Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

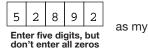
Тахрау	er's name	Social security number			
NAR	ENDRAKUMAR N BARVALIYA	040-15-2892			
Spouse	s's name	Spouse's social security number			
URV	ASHI S KOTADIA	356-56-5656			
Par	Tax Return Information – Tax Year Ending December 31, 2020 (Entery	year you are authorizing.)			
Enter	whole dollars only on lines 1 through 5.				
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income	 1 149,446.			
2	Total tax	2 11,130.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 12,148.			
4	Amount you want refunded to you	4 3,805.			
5	Amount you owe	5			

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

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

Taxpayer's PIN: check one box only

		-		EBO firm name	5 ,	Ēr
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	5



signature on the income tax return (original or amended) I am now authorizing.

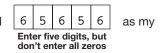
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN

Date



signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►	Date ►				
Practitioner PIN Method Returns Only—continue below					
Part III Certification and Authentication – Practit	ioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9				

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

ERO's signature >	Date 🕨	
	Must Retain This Form — See Instructions t This Form to the IRS Unless Requested To Do So)
		E 0070 (D 01 0001)

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

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name number to you Child tax credit Credit for other dependent If more than four (1) First name Last name number 10 you Child tax credit Credit for other dependent see instructions PINU NARENDRAKUMAR BARVALIYA 712-57-6117 Son X Image: Comparison of the provide state o	E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	202	20	OMB No. 1545	-0074	IRS Use O	nly—	Do not wr	ite or staple	in this space.
NARENDRAKUMAR N BARVALIYA 040-15-2892 If join return, spouse's tist name and middle initial Last name Spouse's social security number URVASHI S COTADIA 356-56-5655 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Chy. town, or post office. If you, or post office. If you have a foreign address, also complete spaces below. State ZIP code Dipsoin filing jointly, want S3 Foreign country name Foreign province/state/county Foreign postal code You is not change You is not change Standard Sonsene can claim: You as dependent Your spouse as a dependent Your spouse as a dependent Dependents Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Wes born before January 2, 1956 Is blind Dependents (9) First name Last name (1) First name Child tax credit for othe dependent Standard Souse itemizes on a separate return or you were a dual-status alien Child tax credit for othe dependent Meeinstructions: (1) First name Last name (1) First name Child tax credit for othe dependent Standard Souse itemizes on a separate return or you wer	Check only	lf yo	u checked the MFS box, enter the n	ame of	-									
If joint return, spouse's first name and middle initial Last name KOTADIA 356-56-5656 URVASHI S Apt. no. Apt. no. Spouse's social security numbe 356-56-5656 Jóint City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Chock here if you, or your SOUTH CRAFTON MA 015560 op to this fund. Checking a to go to this fund. Checking a Foreign country name Foreign province/state/county Foreign postal code ''' ou '''' ou ''''''''''''''''''''''''	Your first name	and mi	ddle initial	Last na	me						١	Your so	cial securi	ty number
URVASHI S KOTADIA 356-56-5656 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 36 TULIP CIR Presidential Election Campaign Presidential Election Campaign Spouse (Filing Jointly, want 35 SUUTH GRAFTON MA 01550 spouse (Filing Jointly, want 35 Foreign country name Foreign province/state/county Foreign postal code you tax or refund. VU	NARENDRA	KUM	AR N	BARV	ALIYA							040-1	L5-289	2
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, your spouse if filing jointy your State Presidential Election Campaign Check here if you, your spouse if filing jointy your is pouse it his fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code Vou Spouse your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Spouse: Was born before January 2, 1956 Is blind Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Immore than four dependents, see instructions): (1) First name Last name number (1) Was a credit Credit or dher dependent bo you (1) If with accredit Credit or dher dependent bo you Standard dependents, see instructions, if a dual check 2a b Taxable amount 1 149, 631. 4a 1	lf joint return, s	oouse's	first name and middle initial	Last na	me						5	Spouse's	social see	curity number
36 TULIP CIR Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State 2P code spouse if filling jointly, want \$3 SOUTH GRAFTON MA 01560 box below will not charge pouse if filling jointly, want \$3 Foreign country mane Foreign province/state/county Foreign postal code your tax or refund. your tax or refund. Standard Someone can claim: You as a dependent You spouse as a dependent You spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Var Spouse itemstructions): If more (1) First name Last name number to you Child tax credit Credit for other dependent See instructions): PIEU NARENDRATIMAR BARVALIYA 712-57-6117 Son X	URVASHI	S		KOTA	DIA							356-5	56-565	6
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Cuty, tom, or plast other, in your have a toreight adultiss, also cuthiplete spaces below. State 2/P code tog to this fund, checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code you is town, or refund. 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 Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate retrun or you were a dual-status alien Age/Blindness You: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) ✔ if qualifies for (see instructions): If more (1) First name Last name number 1 0 you Child tax credit Credit for other dependent BazeM NABERMENTING ALLIYA 889 - 44 - 3022 Daughter Za Image: Color other dependent If equired. 3a Dualified dividends	36 TULII	P CII	र											
