1)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taxpayer's name

"s name	Social security number
Y KUMAR RUDIYA	052-91-6992
name	Spouse's social security number
A LACHORIYA	978-91-7298
Tax Return Information – Tax Year Ending December 31, 2020 (Ente	r year you are authorizing.)
hole dollars only on lines 1 through 5.	
Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
Adjusted gross income	1 63,521.
Total tax	. 2 3,059.
Federal income tax withheld from Form(s) W-2 and Form(s) 1099	. 3 8,372.
Amount you want refunded to you	4 7,113.
Amount you owe	5
A S S H	AY KUMAR RUDIYA s name HA LACHORIYA

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

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

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL TAXE	S LI	C	to enter or generate my PIN
			EF	RO firm name	

1	6	9	9	2	
Ent don	er fiv n't er	ve di Iter a	gits, all ze	but ros	as

1 7

2 9 8

Enter five digits, but don't enter all zeros

my

as mv

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 I authorize GLOBAL TAXES LLC ERO firm name

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

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

Spouse's signature	Date									
Practitioner PIN Method Returns Only—continue below										
Part III Certification and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7				6 all ze	 9	89	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 🕨	
	This Form — See Instructions to the IRS Unless Requested To Do So	
		Fame 9970 (Days 01 0001)

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

Date

to enter or generate my PIN



AMMENDMENT 1040-X

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return > Go to www.irs.gov/Form1040X for instructions and the latest information

OMB No. 1545-0074

			s anu t	ine i	atest information	•				
		2017 2016								
		ear (month and ye	ear end	ded):					
	st name and middle initial	Last name					ocial security			
	AY KUMAR	RUDIYA					052-91-6992			
	eturn, spouse's first name and middle initial	Last name				-		curity number		
RUC		LACHORIYA					-91-729	8		
	home address (number and street). If you have a P.O. box, see instru-			Apt. no.		none number				
	CONGRESS STREET				4	(61	7)283-4	.255		
	wn or post office, state, and ZIP code. If you have a foreign address,	also complete spaces	below.	See	instructions.					
	HUA NH 03062									
Foreign	country name	Foreign province	e/state/c	ount	У		Foreign posta	l code		
chang status	aded return filing status. You must check one box ev ing your filing status. Caution: In general, you can't c is from a joint return to separate returns after the due d igle ☑ Married filing jointly ☐ Married filing separa checked the MFS box, enter the name of spouse. If	hange your filing late. ately (MFS)	Qualify	20 ret ying		, exen See ins	npt). If an tructions. Head of ho	ousehold (HOH)		
	n is a child but not your dependent.	you checked the								
	Use Part III on the back to explain any	changes			A. Original amount reported or as previously adjusted	amount or (de	change – of increase crease) –	C. Correct amount		
Incor	ne and Deductions				(see instructions)	explair	n in Part III			
1	Adjusted gross income. If a net operating loss (
_	included, check here			1	63,521.		0.	63,521.		
2	Itemized deductions or standard deduction		—	2	24,800.		0.	24,800.		
3	Subtract line 2 from line 1			3	38,721.		0.	38,721.		
4a	Exemptions (amended 2017 or earlier returns of									
	complete Part I on page 2 and enter the amount from			1a						
b	Qualified business income deduction (amended 2018		- · · -	1b						
5	Taxable income. Subtract line 4a or 4b from line 3.									
	or less, enter -0			5	38,721.			38,721.		
	Liability									
6	Tax. Enter method(s) used to figure tax (see instructi	ons):		6	4,252.		0.	4,252.		
7	Credits. If a general business credit carryback is includ	ed, check here ►		7	200.		993.	1,193.		
8	Subtract line 7 from line 6. If the result is zero or less			8	4,052.		-993.	3,059.		
9	Health care: individual responsibility (amended 201				,			- ,		
-	only). See instructions			9	0.		0.			
10	Other taxes		. 1	10	0.		0.	0.		
11	Total tax. Add lines 8, 9, and 10			11	4,052.		-993.	3,059.		
Pavm	nents				_,					
12	Federal income tax withheld and excess social secu	rity and tier 1 RR	та							
	tax withheld. (If changing, see instructions.)			12	8,372.		0.	8,372.		
13	Estimated tax payments, including amount applied fro			13	0.		0.	0.		
14	Earned income credit (EIC)			14	0.		0.	0.		
15	Refundable credits from: Schedule 8812 Form(s)									
	□ 8863 □ 8885 □ 8962 or □ other (specify):		1	15	1,800.		0.	1,800.		
16	Total amount paid with request for extension of time					dditior				
	tax paid after return was filed						16	0.		
17	Total payments. Add lines 12 through 15, column C,							10,172.		
Refu	nd or Amount You Owe									
18	Overpayment, if any, as shown on original return or a	as previously adju	usted b	ov tł	ne IRS		18	6,120.		
19	Subtract line 18 from line 17. (If less than zero, see in			-			19	4,052.		
20	Amount you owe. If line 11, column C, is more than						20			
21	If line 11, column C, is less than line 19, enter the dif							993.		
22	Amount of line 21 you want refunded to you				-		22	993.		
23	Amount of line 21 you want applied to your (enter ye		stimat			•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	i and an and an you man applied to your (effet ye	· · · · · · · · · · · · · · · · · · ·	2							

