Additional withholding per pay period	_____	_____
Estimated future withholding per pay period	_____	_____
Estimated future withholding through remainder of year	_____	_____
Top tax rate being withheld	_____ %	_____ %

Change in Federal Income Tax Withholding per Pay Period	Taxpayer	Spouse
See tax help for more information.		
Current withholding per pay period	_____	_____
Estimated future withholding per pay period	_____	_____
Increase/(decrease) in net pay per pay period	_____	_____

Summary of Federal Income Taxes to be Withheld in 2021: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding	_____
Spouse's withholding	_____
Total withholding	_____

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Kushagra Sharma

Primary SSN: 670-35-1054

Federal Return Submitted: May 10, 2021 09:23 PM PDT

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 05/11/2021

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight May 17, 2021. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on May 17, 2021, your Intuit electronic postmark will indicate May 17, 2021, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before May 17, 2021, and a corrected return is submitted and accepted before May 22, 2021. If your return is submitted after May 22, 2021, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2021. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2021, and the corrected return is submitted and accepted by October 20, 2021.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of a bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration. The terms of the arbitration provision appear in Section 10.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ³	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ³	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ³	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ³	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ .	Usually within 21 days ³	Free option with your purchase of a Tax Product ²

¹You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a debit card.

²This fee consists of a TurboTax Fee, the cost of the Tax Product, and any fees for additional products and services purchased. Note that the cost of the Tax Product may vary depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Service Agreement on the next page for the cost of the service you have chosen.

³However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

Questions? Call 877-908-7228

Pro Delegation Worksheet

2020

Check this box if you are preparing this return as a PRO preparer

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area?
Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____ or NY Exclusion Code _____
For NM, OR Preparers Only: State ID# _____
Preparer E-mail _____ Print date on return?
Preparer Phone _____ CAF # _____
Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

- File federal return electronically
 File state returns electronically
 File other returns electronically

Print and Mail Selections (use only if e-file ineligible):

- Federal return printed and mailed to IRS
 State return printed and mailed to state agency
 Other return printed and mailed

Select state returns to file electronically:

Table with header 'State(s)' and three empty rows for input.

Select state returns to file by mail:

Table with header 'State(s)' and three empty rows for input.

Select other returns to file electronically:

Table with header 'Other Return(s)' and three empty rows for input.

Select other returns to file by mail:

Table with header 'Other Return(s)' and three empty rows for input.

Electronic Filing and Printing of Amended Return Information

Electronic Filing:

- File federal amended return(s) electronically
 File state amended return(s) electronically

Print and Mail Selections (use only if e-file ineligible):

- Federal amended return printed and mailed
 State amended return printed and mailed

Select state amended return(s) to file electronically:

Table with header 'State(s)' and three empty rows for input.

Select state amended return(s) to file by mail:

Table with header 'State(s)' and three empty rows for input.

Smart Worksheets from your 2020 Federal Tax Return

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Tax Smart Worksheet	
A	Tax <u>20,030.</u>
	Check if from:
1	Tax table <input type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input checked="" type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Additional tax from Form 8621 _____
I	Tax. Add lines A through G. Enter the result here and include in tax below. <u>20,030.</u>
J	Form 8621 tax deferral from line 9c (to line 24) _____

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
A	Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit <u>0.</u>

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet ▶

Does your mortgage interest need to be limited: Yes . . . No . . .

A Home mortgage interest and points reported on Form 1098:

- 1 Sum of lines 5a through 5d below _____
- 2 Limited amount to report on Sch A, line 8a _____

B Home mortgage interest not reported on Form 1098:

- 1 Sum of lines 6a and 6b below _____
- 2 Limited amount to report on Sch A, line 8b _____

C Points not reported on Form 1098:

- 1 Sum of lines 7a through 7c below _____
- 2 Limited amount to report on Sch A, line 8c. _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 ▶

A Taxpayer:

1 Taxpayer, nontaxable combat pay _____

1a Taxpayer, prior year nontaxable combat pay from 2019 _____

2 Election for earned income credit (EIC):
Elect taxpayer's nontaxable combat pay as earned income for EIC? ▶ Yes No

3 Election for dependent care benefits (DCB):
Elect taxpayer's nontaxable combat pay as earned income for DCB? ▶ Yes No

4 Election for child and dependent care credit:
Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? ▶ Yes No

B Spouse:

1 Spouse, nontaxable combat pay _____

1a Spouse, prior year nontaxable combat pay from 2019 _____

2 Election for earned income credit (EIC):
Elect spouse's nontaxable combat pay as earned income for EIC? ▶ Yes No

3 Election for dependent care benefits (DCB):
Elect spouse's nontaxable combat pay as earned income for DCB? ▶ Yes No

4 Election for child and dependent care credit:
Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? ▶ Yes No

C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment _____ Amount due 4,553.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Prior Year Earned Income Election Smart Worksheet
Election to use 2019 earned income for Earned Income Credit

The "Yes" box must be marked on Line A for 2019 earned income to be used for EIC calculations.

A Elect to use 2019 earned income for EIC ▶ Yes No

B Earned income for EIC from your 2019 return 75,087.