SOUTH GRAFTON MA 01560 box below will not change Foreign country name Foreign province/state/county Foreign postal code Out as or refund. You Spouse Foreign postal code You Spouse At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Pependents (see instructions): (1) First name Last name number (2) Social security (3) Relationship (4) ✔' if qualifies for (see instructions): If more (1) First name Last name number (1) First name (2) Social security (3) Relationship dependents, see instructions: In number will have charter (2) Social security (3) A statch (4) ✔' if qualifies for (see instructions): and check Interest . 2a b b taxable amount 2b Attach 2a Wages, sal	City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	ite	ZIP co	ode		•		
Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or othenwise acquire any financial interest in any virtual currency? Yes Xes Standard Someone can claim: You as a dependent You repose as a dependent Yes Xes Deduction Spouse temizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name (2) Social security to you (3) Relationship (4) If qualifies tor (see instructions): If more than four dependents (see instructions): (1) First name (2) Social security to you Child tax credit Credit for other dependents see instructions III Wages, salaries, tips, etc. Attach Form(s) W-2 Daughter Image: Color (See C	SOUTH GF	RAFT	NC				M	A	015	560		0		•
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Standard Deduction Someone can claim: You as a dependent You ropuse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) V if qualifies for (see instructions): If more than four dependents (1) First name Last name number to you Child tax credit Credit for other dependents See instructions than RENDRAKUMAR BARVALIYA 712-57-6117 Son X Image: Credit for other dependents Attach Standard Deduction for Tax-exempt interest Image: Credit for other dependents Image: Credit for other dependents Attach 24 Wages, salaries, tips, etc. Attach Form(s) W-2 Image: Credit for other dependents Image: Credit for other dependents Attach 2a b Taxable interest Image: Credit for other dependents 3a b Dordinary dividends Image: Credit for other dependents Image: Credit for other dependents 4ttach 2a Tax-exempt interest Image: Credit for other dependents													You	Spouse
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than four dependents, see instructors PARAM NARENDRAKUMAR BARVALIYA 712-57-6117 Son Image: Construct of the second	•							iip						
dependents, see instructions and check PIHU NARENDRAKUMAR BARVALIYA 889-44-3022 Daughter Image: Construction of the second secon		PARAM	I NARENDRAKUMAR BARVALIYA	712-57-61		7	Son		×				7	
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4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 6a b Taxable amount 5b 5a Social security benefits 6a b Taxable amount 5b 5a Social security benefits 6a b Taxable amount 7 • Single or Gapital gain or (loss). Attach Schedule D if required. If not required, check here • • 7 • Other income from Schedule 1, line 9 • • • 8 -185. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income • • 9 149, 446. • Narried filing jointly or b Charitable contributions if you take the standard deduction. See instructions 10b • • • Head of household, \$18,650 • • • • • 10c 11 Subtract line 10c from line 9. This is your adjusted gross income • • 11 149, 446. 12 Standard		3a	Qualified dividends	3a								3b		
Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,400 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here • 7 0. • Married filing jointy or Qualifying widow(er), \$24,800 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income • 10a 149, 446. • Head of household, \$18,650 • • 10a 10b 10c • Head of household, \$18,650 • • 11 149, 446. • If you checked 12 Standard deduction or itemized deductions (from Schedule A) 12 35, 992.	required.	4a	IRA distributions	4a				,				4b		
Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 0. • Single or Married filing separately, \$12,400 8 Other income from Schedule 1, line 9. 8 -185. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 149, 446. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a • Married filing jointly or Qualifying widow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income • 11 149, 446. 11 149, 446. 12 35, 992.		5a	Pensions and annuities	5a			bТ	axable amoun	t			5b		
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\$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 149,446. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a • Married filing jointly or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10a 10b • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income • • • • • • • • • • • • • • • • • • •		8										8		-185.
Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: a 10a b From Schedule 1, line 22 10a 10b b Charitable contributions if you take the standard deduction. See instructions b 10b 10b • Head of household, \$18,650 C Add lines 10a and 10b. These are your total adjustments to income 10c 11 149,446. 11 149,446. If you checked any box under 12 35,992.		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is yo	ur total inc	ome					9	14	49,446.
Qualifying widow(er), \$24,800 a From Schedule 1, line 22	 Married filing 	10												
widow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b 10b • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income .		а	From Schedule 1, line 22						a					
 Head of household, \$11 If you checked any box under the standard deduction or itemized deductions (from Schedule A) Itemized deduction or itemized deductions (from Schedule A) Itemized deduction or itemized deductions (from Schedule A) 	widow(er),	b												
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• If you checked 12 Standard deduction or itemized deductions (from Schedule A)		11	Subtract line 10c from line 9. This	is your a	adjusted	gross inc	ome					· 11	14	49,446.
any box under	 If you checked 	12	Standard deduction or itemized	deduct	i ons (froi	m Schedule	e A)					12	:	35,992.
Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	any box under Standard	13	Qualified business income deducti	on. Atta	ch Form	8995 or Fe	orm 8	3995-A				13		
Deduction, see instructions. 14 Add lines 12 and 13 15 14 35,992.	Deduction,	14	Add lines 12 and 13									14		35,992.
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		15	Taxable income. Subtract line 14	from lin	e 11. lf z	ero or less	ente	er-0				15	1	13,454.

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

Form **1040** (2020)