Exemptions and Dependents Part I

Complete this part only if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

CAUTION	For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines. Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	24			
25	Your dependent children who lived with you	25			
26	Your dependent children who didn't live with you due to divorce or separation	26			
27	Other dependents	27			
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	28			
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29			

List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and 🗸 here 🕨 🗌 30

Dependents (see instructions):				(d) ✓ if qualifies for (see instructions):				
(a) First name	Last name	(b) Social security number	(c) Relationship to you	Child tax credit	Credit for other dependents (amended 2018 or later returns only)			

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

Check here if you didn't previously want \$3 to go to the fund, but now do.

Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.

I VINAY KUMAR RUDIYA FILED FORM 1040 FOR THE TAX YEAR 2020, AFTER FILLING MY TAX RETURN MY SPOUSE(RUCHA LACHORIYA) RECEIVED FORM 1098-T, NOW THROUGH THIS AMENDMENT I AM INCLUDING 1098-T IN TAX RETURN, AS PER IRS RULES I AM ELIGIBLE TO CLAIM LIFE TIME LEARNING CREDIT OF \$993 THROUGH THIS FORM 1040X REQUEST THE IRS TO RELEASE ADDITIONAL REFUND OF \$993.

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, ar nation ał

and to the best of my knowledge and belief, this amended retur about which the preparer has any knowledge.		la complete. De		axpayer, is based on an information
Sign Here				
		SOFTWAR	E ENGINEER	
Your signature	Date	Your occupat	ion	
•		STUDENT		
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occ	upation	
Paid Preparer Use Only				
SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/02/2022	GLOBAL	TAXES LLC	
Preparer's signature	Date	Firm's name (or yours if self-employed)	
SYAM PRIYA RAM SAGAR GUPTA TALLAM		2530 Pe	bble Creek Ln Cum	ming GA 30041
Print/type preparer's name		Firm's addres	s and ZIP code	
P02082703	Check if self-	-employed	(678)965-9522	30-1017196
PTIN			Phone number	EIN
For forms and publications, visit www.irs.gov.			REV 08/30/21 PRO	Form 1040-X (Rev. 1-2020)