C Current year earned income for EIC 120,525.

If Line C is equal to or greater than Line B the taxpayer is not eligible to use 2019 earned income for EIC calculations.

D You may compare the tax benefit of electing to use 2020 Earned Income by checking the boxes on line A

Overpayment _____ Amount due 4,553.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A	Taxable and tax exempt interest _____
B	Dividend income _____
C	Capital gain net income _____
D	Royalty and rental of personal property net income _____
E	Passive activity net income :
1	Rental real estate net income or loss _____
2	Farm rental net income or loss _____
3	Partnerships and S corporations net income or loss _____
4	Estates and trusts net income or loss _____
5	Total of lines 1 through 4 _____
6	Total passive activity net income , line 5 if greater than zero _____
F	Interest and dividends from Forms 8814 _____
G	Adjustments _____
H	Total investment income , add lines A through G <u> 0 </u>

Is line H, **total investment income** over \$3,650?

No. You may take the credit.

Yes. Stop. You **cannot** take the credit.



KUSHAGRA SHARMA
 2151 ASTORIA CIR APT 105
 HERNDON VA 201704036

SSN - You [SHAR 670351054 Vendor ID 1555 XXXXX]

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	120525 .	Withholding (VA) - You	19A.	6410 .
Additions	2.		Withholding (VA) - Spouse	19B.	
Subtotal	3.	120525 .	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.	6410 .
Total VA Adj Gross Income (VAGI)	9.	120525 .	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	50 .
Standard Deduction	11.	4500 .	Overpayment Credited to Next Year	29.	
Exemptions	12.	930 .	VAC - Virginia 529 / ABLEnow	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	5430 .	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	115095 .	Sales and Use Tax	33.	
Amount of Tax	16.	6360 .	Amount You Owe		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card	IN	
VAGI - Spouse	17A.		Your Refund		50 .
Net Amount of Tax	18.	6360 .	Bank Routing #	C	211391825
			Bank Account #		43220037





Filing Status, Age & License Information

Additional Filing Information



Filing Status 1

Federal Head of Household

DOB - You 10011990

VA Driver's License ID - You B65325389

VA Driver's License - Iss. Date - You 09272019

Spouse Name (Filing Status 3 Only)

DOB - Spouse

VA Driver's License ID - Spouse

VA Driver's License - Iss. Date - Spouse

Locality 059

Name or Filing Status Change X

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 X

Obtain Electronic 1099G

ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You

Spouse 65 & Over - Spouse

Dependents Blind - You

Total (A) 1 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

Signature - Spouse _____ Date

Signature - Preparer SELF-PREPARED Date

Phone - You 5188942962

Phone - Spouse

Phone - Preparer

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 7



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



2020 Schedule INC/CG

670351054

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



KUSHAGRA

SHARMA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
670351054	W	6410.	331084768	30331084768F001	120525.

Total VA Withholding	SSN	VA Withholding
You	670351054	6410.
Spouse		

Total # of W-2s, 1099s & VK-1s	01
--------------------------------	----

To avoid delays - be sure to enter all information, including the Employer's FEIN.

FDC Worksheet Fixed Date Conformity Modifications to Itemized Deductions

2020

▶ Keep for your records

Name Kushagra Sharma	Social Security Number 670-35-1054
-------------------------	---------------------------------------

Computation of Fixed Date Conformity Federal Adjusted Gross Income

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

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	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	
2	Enter the total amount from Virginia Schedule A, Lines 4, 9, and 15 plus any gambling losses included on Line 16a	2	
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	
4	Multiply Line 3 above by 80% (0.80)	4	
5	Enter the total from Line 1 of Form 760, Form 760PY, or Form 763 (or amount from line 5 of FDC Worksheet)	5	
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	
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	
8	Multiply Line 7 above by 3% (0.03)	8	
9	Enter the smaller of Line 4 or Line 8	9	
10	Enter the amount from Line 3 above	10	
11	Divide Line 9 by Line 10. Enter the result to 3 decimal places	11	
12	Limited Itemized Deduction Total		
a	Resident (Form 760) and Nonresident (Form 763) filers: Subtract Line 9 from Line 1 and enter here and on Virginia Schedule A, Line 17. Continue on to Part B of the worksheet	12a	
b	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 _____ 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 _____ 3) Subtract Line 2 from Line 1. Enter here and on Virginia Schedule A, Line 17	12b	

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 resident. For foreign tax, see instructions	13	
14	Multiply Line 13 by Line 11	14	
15	Subtract Line 14 from Line 13. Enter here and on Virginia Schedule A, Line 18.	15	

Other Additions Statement

2020

Name Kushagra Sharma	Social Security Number 670-35-1054
-------------------------	---------------------------------------

Form 760PY filers - Enter the amount attributed to the period of your Virginia residency.