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3			16	16,540.
	17	Amount from Schedule 2, lin	e3					🛓	17	
	18	Add lines 16 and 17						[18	16,540.
	19	Child tax credit or credit for	other dependen	ts				[19	4,000.
	20	Amount from Schedule 3, lin	ie7					🛓	20	1,410.
	21	Add lines 19 and 20						[21	5,410.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				[22	11,130.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .			🛓	23	0.
	24	Add lines 22 and 23. This is	your total tax					. 🕨 🗋	24	11,130.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	12,1	L48.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	12,148.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return .			[26	
qualifying child,	27	Earned income credit (EIC)			NO .	27				
attach Sch. EIC.	28	Additional child tax credit. A				28				
nontaxable	29	American opportunity credit	from Form 8863	8, line 8		29	ç	940.		
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30	1,1	L00.		
	31	Amount from Schedule 3, lin	ie 13			31	5	747.		
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refund	able credi	ts	. 🕨	32	2,787.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨 🗌	33	14,935.
Defund	34	If line 33 is more than line 24							34	3,805.
Refund	35a	Amount of line 34 you want				•	-		35a	3,805.
Direct deposit?	►b	Routing number X X X			► c Type:					
See instructions.	►d	Account number X X X					,	J		
	36	Amount of line 34 you want a								
Amount	37	Subtract line 33 from line 24						. 🕨	37	
You Owe	•	Note: Schedule H and Sch								
For details on		2020. See Schedule 3, line 1					53 you ow			
how to pay, see instructions.	38	Estimated tax penalty (see ir				38				
Third Party	Do	you want to allow another								
Designee		structions					Yes. Com	plete be	low.	× No
		signee's		Phone				al identific	ation ,	
		me 🕨		no. 🕨			number	()]	
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		· · ·		Date	1,		normation		•	nt you an Identity
	, 10	ur signature		Dale	Four occupation					N, enter it here
Joint return?					SOFTWARE	ENGINE	ER	(see ins		
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date						nt your spouse an
Keep a copy for your records.	*							Identity Protection PIN, enter		ection PIN, enter it here
your records.								(see ins	st.) 🕨	
		one no. (203)455-737		Email address	BARVALIYA2					
Paid		eparer's name	Preparer's signat			Date		TIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1 01/06/	2022 P	020827		Self-employed
Use Only		m's name 🕨 GLOBAL TAX						Phone	no. (678)965-9522
	Firi	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041			Firm's	EIN 🕨	30-1017196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 08/3	30/21 PRO			Form 1040 (2020)

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SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

2020 Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR								
NARENDRAKUMAR	Ν	BARVALIYA	&	URVASHI	S	KOTADIA		

Your social security number 040-15-2892

Part I Additional Income

Taxable refunds, credits, or offsets of state and local income taxes	1	
Alimony received	2a	
Date of original divorce or separation agreement (see instructions)		
Business income or (loss). Attach Schedule C	3	
Other gains or (losses). Attach Form 4797	4	
Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-185.
Farm income or (loss). Attach Schedule F	6	
Unemployment compensation	7	
Other income. List type and amount ►		
	8	
	0	105
t II Adjustments to Income	9	-185.
	10	
•		
officials. Attach Form 2106	11	
Health savings account deduction. Attach Form 8889	12	
Moving expenses for members of the Armed Forces. Attach Form 3903	13	
Deductible part of self-employment tax. Attach Schedule SE	14	
Self-employed SEP, SIMPLE, and qualified plans	15	
Self-employed health insurance deduction	16	
Penalty on early withdrawal of savings	17	
Alimony paid	18a	
Recipient's SSN		
Date of original divorce or separation agreement (see instructions)		
IRA deduction	19	
Student loan interest deduction	20	
Tuition and fees deduction. Attach Form 8917	21	
Add lines 10 through 21. These are your adjustments to income. Enter here and		
		e 1 (Form 1040) 2020
	Alimony received . . Date of original divorce or separation agreement (see instructions) ▶ Business income or (loss). Attach Schedule C Other gains or (losses). Attach Form 4797 . Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E Farm income or (loss). Attach Schedule F Unemployment compensation . Other income. List type and amount ▶ Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 Ine 8 Cortain businese expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 Health savings account deduction. Attach Form 8889 Moving expenses for members of the Armed Forces. Attach Form 3903 Self-employed SEP, SIMPLE, and qualified plans Self-employed health insurance deduction Penalty on early withdrawal of savings Alimony paid Alimony paid Alimony paid Recipient's SSN Date of original divorce or separation agreement (see instructions) ▶ IRA deduction There is deduction. Attach Form 8917	Alimony received 2a Date of original divorce or separation agreement (see instructions) ▶ Business income or (loss). Attach Schedule C 3 Other gains or (losses). Attach Schedule C 3 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 Farm income or (loss). Attach Schedule F 6 Unemployment compensation 7 Other income. List type and amount ▶ 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 9 III Adjustments to Income 10 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 11 Health savings account deduction. Attach Form 8889 12 Moving expenses for members of the Armed Forces. Attach Form 3903 13 Deductible part of self-employment tax. Attach Schedule SE 14 Self-employed health insurance deduction 16 Penalty on early withdrawal of savings 17 Alimony paid 18a Recipient's SSN 19 Student loan interest deduction 19 Student loan interest deduction 19 Student loan interest deduction

SCHEDULE 3	3
(Form 1040)	

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SCHEDULE 3		Additional Credits and Payments	0	OMB No. 1545-0074	
(Form	n 1040)	•			2020
	nent of the Treasury Revenue Service	 Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. 		A	uttachment Requence No. 03
Name	e(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial s	ecurity number
NAR	ENDRAKUMAR	N BARVALIYA & URVASHI S KOTADIA	040-15	5-28	392
Pa	rt I Nonre	fundable Credits			
1	Foreign tax	credit. Attach Form 1116 if required		1	
2	Credit for cl	nild and dependent care expenses. Attach Form 2441		2	
3	Education c	redits from Form 8863, line 19		3	1,410.
4	Retirement	savings contributions credit. Attach Form 8880		4	
5	Residential	energy credits. Attach Form 5695		5	
6	Other credit	s from Form: a 🗌 3800 b 🗌 8801 c 🗌		6	
7	Add lines 1	through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, lin	e 20	7	1,410.
Par	t II Other	Payments and Refundable Credits			
0		n tax aradit. Attach Farm 2060		0	

8	Net premium tax credit. Attach Form 8962		8	
9	Amount paid with request for extension to file (see instructions) .	9		
10	Excess social security and tier 1 RRTA tax withheld		10	747.
11	Credit for federal tax on fuels. Attach Form 4136		11	
12	Other payments or refundable credits:			
а	Form 2439	12a		
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b		
	10111(3) 7202	120	-	
С	Health coverage tax credit from Form 8885	12c		
d	Other:	12d		
е		12e		
f	Add lines 12a through 12e		12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, o	r 1040-NR, line 31	13	747.
For Pa	Schedu	ile 3 (Form 1040) 2020		

SCHEDULE	Α
(Form 1040)	

Department of the Treasury

Itemized Deductions

OMB No. 1545-0074

40

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

► Attach to Form 1040 or 1040-SR.