Filing Status Check only Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only 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 midow(er) (QW) Your fiet name and middle initial Last name Your social security number VINAY KUMAR RUDIYA 052-91-6992 Hone address (number and street). If you have a Dreign address, also complete spaces below. Apt. no. ACM, on, or poot office. If you have a foreign address, also complete spaces below. State 2IP code 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 You: You Spouse is instructions; If more than four dependents, see instructions; (P) Freign postal code) You: You Spouse Age/Blindness You: You as a dependent You: You Spouse Dependents (P) Freign postal code) (P) If qualifies for (see instructions); You Spouse If more time additing in the ston one before spanuary 2, 1956 Is blind	E 1040		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	5-0074	IRS Use (Only∙	—Do not w	rite or staple	in this space.
VINAY KUMAR RUDIYA 052-91-6992 If joint return, spoule's first name and middle initial Last name Spouse's social security number RUCHA LACHORIYA 978-91-7298 Home address furnber and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 33 CONGRESS STREET 4 Check here if you, or your Spouse's filing jointy, want S3 to go to filins. If you have a foreign address, also complete spaces below. State 20 co filins fund. Checking a too your folins. If you have a foreign address, also complete spaces below. NH 03062 box below will not change your tax or refund. NASHUA Foreign country name Foreign province/state/country Foreign province/state/country Foreign province/state/country You fax or refund. Standard Someone can claim: You as a dependent You re spouse as a dependent You fax or refund. Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Bindmess You: Was born before January 2, 1956 Is blind Dependents see instructions: (2) Social security 163, 5115. Child tax credit Child tax credit Credit or drive dependents if more tan four 1 Gas, 515. Sa b	Check only	lf yo	u checked the MFS box, enter the n	ame of y					•	,		, ,	
If joint return, spouse's first name and middle initial RICHA Last name LACHOR IYA Spouse's social security number 978-91-7288 Add thes 5 (number and street). If you have a P.O. box, see instructions. Apt. no. 4 Presidential Election Campaign 2010; town, or poor office. If you have a foreign address, also complete spaces below. NASHUA NH DP code NASHUA NSHUA Value a foreign province/state/county Foreign postal code Province/state/county Spouse's social security want S3 to go to this fund. Checking a box below will not change your tax or refund. Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Spouse: Was born before January 2, 1956 Is bind Age/Blindness You were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Age/Blindness You ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Age/Blindness You ware born before January 2, 1956 Is blind Is blind Is blind Attach Spouse itemizes on a separate return or you were a dual-status alien Is blind Is blind Age/Blindness You ware born before January 2, 1956 Is blind Is blind Is blind Is blind <t< td=""><td>Your first name</td><td>and m</td><td>iddle initial</td><td>Last na</td><td>me</td><td></td><td></td><td></td><td></td><td></td><td>Your so</td><td>cial securi</td><td>ty number</td></t<>	Your first name	and m	iddle initial	Last na	me						Your so	cial securi	ty number
RUCHA LACHORIYA 978-91-7298 Home address (rumber and street). If you have a P.O. box, see instructions. Apt. no. Presidential Electron Campaign 33 CORRESS STREET 4 Check here If you, or your Gity, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code spouse of filing jointly, want S3 RASHUA O 30.62 box below will not change you or toxic or structure. You spouse of filing jointly, want S3 Foreign country name Foreign province/state/county 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 You spouse as a dependent You Spouse Deduction Spouse itemizes on a separate return or you were a dual-status alien (1) First name Last name (2) Social security (3) Relationship (1) 4/1 (ruulifies for fees instructions): If more than four dependents, see instructions (1) First name Last name (2) Social security (3) Relationship (1) 4/1 (ruulifies for deen instructions): If more than four dependents, see instructio	VINAY KI	JMAR		RUDI	ΥA						052-	91-699	2
Home address (number and street). If you have a P.O. box, see instructions. Apl. no. Presidential Election Campaign Check here if you, or your stopped filling jointly, want S3 to go to this fund. Checking a NASHUA Foreign country name Foreign province/state/county Foreign province/state/county Foreign postal code you 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 Someone can claim: You as a dependent Your spouse as a dependent Your spouse Dependents (see instructions): (1) First name (a) Periodial Election Campaign (a) Periodial Election Campaign (b) Periodical	If joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse	s social se	curity number
33 CONGRESS STREET 4 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZP code Spouse if filing jointly, want \$3 NASHUA NA NI 0.30.62 box below will not change Foreign country name Foreign province/statk/country Foreign postal code Voir tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Biindness You: Were born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Heationship (4) \$4' if qualifies for (see instructions): If more (1) First name Last name inumber i 63, 515. Attach 2a b Taxable amount db 5b Standard Qualified dividends 3a b O. 4b 5b Attach 3a Gualified dividends 3a b O. 4b 5b Standard	RUCHA			LACH	IORIYA						978-	91-729	8
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code opouse if filing jointy, want S3 to go to this fund. Checking a box below will not change your tax or refund. Foreign province/state/county Foreign province/state/county Foreign postal code box below will not change your tax or refund. You Spouse itemizes on a separate return or you were a dual-status alien You Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware 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 ^I if qualifies for (see instructions): Foreign province/state/county Foreign country in the diatrice of the diagnediates of the diagnediates of the instructions): I diatrice of the diagnediates of the diagnediates of the instructions): I diatrice of the diagnediates of the diagnediates of the instructions): I diatrice of the diagnediates of the diagnediates of the instructions): I diatrice of the diagnediates of the diagnediates of the instructions): If more than four dependents, see instructions I I diatrice of the diagnediates of the di	Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	pt. no.		Preside	ntial Electi	on Campaign
Curry, Count, or post nices, in your have a hotegyn address, and obinplete spaces below. State 20*000 to go 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 xo 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 Someone can claim: You as a dependent Your spouse as a dependent Yes No Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Yes No Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Felationship (4) I* if qualifies for (see instructions): Credit for other dependents a claid I Ga , 515. Ja Do goal dified dividends Ja	33 CONG	RESS	STREET					4				, ,	,
NASHUA NH 0.306.2 box below will not change Foreign pound Foreign province/state/county Foreign postal code your tax or refund. You Spouse Someone can claim: You as a dependent Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You: Were born before January 2, 1956 A te blind Spouse itemizes or a separate return or you were a dual-status allen Age/Blindness You: (I) First name (2) Social security (3) Relationship (4) ✔ if qualifies for (see instructions): If more (I) First name Last name number Image: Challenship Challet ax credit Credit for other dependents see instructions Image: status	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP cod	de		•		
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yeu 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 Deduction Spouse itemizes on a separate returm or you were a dual-status allen	NASHUA					N	Н	030	62		0		0
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 Yes No Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) If qualifies for (see instructions): If more than four (1) First name Last name number (2) Social security (3) Relationship (4) If qualifies for (see instructions): If more than four (1) First name Last name Immber <	Foreign countr	y name		F	oreign province/s	tate/coun	ity	Foreigr	n postal co	ode	your tax	or refund.	
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): (a) Pelationship (b) Pirst name (c) Periodities for Gees instructions): (c) Provide the dependents If more than four (b) First name Last name (c) Poul												You	Spouse
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name number (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): Child tax credit Credit for other dependents see instructions and check	At any time du	iring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acq	uire any	financial intere	est in ar	ny virtual	l cu	rrency?	Yes	X No
Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions and check (1) First name Last name Image: Child tax credit Credit for other dependents see instructions and check Image: Child tax credit Credit for other dependents Image: Child tax credit Credit for other dependents Attach 2a Tax-exempt interest Image: Child tax credit Credit for other dependents Attach 2a Tax-exempt interest Image: Child tax credit	Deduction		Gpouse itemizes on a separate retur	n or you	were a dual-sta	atus alier	י. ז	rn befo	re Janua	ıry 2	, 1956	Is bl	ind