Code	Description	Spouse (for 760 filing status 2 or 760PY filing status 4 only)	Taxpayer (for all filing statuses)
10	Interest of federally exempt U.S. obligations	_____	_____
11	Accumulation distribution income	_____	_____
12	Lump-sum distribution income.	_____	_____
14	Income from dealer disposition of property	_____	_____
17	First-time home buyer savings account distributions	_____	_____
18	Food Crop Donations.	_____	_____
19	Federal Partnership Income Addition	_____	_____
99	Other. Describe: _____	_____	_____
Total Other Additions		_____	_____

Other Subtractions Statement

2020

Name Kushagra Sharma	Social Security Number 670-35-1054
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Form 760PY filers - Enter the amount attributed to the period of your Virginia residency.

Code	Description	Spouse (for 760 filing status 2 or 760PY filing status 4 only)	Taxpayer (for all filing statuses)
20	Income from Virginia Obligations	_____	_____
21	Federal Work Opportunity Tax Credit Wages	_____	_____
22	Tier 2 and Other Railroad Retirement and Railroad Unemployment Benefits	_____	_____
	Check here to confirm the Tier 2 RRB above is correct . . . <input type="checkbox"/>	_____	_____
24	Virginia Lottery prizes	_____	_____
28	Virginia National Guard Income	_____	_____
30	Military pay and allowances attributable to active duty service in a combat zone or a qualified hazardous duty area . . .	_____	_____
31	Retirement plan income previously taxed by another state	_____	_____
34	Virginia College Savings Plan or ABLEnow Income Distribution or Refund	_____	_____
37	Unemployment Compensation Benefits	_____	_____
38	Military Basic Pay	_____	_____
39	Federal and State Employees	_____	_____
40	Income Received by Holocaust Victims	_____	_____
44	Congressional Medal of Honor Recipients	_____	_____
49	Certain Death Benefit Payments	_____	_____
50	Pass-Through Entity Income	_____	_____
51	Gains from Land Preservation	_____	_____
52	Long-Term Capital Gain	_____	_____
53	Historic Rehabilitation	_____	_____
54	First-time home buyer savings account distributions	_____	_____
55	Discharge of Student Loans	_____	_____
56	Virginia Venture Capital Account	_____	_____
57	Real Estate Investment Trust	_____	_____
58	Gain from Eminent Domain	_____	_____
59	Federal Partnership Income Subtraction	_____	_____
99	Other. Describe: _____	_____	_____
	Total Other Subtractions	_____	_____

Fixed Date Conformity Subtractions - Other		
	Spouse	Taxpayer
A Applicable High Yield Discount Obligation modification	_____	_____

B	Cancellation of Debt Income modification	_____	_____
C	Other changes as a result of Virginia's conformity to Internal Revenue Code as it existed on December 31, 2020	_____	_____
	Total Other Fixed Date Conformity Subtractions	_____	_____

Deductions Statement

2020

Name Kushagra Sharma	Social Security Number 670-35-1054
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Form 760PY filers - Enter the amount attributed to the period of your Virginia residency.

Code	Description	Spouse (for 760 filing status 2 or 760PY filing status 4 only)	Taxpayer (for all filing statuses)
101	Child and dependent care expenses Information for Foster Care Deduction: Name of each foster child claimed for this subtraction: _____		
102	Foster care deduction (\$1,000 times number of foster children claimed)		
103	Bone marrow screening fee		
104	Virginia529 Payments and Account Contributions: Total contributions deductible in 2020		
105	Continuing teacher education: Tuition costs not deducted on federal return Allowable deduction. Multiply tuition paid by 20%		
106	Long-term health care premiums		
107	Virginia public school construction grants program and fund . . .		
108	Tobacco quota buyout		
109	Sales tax paid on certain energy efficient equipment or appliances: Actual sales tax paid on qualified equipment Multiply sales tax paid by 20% Allowable deduction amount		
110	Organ and tissue donor expenses		
111	Charitable mileage deduction difference between: <input type="checkbox"/> \$.18 per mile _____ less charitable mileage deduction _____ or <input type="checkbox"/> \$.18 per mile _____ less actual expense _____ Total charitable mileage deductions		
112	Virginia Bank Franchise Tax deduction		
113	Income from Dealer Disposition of Property		
114	Prepaid funeral, medical or dental insurance premiums		
115	ABLEnow Account Contributions		
116	Business interest deduction		
117	Business interest deduction recovery		
199	Other. Describe: _____		
	Total deductions		

Virginia Information Worksheet

2020

▶ Keep for your records

Part I – Personal Information

Taxpayer:

First Name Kushagra
 Last Name Sharma
 Middle Initial _____ Suffix _____
 Social Security No 670-35-1054
 Date of Birth 10/01/1990
 Date of Death _____
 VA Driver's License/VA ID No . B65325389
 VA DL/VA ID Issue Date 09/27/2019
 E-mail Address _____
 Daytime Phone (518)894-2962 *
 Home Phone _____ *

Spouse:

First Name _____
 Last Name _____
 Middle Initial _____ Suffix _____
 Social Security No _____
 Date of Birth _____
 Date of Death _____
 VA Driver's License/VA ID No. _____
 VA DL/VA ID Issue Date. _____
 E-mail Address _____
 Daytime Phone _____ *

* Check a box to print daytime and/or home phone numbers on the return.