Internal Revenue Service (99) **Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment Sequence No. 07

2

Name(s) shown on		Your social security number							
NARENDRAK	UMA	R N BARVALIYA & URVASHI S KOTADIA		040	-15-2	892			
Medical		Caution: Do not include expenses reimbursed or paid by others.							
and		Medical and dental expenses (see instructions)	1 13,50	0.					
Dental		Enter amount from Form 1040 or 1040-SR, line 11 2 149, 446.							
Expenses		Multiply line 2 by 7.5% (0.075)	3 11,20						
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0		4	1	2,292.			
Taxes You	5	State and local taxes.							
Paid	â	State and local income taxes or general sales taxes. You may include							
		either income taxes or general sales taxes on line 5a, but not both. If							
	you elect to include general sales taxes instead of income taxes,								
		check this box \ldots \ldots \ldots \ldots \ldots	5a 7,06						
		State and local real estate taxes (see instructions)	5b 15,50 5c 6,30						
		State and local personal property taxes							
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing	5d 28,86	3.					
	e	separately)	5e 10,00						
	6	Other taxes. List type and amount		0.					
	Ŭ		6 12,00	0					
	7	Add lines 5e and 6		7	7	22,000.			
Interest	8	Home mortgage interest and points. If you didn't use all of your home				· · · ·			
You Paid		mortgage loan(s) to buy, build, or improve your home, see							
Caution: Your		instructions and check this box \ldots \ldots \ldots \ldots \ldots							
mortgage interest deduction may be	â	Home mortgage interest and points reported to you on Form 1098.							
limited (see instructions).		See instructions if limited	8a 11,20	0.					
	k	Home mortgage interest not reported to you on Form 1098. See							
		instructions if limited. If paid to the person from whom you bought the							
		home, see instructions and show that person's name, identifying no., and address							
			8b						
		Points not reported to you on Form 1098. See instructions for special		_					
			8c						
	c	Mortgage insurance premiums (see instructions)	8d						
		Add lines 8a through 8d	8e 11,20	0.					
	9	Investment interest. Attach Form 4952 if required. See instructions .	9						
	10	Add lines 8e and 9		1	0	11,200.			
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more, see							
Charity		instructions	11 50	0.					
Caution: If you made a gift and	12	Other than by cash or check. If you made any gift of \$250 or more,							
got a benefit for it,		see instructions. You must attach Form 8283 if over \$500.	12	_					
see instructions.		Carryover from prior year	13		4	500			
		Add lines 11 through 13		_	4	500.			
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (othe disaster losses). Attach Form 4684 and enter the amount from line 1							
ment L035e5		instructions		1	5				
Other	16	Other—from list in instructions. List type and amount		-					
Itemized									
Deductions				1	6				
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e	enter this amount o	on 📘					
Itemized		Form 1040 or 1040-SR, line 12		1	7	35,992.			
Deductions	18	If you elect to itemize deductions even though they are less than your		n,					
		check this box							

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR. BAA REV 08/30/21 PRO

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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

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

2020 Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

NARENDRAKUMAR N BARVALIYA & URVASHI S KOTADIA

Your social security number 040-15-2892

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes × No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5 Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6 Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	()
7 Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	

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

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.	47,000.	83,983.	36,9	983.	0.
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12 13	Net long-term gain or (loss) from partnerships, S corporat Capital gain distributions. See the instructions				12 13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	· · · ·	•	-	14	()
15	Net long-term capital gain or (loss). Combine lines 8a on the back .				15	0.
For F	Paperwork Reduction Act Notice, see your tax return instruction				Schedu	ile D (Form 1040) 2020

22

Part	III Summary			
16	Combine lines 7 and 15 and enter the result	16		0.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.			
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.			
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18		
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19		
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 			
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:			
	The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500)	21	(0.
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.			

Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

for Forms 1040 and 1040-SR, line 16.

☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions

REV 08/30/21 PRO

Page 2

Schedule D (Form 1040) 2020

Form 8949 (2020)	Attachment Sequence No. 12A	Page 2
		-

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side NARENDRAKUMAR N BARVALIYA & URVASHI S KOTADIA Social security number or taxpayer identification number 040-15-2892

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

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

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

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

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

[] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
Main Home Sale: HOME	06/19/19	12/21/20	47,000.	83,983.	EL	36,983.	0.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc is checked), lir	lude on your 1e 9 (if Box E	47,000.	83,983.		36,983.	0.