If more than four dependents, see instructions and check here Image: the standard deduction or temperately, see instructions Credit for other dependents, see instructions Credit for other dependents, see instructions Attach 2a b Tax-exempt interest Image: the standard deduction or temperately, size, see instructions Image: the standard deduction is fyour take the standard deduction. See instructions Image: the standard deduction or temperately, size, see instructions Image: the standard deduction or temperately, size, see instructions Image: the standard deduction or temperately, size, see instructions Image: the standard deduction or temperately, size, see instructions Image: the standard deduction or temperately, size, see instructions Image: the standard deduction or temperately, size, see instructions Image: the standard deduction or temperately, size, see instructions Image: the standard deduction or temperately, size, see instructions Image: the standard deduction or temperately, size, see instructions Image: the standard deduction or temperately, size, see instructions Image: the standard deduction or temperately, size, see instructions Image: the standard deduction or temperately, size, see instructions Image: the standard deduction or temperately, size, see instructions Image: the standard deduction or temperately, size, see instructions Image: the standard deduction or temperately, size, see instructions Image: the standard deduction or temperately, size, see instructions Image: the standard deduction or temperately, size, see instructions Image: the stan			· · · · · · · · · · · · · · · · · · ·		(2) Social sec	curity				-		r (see instru	ctions):
than four dependents, see instructions and check here Attach 2a Tax-exempt interest 2a Ualified dividends 3a Ualified dividends 3a Ualified dividends 4a Deduction for Standard Deduction for Single or Married fling Jointly or Capital gain or (loss). Attach Schedule 1, line 9 Standard Deduction for Single or Married fling Jointly or Capital gain or (loss). Attach the standard deduction. See instructions C Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income C Add lines 10a and 10b. These are your total adjustments to income C Add lines 10a and 10b. These are your total adjustments to income C Add lines 10a and 10b. These are your total adjustments to income C Add lines 10a and 10b. These are your total adjustments to income C Add lines 10a and 10b. These are your total adjustments to income C Add lines 10a and 10b. These are your total adjustments to income C Add lines 10a and 10b. These are your total adjustments to income C Add lines 10a and 10b. These are your total adjustments to income C Add lines 10a and 10b. These are your total adjustments to income C Add lines 10a and 10b. These are your total adjustments to income C Add lines 10a and 10b. These are your total adjustments to income C Add lines 12 and 13 C Add lines	-												
see instructions Image: Constructions and check here instructions and check here is instructions. Image: Constructions is income in the set of the s													7
and check here b Attach Sch. B if required. 4a BA distributions . 4a Ba Social security benefits . 6a Other income from Schedule 1, line 9 . 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . 10 Adjustments to income: a from Schedule 1, line 22 . 11 61, 521. 10 Add lines 10a and 10b. These are your total adjustments to income . 11 63, 521. 11 63, 521. 10 Add lines 10a and 10b. These are your total adjustments to income . 11 63, 521. 12 13 14 14										-			7
here Image: solution of the solutis the solution of the solution of the solutis		s ——								-			
Attach 2a Tax-exempt interest 2a b Taxable interest 2b Sch. B if 3a Qualified dividends 3a b Ordinary dividends 3b 0. 4a IRA distributions 4a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 4b 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 5b Married filing separately, sit2,400 • Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 6. • Married filing pointly or Qualifying widow(en), \$24,800 • Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income > 9 63,521. • Married filing pointly or Qualifying widow(en), \$24,800 • Capital and 10b. These are your total adjustments to income: 9 63,521. • Head of household, 11 Subtract line 10c from line 9. This is your adjusted gross income > 10c • Head of household, site,60 11 Subtract line 10c from line 9. This is your adjusted gross income > 11 63,521.										-			
Attach 2a Tax-exempt interest 2a b Taxable interest 2b Sch. B if 3a Qualified dividends 3a b Ordinary dividends 3b 0. 4a IRA distributions 4a b Taxable amount 4b 4b 5a Pensions and annuities 5a b Taxable amount 4b 5b Standard Deduction for 6a Social security benefits 6a b Taxable amount 5b Married filing separately, sit2,400 • Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 6. • Married filing pointly or Qualifying widow(en), \$24,800 • Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income > 9 63,521. • Married filing pointly or Qualifying widow(en), \$24,800 • Capital and 10b. These are your total adjustments to income: 9 63,521. • Head of household, 11 Subtract line 10c from line 9. This is your adjusted gross income > 10c • Head of household, site,60 11 Subtract line 10c from line 9. This is your adjusted gross income > 11 63,521.		1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2						. 1		63,515.
Sch. B if required. 3a 3a b Ordinary dividends 3b 0. 4a IRA distributions 4a b Deduction for b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 5a b Taxable amount 5b 5a Pensions and annuities 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 7 6. 8 Other income from Schedule 1, line 9 5 5 7 6. 8 9 63,521. 9 63,521. 8 9 63,521. 9 63,521. • Married filing jointly or Qualifying widow(en, \$\$24,800 b Charitable contributions if you take the standard deduction. See instructions 10a 9 63,521. • Head of household, \$\$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 63,521. • If you checked any box under Standard 12 Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A		2a	· · · · ·	1.1		ЬТ	axable interes	t.			2b		
4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b Standard 6a Social security benefits 6a b Taxable amount 6b Standard 6a Social security benefits 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 6. 8 Other income from Schedule 1, line 9 7 6. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 63, 521. 10 Adjustments to income: 10a 10b 10c 9 Add lines 10a and 10b. These are your total adjustments to income 10c 11 63, 521. 14 Add lines 12 and 13 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 24, 800.		3a	Qualified dividends	3a							3b		0.
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 6. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 9 63, 521. • Married filing jointly or Qualifying widow(er), \$24,800 • From Schedule 1, line 22 • • • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income 10b 10c • If you checked arry box under standard deduction or itemized deductions (from Schedule A) • 11 63,521. • If you checked standard deduction or itemized deductions (from Schedule A) • 12 24,800. • If you checked standard deduction ritemized deductions (from Schedule A) • 12 24,800. • If you checked standard deduction for standard deduction. Attach Form 8995 or Form 8995-A • 13 14 24,800.	required.	4a	IRA distributions	4a							. 4b		
Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 6. • Single or Married filing separately, \$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 9 63, 521. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 9 63, 521. • Married filing jointly or Qualifying widow(er), \$24,800 • 10a 10a 10a • Married filing jointly or Qualifying widow(er), \$24,800 • Add lines 10, 2b, 4b, 5b, 6b, 7, and 8. This is your total income 10a • Head of household, \$18,650 • C Add lines 10a and 10b. These are your total adjustments to income • 10c • If you checked any box under Standard Deduction, see instructions, ese instructions, ese instructions, 12 24,800. 12 24,800. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . 13		5a	Pensions and annuities	5a		b T	axable amoun	ıt			. 5b		
 Single or Married filing separately, \$12,400 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 Head of household, \$18,650 Head of household, \$18,650 Head of household, \$18,650 Subtract line 10c from line 9. This is your adjusted gross income In the standard deduction or itemized deductions (from Schedule A) Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A Add lines 12 and 13 Attach Schedule D if required. If hot required, check here In the standard deduction or itemized deductions (from Schedule A) In the standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A In the standard standard standard standard standard standard standard In the standard standard standard standard standard standard standard standard standard In the standard standard	Standard	6a	Social security benefits	6a		_ b т	axable amoun	ıt			6b		
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\$12,400 9 Add lines 1, 25, 35, 45, 55, 65, 7, and 8. This is your total income 9 63, 521. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10a • Married filing jointly or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10a 10b 10c • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income • • • • • • • • • • • • • • • • • • •		8	Other income from Schedule 1, lin	e9.							. 8		
 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard deduction or itemized deduction. Stee instructions Inon Inon		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total	income				. 1	▶ 9		63,521.
Qualifying widow(er), \$24,800 a From Schedule 1, line 22 10a 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		10	Adjustments to income:										
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				10	a					
 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions, see instructions, see instructions, see instructions, see instructions. Add lines 10a and 10b. These are your total adjustments to income	widow(er),	b	Charitable contributions if you take	the stan	dard deduction.	See inst	tructions 10	b					
\$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 63,521. • If you checked any box under Standard 13 Standard deduction or itemized deductions (from Schedule A) 12 24,800. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 13 Add lines 12 and 13 14 24,800.	Head of	с	Add lines 10a and 10b. These are	your tot	al adjustments	to inco	me			. 1	► 10e		
 If you checked any box under Standard Deduction, see instructions, see instructions. 14 Add lines 12 and 13		11	Subtract line 10c from line 9. This	is your a	adjusted gross	income				. 1	▶ 11		53,521.
Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 Deduction, see instructions, see instructions. 14 Add lines 12 and 13 14 24,800.	 If you checked 	12	Standard deduction or itemized	deducti	i ons (from Sche	dule A)					12		24,800.
	Standard	13	Qualified business income deduction	ion. Atta	ich Form 8995 c	or Form 8	3995-A				13		
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14											
		15	Taxable income. Subtract line 14	from lin	e 11. If zero or l	ess, ente	er-0				15		38,721.