Address 2151 Astoria Cir Apartment Number 105
 City Herndon State VA ZIP Code 20170-4036
 Locality * Fairfax County City County

* Select a Virginia city or county you were a resident of on January 1, 2021.

If nonresident, select a city or county where the Virginia source income was located (see help).

Part II – Main Form

- Form 760: Resident Tax Return ▶
- Form 760PY: Part-Year Resident Tax Return ▶
- Form 763: Nonresident Tax Return ▶
- Form 763S: Special Nonresident Claim for Income Tax Withheld Taxpayer ▶
Spouse ▶

Nonresident

• Enter state of residence _____ Taxpayer Spouse

Part-Year Resident

- If you moved out of Virginia during 2020, enter date you moved out _____
- If you moved into Virginia during 2020, enter date you moved in _____
- Choose the state from where you moved from or move to _____
- Part-year residency ratio _____

Part III – Filing Status

Resident

- 1 = Single
- 2 = Married, joint
- 3 = Married, separate

Part-Year Resident

- 1 = Single
- 2 = Married, joint
- 3 = Married, separate
- 4 = Married, combined separate

Nonresident

- 1 = Single
- 2 = Married, joint
- 3 = Married, spouse no income
- 4 = Married, separate

Low Income Credit

Check if married Filing Separate and spouse is claiming the low income credit

Part IV – Other Information

Identity Protection PIN: (must be 7 characters in length)

If the Virginia Department of Revenue sent the taxpayer or spouse an Identity PIN, enter it below.

(Note: The Virginia Identity PIN is not the IRS Identity PIN)

(Note: Only one Virginia Identity PIN is required for joint filers, even if both filers are issued a PIN)

- You agree to obtain Form 1099-G income tax refund statement electronically at www.tax.virginia.gov
- You mail your return directly to the state of Virginia
- Your address is different from last year
- Your name or filing status is different from last year
- You did not file a Virginia return last year
- You are a Virginia resident who has income from **only one** of these states that borders Virginia: Kentucky, Maryland, North Carolina or West Virginia, and your only income from the border state was earned income on wages and salaries or business income reported on federal Schedule C.

Part IV – Other Information (continued)

Farmers and Fishermen

- Return will be filed and tax due will be paid by April 15, 2021

Sales & Use Tax Information

Yes No

Did you purchase merchandise from retailers in 2020 for use in Virginia and not pay retail sales and use tax? If yes, you owe Virginia and must pay the tax. Enter purchases below.

Enter total cost of food and personal hygiene products purchased...
Enter total cost of general merchandise items purchased...
Check this box if home is in Northern Virginia, Hampton Roads or Central Virginia regions affected by increase of Use Tax Rate to 6% (otherwise rate is 5.3%)...
Check this box if home is in Halifax County affected by increase of Use Tax Rate to 6.3% (otherwise rate is 5.3%)...
Check this box if home is in Historic Triangle region affected by increase of Use Tax Rate to 7% (otherwise rate is 5.3%)...

Mandatory Electronic Payments

- You are required to make Virginia tax payments electronically
Force print all payment vouchers even if required to pay electronically

Underpayment Penalty Information

Enter last year's Virginia adjusted gross income 73,087.
Enter last year's deductions 4,500.
Enter last year's nonrefundable credits
Enter last year's total tax liability before credits 3,633.
Enter last year's spouse tax adjustment credit (if you filed Form 760 last year)

Part V – Direct Deposit Information or Direct Debit Information

Yes No

Do you want to elect direct deposit of state tax refund?
Important If you answered No to direct deposit, your state refund will be issued on a paper check. The Virginia Department of Taxation no longer issues debit cards.

Do you want to elect direct debit of state tax payment (Electronic Filing Only)?
Note: Direct debit occurs upon acceptance date
Do you want to pay the amount you owe by credit/debit card?
Note: Payment occurs upon acceptance date

International ACH Transactions:

Will the fund go to or originate from an account outside the U.S.?
Virginia does not currently support International ACH transactions.

If you answered No to International ACH Transactions, fill out the information below:

Name of Financial Institution (optional) Digital Federal Credit Union

Check the appropriate box:

Checking Routing number 211391825
Savings Account number. 43220037

Enter the date to withdraw from the account above (Caution: See help for date to enter)
State balance-due amount from this return

Part VI – Extension Status

Yes No

Has the tax return due date been extended for a six month extension?

Extended due date

QuickZoom to Form 760-IP Automatic Extension Payment

Part VII – Amended Return

You are filing a Virginia amended return

____ Reason you are filing a Virginia amended return

Enter the tax year you are amending _____

Previous Virginia payment made _____

Previous Virginia refund received _____

If amending a current year return, **QuickZoom** to Worksheet for Amended Returns to determine if you are due a refund, or need to make an additional payment ▶

QuickZoom to Form 760 ▶

QuickZoom to Form 760PY ▶

QuickZoom to Form 763 ▶

QuickZoom to Form 763S (Taxpayer) ▶

QuickZoom to Form 763S (Spouse) ▶

Age Deduction Worksheet

2020

For taxpayers born on or between January 2, 1939 and January 1, 1956

Name(s) Shown on Return

Your Social Security Number

Checklist for Married Filing Separate Filers Claiming Age Deduction

- Check if spouse claims the credit for low income or the Virginia Earned Income Credit.
Check if spouse files a Virginia return and claims an income-based age deduction.
Report spouse income in Taxpayer/Spouse Allocation Worksheet