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

SCHE (Form 1	CHEDULE E Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										OMB No. 1545-0074		
•		(From F	entarro		ch to Form 1040		-				nos, etc.)	2(0 20
	ent of the Treasury Revenue Service (99)		►Go		ov/ScheduleE f						_	Attach	ment nce No. 13
	shown on return		- 610								Your soci		
NARE	NDRAKUMAR	N BARV	ALIY	A & URVAS	SHI S KOTAI	DIA					040-1	5-2892	2
Part	Income of	or Loss	From I	Rental Real	Estate and Ro	yaltie	s Note	e: If you	are in th	e business d	of renting pe	rsonal pro	operty, use
	Schedule	C. See in	structio	ons. If you are	an individual, rep	ort far	m rental i	income (or loss fr	om Form 4	3 35 on page	2, line 40).
A Dic	l you make any	payment	ts in 20	20 that woul	d require you to	o file F	orm(s) 1	099? S	ee instr	uctions .		. 🗌 Y	′es 🔀 No
B If "	Yes," did you o	r will you	u file re	quired Form	(s) 1099?							. 🗌 Y	′es 🗌 No
1a					, city, state, ZIF								
Α	8-10 STON	E LAND	RD	WORCESTER	R MA 01603								
В	217 BEACO	N ST W	IORCE	STER MA (01610								
С	7 BLANCHE	ST WC	RCES	TER MA 01	L604								
1b	Type of Prop		2 Fo	or each renta	real estate prop	perty	isted			Rental	Persona		QJV
	(from list be	low)	De	ersonal use d	he number of fa ays. Check the	OJV h	ox only		Ľ	Days	Day	S	
A	2		if	you meet the	requirements to	o file a	ısa [Α		365		0	
	2		qu	Jaimed Joint v	enture. See inst	Iructio	ns.	В		365		0	
	2							С		305		0	
	of Property:		<i>.</i>							_			
-	le Family Resid				t-Term Rental				7 Self-				
Incom	ti-Family Reside	ence	40	ommercial	Properties:	6 RC	yalties		8 Othe	r (describe			С
3	-	4			•	3		A	000.	E	5 24,000.		16,500.
4	Rents received Royalties recei					4		<u> </u>	000.	4	24,000.		10,500.
Expen		veu .											
5	Advertising .					5							
6	Auto and trave					6							
7	Cleaning and r	-		-		7							
8	Commissions.					8							6,500.
9	Insurance					9		1.	200.		1,525.		1,500.
10	Legal and othe					10		<i>± /</i>	2001		1,525.		1,300.
11	Management f	-				11							
12	Mortgage inter					12		б,	000.		7,000.		
13	Other interest.					13							
14	Repairs					14		2,	000.		2,300.		
15	Supplies					15							
16	Taxes					16		2,	600.		2,900.		1,800.
17						17		8,	500.		6,000.		5,000.
18	Depreciation e	xpense o	or dep	letion		18					4,182.		
19	Other (list) ►					19							
20	Total expenses			-		20		20,	300.	4	23,907.		14,800.
21	Subtract line 2			,									
	result is a (loss					01		1	700		93.		1,700.
	file Form 6198					21		⊥,	700.		93.		1,700.
22	Deductible ren on Form 8582					22	(()	()
23a	Total of all amo			,			N.		23a	(, 58,500.	()
20a b					all royalty prop		• •		23b	(, 500.		
c	Total of all amo								23c	1	17,000.		
d					r all properties				23d		31,727.		
e	Total of all amo								23e)8,352.		
24					line 21. Do no						. 24		3,493.
25		-			rental real estate		-		nter tota	al losses hei		(3,678.)
26	Total rental re												<u>,</u>
_*	here. If Parts												
					, include this a								-185.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

SCHE (Form 1		(F			upplementa						110a ata		B No. 1545	5-0074
(1 01111 1		(From	renta		yalties, partners		-				nics, etc		202	0
	ent of the Treasury				ach to Form 1040 gov/ScheduleE f							Atta	achment	10
	Revenue Service (99) shown on return			GO 10 WWW.II'S.	gov/Scheduler		luctions		alesi	mormation	_	Sec social secu	uence No.	
()		N BAR	WAT.1	IVA & IIRVA	SHI S KOTAI	ΔΤΟ						-15-28		
Part					Estate and Ro		s Not	e: If you	are in th	e business c			-	use
T al t					an individual, rep	-		-			-	•		450
				-	Ild require you to									No
					n(s) 1099?								Yes [No
1a					t, city, state, ZIF							· · 🗆		
A	2 PERKINS						-)							
В														
С														
1b	Type of Prop	perty	2	For each renta	al real estate pro	pertv I	isted		Fair	Rental	Perso	nal Use	0	JV
	(from list be	low)					D	ays		JV				
Α	2			if you meet the	e requirements to	o file a	is a 👘	Α		355		0		
В				qualified joint	venture. See inst	tructio	ns.	В						
С								С						
Туре о	of Property:													
1 Sing	le Family Resid	lence	3	Vacation/Sho	rt-Term Rental	5 La	nd		7 Self-	Rental				
	i-Family Reside	ence	4	Commercial		6 Rc	yalties		8 Othe	r (describe)			
Incom	e:				Properties:			Α		E	3		С	
3	Rents received					3		б,	000.					
4	Royalties received	ved.				4								
Expen														
5	Advertising .					5		2,	000.					
6	Auto and trave	•		,		6								
7	Cleaning and n					7			500.					
8	Commissions.					8			300.					
9	Insurance					9			700.					
10	Legal and othe					10								
11	Management fe					11								
12	Mortgage inter				,	12		4,	000.					
13 14	Other interest.					13 14		2	000					
14	Repairs					14		۷,	800.					
16	Supplies Taxes					16		1	500.					
17						17			000.					
18	Depreciation ex					18			545.					
19	Other (list)			•		19		27,	515.					
20	Total expenses					20		49.	345.					
21				•	r 4 (royalties). If			,						
21				. ,	out if you must									
	file Form 6198				•	21		-43,	345.					
22	Deductible ren	tal real	estat	te loss after lir	nitation, if any,									
	on Form 8582					22	(-3,6	78.)	()()
23a	Total of all amo	ounts re	eporte	ed on line 3 fo	r all rental prope	rties			23a					
b	Total of all amo	ounts re	eporte	ed on line 4 fo	r all royalty prop	erties			23b					
С	Total of all amo	ounts re	eporte	ed on line 12 f	or all properties				23c					
d					or all properties				23d					
е	Total of all amo	ounts re	eporte	ed on line 20 f	or all properties				23e					
24					n line 21. Do no							24		
25	Losses. Add ro	yalty lo	sses f	rom line 21 and	rental real estate	e losse	s from li	ne 22. E	nter tota	al losses her	re. 2	25 ()
26					ome or (loss).									
					page 2 do not									
	Schedule 1 (Fo	orm 104	10), lir	ne 5. Otherwis	e, include this a	mount	t in the t	total on	line 41	on page 2	. 2	26		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

8863 Form Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

CAUTION

Education Credits (American Opportunity and Lifetime Learning Credits) ► Attach to Form 1040 or 1040-SR.