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	4,252.
	17	Amount from Schedule 2, lir	ne3						17	
	18	Add lines 16 and 17							18	4,252.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ne7						20	1,193.
	21	Add lines 19 and 20							21	1,193.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	3,059.
	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	3,059.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	8	,372.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	8,372.
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)				27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule 8	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30	1	,800.	,	
	31	Amount from Schedule 3, lir	ne 13			31				
	32	Add lines 27 through 31. The	ese are your tota	al other paym	ents and refund	dable c	redits	. 🕨	32	1,800.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	10,172.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amo	unt you	overpaid		34	7,113.
neiuliu	35a	Amount of line 34 you want	refunded to you	. If Form 8888	is attached, ch	eck her	е		35a	7,113.
Direct deposit?	►b	Routing number 2 1 1	3 9 1 8	2 5	► c Type:	× Chec	king 🗌 S	Savings		
See instructions.	►d	Account number 4 2 9	5 8 0 8	2				-		
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. 🕨	37	
You Owe				-						
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.								
how to pay, see instructions.	38	Estimated tax penalty (see ir	nstructions) .		🕨	38				
Third Party	Do	you want to allow another				S? See				
Designee	ins	structions	·			. 🕨	🗌 Yes. Co	mplete	below.	X No
		signee's		Phone					tification	
		me 🕨		no. 🕨				er (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date						nt you an Identity
	, 10	ur signature		Dale	Four occupation					IN, enter it here
Joint return?					SOFTWARE	ENGI	NEER	(see	e inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occup	ation				nt your spouse an
Keep a copy for your records.	*									ection PIN, enter it here
your records.				STUDENT				e inst.) 🕨		
		one no. (617)283-425		Email address	VINAYKUMARF					
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLA	M 03/	02/2022	P0208		Self-employed
Use Only								one no. ((678)965-9522	
	Fir	m's address 🕨 2530 Pebb	le Creek L	n Cummin	g GA 30041			Firr	n's EIN 🕨	
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	RE	V 08/30/21 PRO			Form 1040 (2020)