1 Enter the number of taxpayers born on or between January 2, 1939 and January 1, 1956, who are claiming an income-based age deduction
2 Federal Adjusted Gross Income (FAGI) - include spouse amount if married
3 Fixed date conformity (FDC) addition - include spouse amount if married
4 Add line 2 and line 3
5 Fixed date conformity (FDC) subtraction - include spouse amount if married
6 Subtract line 5 from line 4
7 Social Security and Tier 1 Railroad Benefits - include spouse amount if married
8 Adjusted Federal Adjusted Gross Income (AFAGI). Subtract line 7 from line 6
9 Income limit for age deduction (Single \$50,000; Married \$75,000)
10 If line 8 is less than line 9, your AFAGI is below the threshold. Single, enter \$12,000. Married, enter \$12,000 for each spouse claiming a deduction. This is your age deduction
11 If line 8 is greater than line 9, subtract line 9 from line 8
12 Multiply line 1 by \$12,000. If line 11 is greater than line 12, STOP here. You do not qualify for a deduction.
13 If line 12 is greater than line 11, subtract line 11 from line 12
14 Single or married with only one spouse claiming an income-based age deduction: Enter the amount from line 13. This is your age deduction.
15 Married taxpayers and both spouses are claiming an income-based age deduction: Divide line 13 by 2

Tax Payments Worksheet

2020

▶ Keep for your records

Name Kushagra Sharma	Social Security Number 670-35-1054
-------------------------	---------------------------------------

Tax Payments for the Current Year

	Date	Payment
1 First Payment	_____	_____
2 Second Payment	_____	_____
3 Third Payment	_____	_____
4 Fourth Payment	_____	_____
Additional Payments		
5 a Payment	_____	_____
b Payment	_____	_____
c Payment	_____	_____
d Payment	_____	_____
e Payment	_____	_____
6 Overpayment from previous year applied to 2020	_____	_____
7 Amount paid with current year extension	_____	_____
8 Total tax payments. Add lines 1 through 7	_____	_____

Income Taxes Withheld for the Current Year

	Spouse	Taxpayer
9 State withholding on Forms W-2	_____	6,410.
10 State withholding on Forms W-2G	_____	_____
11 State withholding on Forms 1099-R	_____	_____
12 a State withholding on Forms 1099-MISC	_____	_____
b State withholding on Forms 1099-NEC	_____	_____
c State withholding on Forms 1099-G	_____	_____
d State withholding on Forms 1099-INT	_____	_____
e State withholding on Forms 1099-K	_____	_____
13 a Withholding from Schedule VK-1	_____	_____
b Other state tax withholding	_____	_____
<input type="checkbox"/> If Schedule VK-1 withholding is included on both lines 13a and 13b, either check this box or enter the Schedule VK-1 withholding as a negative amount here ▶	_____	_____
14 Total income tax withheld.	_____	6,410.
15 Date return will be filed and balance paid	_____	_____

Worksheet for Spouse Tax Adjustment and Virginia Taxable Income Allocation

2020

▶ Keep for your records

Name _____	Social Security Number _____
------------	------------------------------

Part 1 – Separate Income and Exemptions	Taxpayer	Spouse
1 Federal adjusted gross income	_____	_____
2 Additions:	_____	_____
a Fixed date conformity additions.	_____	_____
b Interest and obligations of other states.	_____	_____
c Other additions.	_____	_____
d Total additions. Add lines 2a, 2b and 2c	_____	_____
3 Subtotal. Add lines 1 and 2d	_____	_____
4 Age Deduction	_____	_____
5 Social Security Act and Tier 1 Railroad Retirement Act Benefits	_____	_____
6 State income tax refund or overpayment credit reported as income on your federal return.	_____	_____
7 Other subtractions:	_____	_____
a Fixed date conformity subtractions	_____	_____
b Income from obligations or securities of the United States	_____	_____
c Disability income reported as wages	_____	_____
d Other subtractions	_____	_____
e Add lines 7a through 7d	_____	_____
8 Total subtractions. Add lines 4, 5, 6 and 7e	_____	_____
9 Virginia Adjusted Gross Income (VAGI) . Subtract line 8 from line 3. Enter here and Spouse amount on Form 760, line 17a	_____	_____
10 Personal exemptions:	_____	_____
You \$930 Plus 65 or over <input type="text"/> Blind <input type="text"/> = ____ x \$800 =	_____	_____
Spouse \$930 Plus 65 or over <input type="text"/> Blind <input type="text"/> = ____ x \$800 =	_____	_____
11 Subtract line 10 from line 9. If either amount is 0 or less, STOP; you do not qualify for this credit.	_____	_____

Part 2 – Virginia Taxable Income Allocation

Complete lines 12 through 15 if the taxpayer or spouse is claiming a credit for tax paid to another state, and filed a separate return with the other state.