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

040-15-2892

NARENDRAKUMAR N BARVALIYA & URVASHI S KOTADIA

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

Part	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	II, line	30	1	2,350.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	1	80,000.		
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form					
Ŭ	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
	the amount to enter	3	1	49,446.		
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4		30,554.		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or					
	qualifying widow(er)	5		20,000.		
6	If line 4 is:		,			
	• Equal to or more than line 5, enter 1.000 on line 6				0	1 000
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)				6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th			meet the		
	conditions described in the instructions, you can't take the refundable America	an op	portur	ity credit;		
	skip line 8, enter the amount from line 7 on line 9, and check this box $\ . \ . \ .$				7	2,350.
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter					
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8	940.
Part						
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	•		,	9	1,410.
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	
11	Enter the smaller of line 10 or \$10,000				11	
12	Multiply line 11 by 20% (0.20)				12	
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13				
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form					
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for					
	the amount to enter	14				
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15				
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16				
17	If line 15 is:					
	 Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 					
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rou places)				17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet				18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit			,	-	
	instructions) here and on Schedule 3 (Form 1040), line 3				19	1,410.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA		REV 08/30/2	1 PRO	Form 8863 (2020)



	8867	Paid Preparer's Due	Diligence Checklist		ОМВ	No. 1545	-0074
Form		Earned Income Credit (EIC), Americ Child Tax Credit (CTC) (including the A Credit for Other Dependents (ODC)), and	dditional Child Tax Credit (ACTC) a	nd Itatus	2	02	0
	nent of the Treasury Revenue Service	► To be completed by preparer and filed with Forr ► Go to www.irs.gov/Form8867 for ins	n 1040, 1040-SR, 1040-NR, 1040-F	PR, or 1040-SS.	Attach Seque	nment ence No.	70
Тахрауе	er name(s) shown or	return		Taxpayer identif	ication n	umber	
NARI	ENDRAKUMAR	N BARVALIYA & URVASHI S KOTADIA	Δ	040-15-2	892		
	eparer's name and I						
SYAI		I SAGAR GUPTA TALLAM		P0208270	3		
Part	Due Dili	gence Requirements					
		propriate box for the credit(s) and/or HOH filing ned (check all that apply).	g status claimed on the return		the rel		arts I–V HOH
1	Did you comp	plete the return based on information for tax	k year 2020 provided by the	taxpayer or	Yes	No	N/A
	reasonably ob	tained by you?			X		
2	worksheets for AOTC workshe	claimed on the return, did you complete th und in the Form 1040, 1040-SR, 1040-NR, 10 eet found in the Form 8863 instructions, or you nd all related forms and schedules for each cre	40-PR, or 1040-SS instructions in worksheet(s) that provide	s, and/or the			
3		the knowledge requirement? To meet the kn		st do both of	X		
	the following.						
		taxpayer, ask questions, and contemporaneo at the taxpayer is eligible to claim the credit(s)		responses to			
		mation to determine that the taxpayer is eligitor of gure the amount(s) of any credit(s)	ble to claim the credit(s) and/o	0	X		
4	information rea	nation provided by the taxpayer or a third asonably known to you, appear to be incorre ons 4a and 4b. If " No, " go to question 5.)		nt? (If "Yes,"		X	
а	•	reasonable inquiries to determine the correct,	complete, and consistent infor	mation? .			
b		emporaneously document your inquiries? (Do	•				
~	you asked, wh	nom you asked, when you asked, the informat		e impact the			
5	keep a copy applicable wor 8867 and any taxpayer that	y the record retention requirement? To meet to of your documentation referenced in 4b, a rksheet(s), a record of how, when, and from w applicable worksheet(s) was obtained, and a you relied on to determine eligibility for the creation	copy of this Form 8867, a hom the information used to p copy of any document(s) pro	copy of any prepare Form vided by the			
	the amount(s) List those doc	of the credit(s)			×		
6	credit(s) and/c	e taxpayer whether he/she could provide doc or HOH filing status and the amount(s) of any ed for audit?	y credit(s) claimed on the retu	urn if his/her	X		
7		e taxpayer if any of these credits were disallow				×	
-	•	e disallowed or reduced, go to question 7a;					
а		ete the required recertification Form 8862?					
8	If the taxpayer	is reporting self-employment income, did you ule C (Form 1040)?	ask questions to prepare a c	omplete and			
For Pa		ion Act Notice, see separate instructions.	REV 08/30/21 PRO	<u></u>	F G	orm 886	57 (2020)

Form 88	367 (2020)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim (стс.
	or ODC, go to Part IV.)		,	,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	×		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar		_	
Dout	statement to the return?			\square
Part 13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu	-	Yes	(.) No
15	tuition and related expenses for the claimed AOTC?			X
Part		s, go to	D Part	
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	x year	Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part				
	You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:			-
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount			
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for eac	ch failu	re to
15	Do you cartify that all of the answers on this Form 8867 are to the bast of your knowledge true, correct	t and	Voc	No