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SCHEDULE	3
(Form 1040)	

111

	EDULE 3 1040)	Additional Credits and Payme	nts		OM	IB No. 1545-0074
	nent of the Treasury Revenue Service	Attach to Form 1040, 1040-SR, or 1040-NF Go to www.irs.gov/Form1040 for instructions and the late			Att See	achment quence No. 03
	. ,	orm 1040, 1040-SR, or 1040-NR RUDIYA & RUCHA LACHORIYA		Your soc 052-91		curity number 92
Par	tl 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	993.
4	Retirement	savings contributions credit. Attach Form 8880			4	200.
5	Residential	energy credits. Attach Form 5695			5	
6	Other credit	ts from Form: a 🗌 3800 b 🗌 8801 c 🗌			6	
7	Add lines 1	through 6. Enter here and on Form 1040, 1040-SR, or			7	1,193.
Par	t II Other	Payments and Refundable Credits				
8	Net premiur	m tax credit. Attach Form 8962			8	
9	Amount pai	d with request for extension to file (see instructions) .			9	
10	Excess soc	ial security and tier 1 RRTA tax withheld			10	
11	Credit for fe	ederal tax on fuels. Attach Form 4136		· · _	11	
12	Other paym	ents or refundable credits:				
а	Form 2439		12a			
b	Qualified sid Form(s) 720	ck and family leave credits from Schedule(s) H and	12b			
С	Health cove	erage tax credit from Form 8885	12c			
d	Other:		12d			
е	Deferral for	certain Schedule H or SE filers (see instructions) .	12e			
f	Add lines 12	2a through 12e		1	12f	

T Add lines 12a through 12e 13 Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 13

For Paperwork Reduction Act Notice, see your tax return instructions. REV 08/30/21 PRO Schedule 3 (Form 1040) 2020 BAA

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

	Allaci
Department of the Treasury	Go to www.irs.gov/Sc
Internal Revenue Service (99)	Use Form 8949 to lis

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.