12 Standard or itemized deduction amount	_____	_____
13 a Enter number of dependents to allocate to each spouse	_____	_____
b Dependent exemptions: \$930 x number of dependents on line 13a	_____	_____
14 Deductions from VAGI.	_____	_____
15 Virginia Taxable Income . Line 11 minus lines 12, 13b and 14	_____	_____

Part 3 – Spouse Tax Adjustment

16 Enter the taxable income from line 15 of Form 760	_____
17 Enter the smaller amount from line 11 above. If this amount is larger than \$17,000 and line 16 is larger than \$34,000, skip to line 24 and enter \$259 as the credit	_____
18 Subtract line 17 from line 16 (if \$0 or less, enter \$0)	_____
19 Divide the amount on line 16 by 2	_____
20 Enter the tax on the smaller of line 17 or line 19	_____
21 Enter the tax on the larger of line 18 or line 19	_____
22 Add lines 20 and 21	_____
23 Enter the tax from line 16 of Form 760	_____
24 Tax Adjustment: Subtract line 22 from line 23. <i>Also enter on Form 760, line 17</i>	_____

Taxpayer/Spouse Allocation Worksheet

2020

▶ Keep for your records

Name Kushagra Sharma	Social Security No. 670-35-1054
-------------------------	------------------------------------

Part 1 – Income and Adjustments	Column A Taxpayer	Column B Spouse
1 Wages, salaries, tips, etc	120,525.	
2 Taxable interest income		
3 Dividend income		
4 Taxable refunds, credits or offsets of state and local income taxes . .		
5 Alimony received		
6 Business income or (loss)		
7 Capital gain or (loss)		
8 Other gains or (losses)		
9 Taxable amount of IRA distributions		
10 Taxable amount of pensions and annuities		
11 Rents, royalties, partnerships, estates, trusts		
12 Farm income or (loss)		
13 Unemployment compensation		
14 Taxable social security benefits		
15 Other income		
16 Total income (add lines 1 through 15)	120,525.	
17 Educator expenses		
18 Expenses of reservists, performing artists, fee-based govt officials . .		
19 Health savings account deduction		
20 Moving expenses		
21 Deductible part of self-employment tax		
22 Self-employed SEP, SIMPLE, and qualified plans		
23 Self-employed health insurance deduction		
24 Penalty on early withdrawal of savings		
25 Alimony paid		
26 IRA deduction		
27 Student loan interest deduction		
28 Tuition and fees deduction		
29 Other adjustments		
30 Total adjustments to income (add lines 17 through 29)		
31 Federal adjusted gross income (line 16 minus line 30)	120,525.	

Part 2 – Fixed Date Conformity Adjustments		
1a Unemployment Comp Exclusion Fixed Date Conformity addition . . .		
1b Other Fixed Date Conformity additions		
2 Fixed Date Conformity subtraction		
(above from depreciation adjustment plus any Other Additions Statement and Other Subtractions Statement manual entries)		

Low Income Credit Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return <u>Kushagra Sharma</u>	Your Social Security Number <u>670-35-1054</u>
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Part I – Family VAGI Calculations

	Name	Social Security Number	VA Adjusted Gross Income
a Taxpayer	<u>Kushagra Sharma</u>	<u>670-35-1054</u>	<u>120,525.</u>
b Spouse*	_____	_____	_____
c Dependent	_____	_____	_____
d Dependent	_____	_____	_____
e Dependent	_____	_____	_____
f Dependent	_____	_____	_____
g Dependent	_____	_____	_____
h Dependent	_____	_____	_____
i Dependent	_____	_____	_____
j Dependent	_____	_____	_____
k Dependent	_____	_____	_____
l Dependent	_____	_____	_____

* Note: If married filing separate, enter spouse's Virginia adjusted gross income (enter 0 if none)

1	Total number of exemptions	<u>1</u>
2	Total family VAGI (Virginia adjusted gross income)	<u>120,525.</u>

Go to Part II to see if you qualify for a Low Income Credit.

Part II – Low Income Credit and Virginia Earned Income Credit Eligibility

You are **not** eligible for the **low income credit** and the **Virginia earned income credit** because your filing status is married filing separate and your spouse is claiming low income credit

You are **not** eligible for the **low income credit** and the **Virginia earned income credit** due to one or more of the following reasons:

- Claiming age deduction
- Claiming additional exemption for blindness or age 65 and over
- Claiming Virginia National Guard subtraction (code 28)
- Claiming basic military pay subtraction (code 38)
- Claiming federal and state employee subtraction (code 39)
- Claimed as a dependent on another person's return

You are **not** eligible for the **low income credit** because your family VAGI is greater than the federal poverty guideline amount below for your family size:

Eligible exemptions	Poverty Guideline
1	\$ 12,760
2	17,240
3	21,720
4	26,200
5	30,680
6	35,160
7	39,640
8 *	44,120

* For each additional person, spouse or dependent exemption, add \$4,480 to the poverty guideline amount

Federal/State Adjustment Summary

2020

Name as Shown on Return
Kushagra Sharma

Social Security Number
670-35-1054

Schedule C	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F) _____

Schedule E	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) _____

Schedule F	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F) _____

Form 4835	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F) _____

Federal/State Adjustment Summary

2020

Name as Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
--	---------------------------------------