15	Do you certify	y tha	t all	of	the	ans	wers	s or	i this	s F	orm	886	57	are,	, to	the	bes	t of	you	r k	nov	vle	dge	, trι	Je,	cor	rec	:t, a	anc	1	Yes	NO	
	complete?																														X		
	REV 08/30/21 PRO F0								Fo	rm 886	67 (202	20)																					

6 Enter \$150,000. If married filing separately, see instructions 6 150,000. 7 Enter modified adjusted gross income, but not less than zero. See instructions 7 149,631. Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. 8 369. 8 Subtract line 7 from line 6 8 369. 9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions if line 2c is a loss, go to Part III. Otherwise, go to line 15. 9 185 10 185 10 185 11 Enter the smaller of line 5 or line 9 10 185 11 Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities 10 12 Enter the loss from line 4 11 11 13 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 14 14 Part IV Total Losses Allowed 15 3,493 15 Add the income, if any, on lines 1a and 3a and enter the total 14,401 3,678 16 Total losses on your tax return 14, and 15. See instructions to find out how to report the losses on your tax return 16	\$	2582	Passive Activity Loss Limitatio	ns	L	OMB No. 1545-1008
Description Performance Section	Form		► See separate instructions.		2020	
Demote alternation Identifying number NARENDRAKUMAR N BARVALIYA & URVASHI S KOTADIA 040-15-2892 Part I 2020 Passive Activity Loss 040-15-2892 Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Image: Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities With Active Participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a 3, 493. 1 Activities with net loss (enter the amount from Worksheet 1, column (a)) 1b (43, 345.) 1c 2 Commercial Revitalization Deductions From Rental Real Estate Activities 2a (2b 2b 2c						Attachment
NARE REDEAKUMAR NAREVALIYA & URVASHI S KOTADIA 040-15-2892 Part J 2020 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Image: Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a 3, 493. b Activities with net income (enter the amount from Worksheet 1, column (a)). 1a 3, 493. c Commercial Revitalization deductions from Worksheet 1, column (a)). 1d 43, 493. c Commercial revitalization deductions from Worksheet 2, column (a). 2a (► Go to www.irs.gov/Form8582 for instructions and the lates	t information.		
Part1 2020 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a 3, 493. 1a Activities with net locs (enter the amount from Worksheet 1, column (a)). 1b (43, 345.) 1c 0 Prory sers' unallowed losses (enter the amount from Worksheet 1, column (b)). 1c (43, 345.) 2 Commercial Revitalization Deductions from Worksheet 2, column (a)). 1a (3, 493.) 2 Commercial Revitalization deductions from Worksheet 2, column (a)). 2a (3 Activities with net income (enter the amount from Worksheet 3, column (a)). 3a 3a 3 Activities with net locse (enter the amount from Worksheet 3, column (a)). 3a 3a 4 Combine lines 12, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses enter the throm sonts. See instructions for a wore, skip Part II and Or III. -39, 852 4 Combine lines 14, 2, and 3d. If this line is zero or more), skip Part II and Or III. -39, 852 4 Combine lines 14, 2, and 3d. If this line is zero or more), skip Parts II and III and go to line 15. -39, 852	. ,					
Caution: Complete Worksheets 1, 2, and 3 before completing Part I. Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Worksheet 1, column (a)). 1a 3, 493. b Activities with net income (enter the amount from Worksheet 1, column (a)). 1b (43, 345.) c Prior years' unallowed losses (enter the amount from Worksheet 1, column (a)). 1c (a d Combine lines 1a, 1b, and 1c d Combine lines 1a, 1b, and 1c .	-	-			040-19	5-2892
Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a 1a 3,493. 1a Activities with net income (enter the amount from Worksheet 1, column (a)) 1b 1a 3,493. b Activities with net loss (enter the amount from Worksheet 1, column (b)) 1b 1c 1c c Ommercial revitalization Deductions From Rental Real Estate Activities 2a 1d -39,852 Commercial revitalization deductions from Worksheet 2, column (a) 1c 2b 2b 2c column (b) . <td< td=""><td>Part</td><td></td><td></td><td></td><td></td><td></td></td<>	Part					
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1a Activities with net income (enter the amount from Worksheet 1, column (a)) 1a 3, 4, 493. b Activities with net loss (enter the amount from Worksheet 1, column (b)) 1c 1c 1d c Prior years' unailowed losses (enter the amount from Worksheet 1, column (b)) 1c 1d -39,852 Commercial Revitalization deductions from Rental Real Estet Activities 2a -39,852 -32,252 c Add lines 2a and 2b 2a 2a -32,852 c Add lines 2a and 2b 2a 2a 2a -32,852 c Add lines 2a and 2b 2a 2a 2a -32,852 d Origo years' unailowed commercial revitalization deductions from Worksheet 2, column (b) 3a -32 -32 c Add lines 2a and 2b Combine lines 31,3,3, and 3c				e participation,	see	
b Activities with net loss (enter the amount from Worksheet 1, column (c)) Ib (43, 345.) c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) Ic Ic (39, 852) Commercial Revitalization deductions from Kenket 2, column (a) Ic Ic (-				<u>,</u>	
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d Combine lines 1a, 1b, and 1c 1d -39, 852 Commercial Revitalization Deductions From Rental Real Estate Activities 1d -39, 852 Commercial revitalization deductions from Worksheet 2, column (a) 1d -39, 852 b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) 2a 2a c Add lines 2a and 2b 2c 2a 2b 2c All Other Passive Activities 3a 3a 3a 3a a Activities with net loss (enter the amount from Worksheet 3, column (a)) 3a 3a 3d c Combine lines 3a, 3b, and 3c 3d 3d 3d d Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year or allowed losses entered on line 1c, 2b, or 3c. 4 -39, 852 If line 4 is a loss and: • Line 2 to is a loss (and line 1 di szero or more), skip Part II and go to Part III. • Line 2 to is a loss (and line 1 di szero or more), skip Part II and go to Part III. • Line 2 to is a loss (and line 1 di szero or more), skip Part II and go to line 15. Caution: fyour filing status is maried filing separately and you lived with your spouse at any time during the year, do not comp Part II or Part III. here 3a loss (part II as positive amounts. See instruc					±5.)	
Commercial Revitalization Deductions From Rental Real Estate Activities 2a () 2a Commercial revitalization deductions from Worksheet 2, column (a) 2a () b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) 2b) 2c c All Other Passive Activities 3a		-) 1 d	20.050
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c Add lines 2a and 2b 2c All Other Passive Activities All Other Passive Activities 2c 3a Activities with net income (enter the amount from Worksheet 3, column (a)) 3a 3b b Activities with net loss (enter the amount from Worksheet 3, column (b)) 3c 1c c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3c 1c d Combine lines 3a, 3b, and 3c 3c 3c 1c d Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used 4 -39,852 If line 4 is a loss ant: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and lines 1d and 2c are zero or more), skip Part II and go to Part III. • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Part II and II and go to line 15. Caution: If your filing separately and you lived with your spouse at any time during the year, do not comp Part III Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 5 150,000. 7 149,631. 188	D	•		2h (
All Other Passive Activities 3a Activities with net income (enter the amount from Worksheet 3, column (a)) . b Activities with net income (enter the amount from Worksheet 3, column (b)) . c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) d Combine lines 3a, 3b, and 3c 4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used . . Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. . Line 2d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing stall numbers in Part II as positive amounts. See instructions for an example. 5 Enter \$150,000. If married filing separately, see instructions see. 6 150,000. 7 149,631. 8 369. 9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions. 10 185 11 Enter the smaller o	0	())	()
3a Activities with net income (enter the amount from Worksheet 3, column (a)) 3a 3a b Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b 3c c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3d 3d d Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. 4 Gombine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses on the forms and schedules normally used 3d -39,852 If line 4 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and lines 1d and 2c are zero or more), skip Part II and go to Part III. • Line 2d is a loss (and line 1d is zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not comp Part II Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 5 39,852 6 Enter the smaller of the loss on line 4					. 20	
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c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3c 3d d Combine lines 3a, 3b, and 3c						
d Combine lines 3a, 3b, and 3c 3d 4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses enterd on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used 4 -39,852 If line 4 is a loss and: • Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. • Line 3d is a loss (and line 1d and 2c are zero or more), skip Part II and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not comp Part II or Part III. Instead, go to line 15. Part III Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 5 Enter the smaller of the loss on line 1d or the loss on line 4 5 39, 852 6 150,000. f 149,631. 7 7 149,631. 7 149,631. 149,631. 8 Subtract line 7 from line 6 . . 188 369. 9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions. 19 188 10 188 10 188 10)	
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Report the losses on the forms and schedules normally used	4					
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If line 2c is a loss, go to Part III. Otherwise, go to line 15. Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions. 11 Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions. 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions . 12 12 Enter the loss from line 4	10	Enter the sma	Iller of line 5 or line 9		. 10	
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to find out how to report the losses on your tax return	15		-			3,493.
	16					
					. 16	
For Paperwork Reduction Act Notice, see instructions. BAA REV 08/30/21 PRO Form 8582 (2	For Pa	perwork Reduct	tion Act Notice, see instructions. BAA	REV 08/30/21 PRO		Form 8582 (2020)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records. Worksheet 1-For Form 8582, Lines 1a, 1b, and 1c (see instructions)