Attachment Sequence No. 12

20

Name(s) shown on return

VINAY KUMAR RUDIYA & RUCHA LACHORIYA

Your social security number

052-91-6992

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?
Yes X 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)

lines This f	nstructions for how to figure the amounts to enter on the below. orm may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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.					
	Totals for all transactions reported on Form(s) 8949 with Box A checked	158.	152.			б.
	Totals for all transactions reported on Form(s) 8949 with Box B checked					
	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 (l	oss) from Forms 4	684, 6781, and 88	324	4	
	Net short-term gain or (loss) from partnerships, S Schedule(s) K-1				5	
	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions		-	-	6	()
	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	0	()	, ,	7	6.

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	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.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		• •	. ,	11	
12				.,	12	
13	Capital gain distributions. See the instructions				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	

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	б.
	• 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	(
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	☑ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

REV 08/30/21 PRO

Schedule D (Form 1040) 2020

Form 8949	
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Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

le D. 2020 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
VINAY KUMAR RUDIYA & RUCHA LACHORIYA	052-91-6992

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

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

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

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

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
ROBINHOOD SECURITIES LLC	06/01/20	06/16/20	158.	152.			6.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	158.	152.			б.

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

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

Form **8863**

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.

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

-

Your social security number 052-91-6992

VINAY KUMAR RUDIYA & RUCHA LACHORIYA

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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	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household,				
	or qualifying widow(er)	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education				
_		4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5			
6	If line 4 is:	5			
U	Equal to or more than line 5, enter 1.000 on line 6)		
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (ro			6	
	at least three places)				
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th	e yea	ar and meet the		
	conditions described in the instructions, you can't take the refundable America				
	skip line 8, enter the amount from line 7 on line 9, and check this box $\ . \ . \ .$			7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				
Dout	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.			8	
Part		(·	•	
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet After completing Part III for each student, enter the total of all amounts from a	-		9	
10	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	4,965.
11	Enter the smaller of line 10 or \$10,000			11	4,965.
12	Multiply line 11 by 20% (0.20)			12	993.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or				
	qualifying widow(er)	13	138,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form				
	2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter	14	63,521.		
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	74,479.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or				
47	qualifying widow(er)	16	20,000.		
17	If line 15 is:				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18	مادحا	to ot loost thus -		
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rou places)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet			17	993.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit	-			
	instructions) here and on Schedule 3 (Form 1040), line 3		· ·	19	993.
For Pa		AA	REV 08/30/2	1 PRO	Form 8863 (2020)

Form 8863 (2020)	Page 2
Name(s) shown on return	Your social security number
VINAY KUMAR RUDIYA & RUCHA LACHORIYA	052-91-6992

CAUT	Complete Part III for each student for whon opportunity credit or lifetime learning credit each student.			
Part	III Student and Educational Institution Information			
20	Student name (as shown on page 1 of your tax return)		tudent social security number (as s our tax return)	hown on page 1 of
	RUCHA LACHORIYA	у	978-91-7298	
22	Educational institution information (see instructions)		576 51 7256	
	Name of first educational institution	b. N	lame of second educational institut	ion (if any)
	FITCHBURG STATE UNIVERSITY			
(*	 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 160 PEAR STREET 	(1)	Address. Number and street (or P. post office, state, and ZIP code. If instructions.	
	FITCHBURG MA 01420	(0)		
(2	2) Did the student receive Form 1098-T X Yes No from this institution for 2020?		Did the student receive Form 1098 from this institution for 2020?	
(;	3) Did the student receive Form 1098-T from this institution for 2019 with box Yes X No 7 checked?	(3)	Did the student receive Form 1098 from this institution for 2019 with b 7 checked?	
(4	4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.		Enter the institution's employer (EIN) if you're claiming the Americ if you checked "Yes" in (2) or (3) from Form 1098-T or from the inst	an opportunity credit or). You can get the EIN
	04-3138437			
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?		s – Stop! to line 31 for this student. \boxed{X} No	— Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	X Ye		— Stop! Go to line 31 his student.
25	Did the student complete the first 4 years of postsecondary education before 2020? See instructions.	🗙 Go	s — Stop! to line 31 for this No ident.	— Go to line 26.
26	Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?	Go		 Complete lines 27 ugh 30 for this student.
CAUT				t in the same year. If
	American Opportunity Credit			
27	Adjusted qualified education expenses (see instructions). Dor			27
28 29	Subtract \$2,000 from line 27. If zero or less, enter -0 . Multiply line 28 by 25% (0.25) 			28
30	If line 28 is zero, enter the amount from line 27. Otherwise, a			
	enter the result. Skip line 31. Include the total of all amounts f			30
	Lifetime Learning Credit			
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10			31 4,965.