Schedule K-1 Partnership	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F) . . . _____

Schedule K-1 S Corporation	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F) _____

Schedule K-1 Estates & Trusts	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F) _____

Form 2106		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E) _____

Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income. _____

Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation. _____

Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation _____

Federal/State Adjustment Summary

2020

Name as Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
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Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
Schedule A				

Total Schedule A Depreciation Adjustment (Sum of Column E) _____

Total Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income _____
 Depreciation Adjustment Included in Schedule A **Not** Subject to 2% Limitation _____
 Depreciation Adjustment Included in Schedule A Subject to 2% Limitation _____

Asset Dispositions

(A) Description of Asset Sold		(B) If reported on, Ck Box:		(C) Federal Gain/Loss	(D) Accumulated Depreciation		(E) Gain Adjustment	(G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
Date Acq	Date Sold	Form 6252	Form 8824		(1) State	(F) Other Adjustments		
		6252	<input type="checkbox"/>					
		8824	<input type="checkbox"/>					
		6252	<input type="checkbox"/>					
		8824	<input type="checkbox"/>					
		6252	<input type="checkbox"/>					
		8824	<input type="checkbox"/>					
		6252	<input type="checkbox"/>					
		8824	<input type="checkbox"/>					

Passive/At-Risk/Other Adjustments _____
 Total Sale of Asset Adjustment _____

Section 179 Worksheet

2020

Name as Shown on Return Kushagra Sharma	Social Security Number 670-35-1054
--	---------------------------------------

Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

1 Federal taxable income computed for the Section 179 limitation	1	
State adjustments:		
2 Depreciation adjustment (without Section 179)	2	
3 Section 1231 gain adjustment	3	
4 Other additions or subtractions to taxable income	4	
5 State taxable income for the Section 179 limitation (line 1 plus lines 2 - 4)	5	
6 Total Section 179 before limitation	6	
7 Section 179 allowable, if different	7	
8 Federal Section 179 allowed	8	
9 State Section 179 adjustment	9	
10 Carryover to next year	10	

QuickZoom to Activity Worksheet

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover

Total Form 2106 Section 179 Adjustment (Column B minus Column G) _____

Schedule A

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation	(F) State Section 179 Allowed	(G) State Section 179 Carryover To Next Year

Total Schedule A Section 179 Adjustment (Column B minus Column E) _____

Name(s) Shown on Return
Kushagra Sharma

Your Social Security Number
670-35-1054

Part I 2021 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2021 Estimates:

- a 100% of **2020** taxes (default, see Tax Help) 6,360.
- b 100% of tax on **2021** estimated taxable income 6,360.
- c 90% of tax on **2021** estimated taxable income 5,724.
- d 66-2/3% of tax on **2021** estimated taxable income (farmers and fishermen) 4,240.
- e Equal to 100% of overpayment (no vouchers) 50.
- f Enter total amount you want to use for estimates and check box _____

2 Selected estimated tax amount:

- a **2021** Required Annual Payment based on your choice above 6,360.
- b Estimated amount of **2021** state income tax withholding 6,410.
- c **Total of estimated tax payments required for 2021** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if more than \$150 (default)
- b Calculate estimates if _____ (specify amount) or more
- c Calculate estimates regardless of amount
- d Do **not** calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available 50.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
- b Apply all (increase estimate if required)
- c Apply to extent of total estimated tax and refund excess
- d Apply to extent of first quarter amount and refund excess
- e Enter amount you want to apply
- f Amount applied to **2021** estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 50.

3 Select Overpayment Application Sequence:

- a ◀ Consecutively b ◀ Evenly

Part III Rounding and Printing Options

1 Select Rounding Option:

- a ◀ Round up to next \$1 b ◀ Round up to next \$10 c ◀ Round up to next \$100 d ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ◀ Print (per Part I, lines 3a - c) b ◀ Print only name, etc. c ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 May 1, 2021	2 Jun 15, 2021	3 Sep 15, 2021	4 Jan 15, 2022	Total
1 If you have already made payments, enter amounts. . .					
2 Indicate which payment is due next (e.g. if it is after May 1, 2021, check col 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required payment.					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					
QuickZoom to voucher. ►					

Part V Changes to Income, Deductions and Withholding

2020 income and deductions are shown in the '2020 Actual' column.

* For each line in the '2021 Estimated' column, enter estimated 2021 amount if **different** from 2020.

Otherwise, the '2020 Actual' amount will be used for that line. If zero, you **must** enter zero.