	Currer	it year	Prior years	Overall gain or loss					
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss				
8-10 STONE LAND RD	1,700.	0.		1,700.					
217 BEACON ST	93.	0.		93.					
7 BLANCHE ST	1,700.	0.		1,700.					
2 PERKINS ST	0.	43,345.			43,345.				
Total. Enter on Form 8582, lines 1a, 1b,									
and 1c	3,493.	43,345.							
Worksheet 2–For Form 8582, Lines 2a and 2b (see instructions)									

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

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

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

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
2 PERKINS ST	E Ln 22	43,345.	1.00000000	185.	43,160.
Total	🕨	43,345.	1.00	185.	43,160.

Worksheet 5-Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
2 PERKINS ST	E Ln 22	43,160.	1.00000000	39,667.
Total		43,160.	1.00	39,667.
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Worksheet 6-Allowed Losses (see i	nstructions)						
Name of activity	and to be	Form or schedule and line number to be reported on (see instructions)		Loss	(b) Ur	nallowed loss	(c) Allowed loss
2 PERKINS ST	E	Ln 22		43,345.		39,667.	3,678.
Total				43,345. ns or Sch	edules	39,667. s (see instruct	3,678.
Name of activity:	(a)		(b)	(c) Ratio		(d) Unallowe	
Form or schedule and line number to be reported on (see instructions):							
1a Net loss plus prior year unallowed loss from form or schedule . ►							
b Net income from form or schedule ►							
c Subtract line 1b from line 1a. If zero	or less, enter	-0- ►					
Form or schedule and line number to be reported on (see instructions):							
1a Net loss plus prior year unallowed loss from form or schedule .							
b Net income from form or schedule ►							
c Subtract line 1b from line 1a. If zero	or less, enter	-0- ►					
Form or schedule and line number to be reported on (see instructions):							
1a Net loss plus prior year unallowed loss from form or schedule . ►							
b Net income from form or schedule ►							
c Subtract line 1b from line 1a. If zero of	or less, enter	-0- ►					
Total		. ►		1.00)		

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