Spouse (when using filing status 4 on Form 760PY)

	2020 Actual	2021 Estimated
A Expected Virginia adjusted gross income subject to tax in 2021 (includes the age deduction plus additions to and subtractions from federal adjusted gross income)		
B If you will itemize deductions on your 2021 federal return, enter the estimated total of those deductions allocated to spouse, less state and local income tax (Fixed Date Conformity adjustments should be made where applicable)		
C Expected amount of qualifying child and dependent care expenses . .		
D Tax credits		
E Withholdings for the year		
Yourself		
	2020 Actual	2021 Estimated
A Expected Virginia adjusted gross income subject to tax in 2021 (includes the age deduction plus additions to and subtractions from federal adjusted gross income)	120,525.	
B If you will itemize deductions on your 2021 federal return, enter the estimated total of those deductions allocated to taxpayer, less state and local income tax (Fixed Date Conformity adjustments should be made where applicable)		
C Expected amount of qualifying child and dependent care expenses . .		
D Tax credits		
E Withholdings for the year	6,410.	
F Form 763 filers only: Enter nonresident allocation percentage.	%	%

Part VI 2021 Estimated Taxable Income and Tax

	A Spouse Use only when using filing status 4 on Form 760PY	B Yourself Use for all other filers
1 Expected Virginia adjusted gross income subject to tax in 2021 (includes the age deduction plus additions to and subtractions from federal adjusted gross income). See Part I on page 1 to see if you are required to file Form 760ES.		120,525.
2a If you will claim itemized deductions on your 2021 federal tax return, enter the estimated total of those deductions, less any state and local income tax		
OR		
2b If you will not itemize deductions, enter the standard deduction amount for your filing status: Single: \$4,500, Married, filing joint or combined return: \$9,000, Married, filing separately: \$4,500.		4,500.
3 Expected amount of qualifying child and dependent care expenses . . .		
4 Personal exemptions (Personal exemptions X \$930, Exemptions for "65 or over" & "Blind" X \$800)		930.
5 Add line 2a or line 2b, line 3 and line 4		5,430.
6 Estimated Virginia taxable income (line 1 less line 5)		115,095.
7 Virginia income tax for amount on line 6		6,360.
8 Tax adjustments		
9 Your estimated 2021 Virginia income tax (line 7 less line 8)		6,360.
10 Total estimated 2021 Virginia income tax (line 9, column A plus column B)	10	6,360.

Tax Summary
 ▶ Keep for your records

2020

Name(s) Kushagra Sharma	
Federal adjusted gross income	120,525.
Additions to income	
Subtractions from income	
Standard/Itemized deductions	4,500.
Exemption amount	930.
Deductions	
Virginia taxable income	115,095.
Virginia income tax	6,360.
Total payments	6,410.
Overpayment amount	50.
Addition to tax, penalty and interest	
Overpayment credited to next year's estimated tax	
Consumer's use tax and voluntary contributions	
Amount you owe	
Refund	50.

Smart Worksheets from your 2020 Virginia Tax Return

SMART WORKSHEET FOR: Deductions Statement

Prepaid Funeral, Medical or Dental Insurance Smart Worksheet		
Eligibility Requirements	Spouse	Taxpayer
<ul style="list-style-type: none"> ● Age Age 66 or over? ● Earned income Earned income is \$20,000 or more ● Federal adjusted gross income Federal adjusted gross income is \$30,000 or less 	<div style="text-align: right; margin-bottom: 5px;">30</div> <input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="text-align: right; margin-bottom: 5px;">120,525.</div> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="text-align: right; margin-bottom: 5px;">120,525.</div> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A Enter premiums paid in 2020 for a prepaid funeral insurance policy.	Taxpayer _____ Spouse _____	_____ _____
B Enter the total medical and dental insurance premiums paid in 2020 for taxpayer, spouse and dependents (do not include long-term care)		_____ _____
C Enter the medical and dental portion of the self-employed health insurance premiums deducted on federal Schedule 1, line 16		_____ _____
D If taking federal itemized deductions, enter the medical and dental portion of the amount shown on federal Schedule A, line 4		_____ _____
E Add line C and line D		_____ _____
F Subtract line E from line B. This is the Virginia basis of the medical and dental insurance premiums deduction	Total _____ Taxpayer _____ Spouse _____	_____ _____ _____
G Add line A and line F, enter result under code 114 below. This is your prepaid funeral, medical and dental insurance premiums deduction.		_____ _____

Filing Status [X] 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: Kushagra
Last name: Sharma
Your social security number: 670-35-1054
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
2151 Astoria Cir
Apt. no. 105
City, town, or post office. If you have a foreign address, also complete spaces below.
Herndon
State VA
ZIP code 201704036
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

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

Standard Deduction
Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1956 [] Are blind Spouse: [] Was born before January 2, 1956 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with columns for line numbers and amounts. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation.

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

Tax History Report

▶ Keep for your records

2020

Name(s) Shown on Return

Kushagra Sharma

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status				Single	Single
Total income				75,087.	120,525.
Adjustments to income				2,000.	
Adjusted gross income				73,087.	120,525.
Tax expense				3,833.	6,880.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .				12,200.	12,400.
Exemption amount . .				0.	0.
QBI deduction					
Taxable income				60,887.	108,125.
Tax				9,251.	20,030.
Alternative min tax . .					
Total credits					
Other taxes					
Payments				9,563.	15,477.
Form 2210 penalty . .					
Amount owed					4,553.
Applied to next year's estimated tax .					
Refund				312.	
Effective tax rate % . .				12.66	16.62
**Tax bracket %				22.0	24.0

**Tax bracket % is based on Taxable income.