Form	8880	Credit for Qualified Retirement Savings Cor	tribut	ions	OMB No. 1545-0074
	nent of the Treasury Revenue Service	 Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form8880 for the latest information 	ı.		Attachment Sequence No. 54
Name(s) shown on return			Your soc	ial security number
VINZ	AY KUMAR R	JDIYA & RUCHA LACHORIYA		052-9	1-6992
	You can	not take this credit if either of the following applies.			
Â		ount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$32,500 (\$4) ing jointly).	8,750 if h	ead of house	nold; \$65,000 if
CAUTI	1110 001	con(s) who made the qualified contribution or elective deferral (a) was born a t on someone else's 2020 tax return; or (c) was a student (see instructions).		ary 1, 2003; (b) is claimed as a
				(a) You	
	The slittle second second				(b) Your spouse
1		Roth IRA contributions, and ABLE account contributions by the neficiary for 2020. Do not include rollover contributions	1		(b) Your spouse
1 2	designated be Elective deferr		1		
1 2 3	designated be Elective deferr contributions,	neficiary for 2020. Do not include rollover contributions	1 2 3	2,375	

- 5 Subtract line 4 from line 3. If zero or less, enter -0-. . .
- 6 In each column, enter the **smaller** of line 5 or \$2,000 . .
- 7 Add the amounts on line 6. If zero, stop; you can't take this credit
- 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- 9 Enter the applicable decimal amount from the table below.

If line 8 is—		And your filing status is –				
Over-	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or		
			n line 9—	Qualifying widow(er)		
	\$19,500	0.5	0.5	0.5		
\$19,500	\$21,250	0.5	0.5	0.2		
\$21,250	\$29,250	0.5	0.5	0.1	9	x0 .1
\$29,250	\$31,875	0.5	0.2	0.1		
\$31,875	\$32,500	0.5	0.1	0.1		
\$32,500	\$39,000	0.5	0.1	0.0		
\$39,000	\$42,500	0.2	0.1	0.0		
\$42,500	\$48,750	0.1	0.1	0.0		
\$48,750	\$65,000	0.1	0.0	0.0		
\$65,000		0.0	0.0	0.0		
	Note:	If line 9 is zero, stop;	you can't take this c	redit.		
<i>A</i> ultiply line 7 by line 9			. 10	200.		
imitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions			ns 11	3,259.		
Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here			ere			
nd on Sched	lule 3 (Form 10	40), line 4			· 12	200.

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

10 11 12

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Form 8880 (2020)

2,375. 5 6 2,000. 7 2,000. 8 63,521.

Form 8867		Paid Preparer's Due Diligence Checklist				OMB No. 1545-0074		
Form UUU Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status				2020				
Department of the Treasury Internal Revenue Service Control Control C						Attachment Sequence No. 70		
Taxpaye	er name(s) shown or	n return	Taxpayer identif	ication n	umber			
		RUDIYA & RUCHA LACHORIYA	052-91-6	992				
Enter pr	eparer's name and	PTIN						
-		1 SAGAR GUPTA TALLAM	P0208270	3				
Part	Due Dili	igence Requirements						
		propriate box for the credit(s) and/or HOH filing status claimed on the return ned (check all that apply).		the relation		arts I–V HOH		
1	Did you comp	olete the return based on information for tax year 2020 provided by the	taxpayer or	Yes	No	N/A		
	reasonably ob	tained by you?		X				
2	worksheets fo AOTC worksh	claimed on the return, did you complete the applicable EIC and/or CTC, und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions eet found in the Form 8863 instructions, or your own worksheet(s) that provide all related forms and schedules for each credit claimed?	s, and/or the es the same					
3		y the knowledge requirement? To meet the knowledge requirement, you mus		X				
	Interview the	e taxpayer, ask questions, and contemporaneously document the taxpayer's react the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	esponses to					
		mation to determine that the taxpayer is eligible to claim the credit(s) and/o o figure the amount(s) of any credit(s)		X				
4	information re	mation provided by the taxpayer or a third party for use in preparing th asonably known to you, appear to be incorrect, incomplete, or inconsistent ons 4a and 4b. If " No ," go to question 5.)	t? (If "Yes,"		×			
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent inform	nation? .					
b	you asked, wh	emporaneously document your inquiries? (Documentation should include th nom you asked, when you asked, the information that was provided, and the id on your preparation of the return.)	e impact the					
5	Did you satisfy keep a copy applicable wor 8867 and any	y the record retention requirement? To meet the record retention requirement of your documentation referenced in 4b, a copy of this Form 8867, a c rksheet(s), a record of how, when, and from whom the information used to pro- applicable worksheet(s) was obtained, and a copy of any document(s) pro- you relied on to determine eligibility for the credit(s) and/or HOH filing status	nt, you must copy of any repare Form vided by the					
	the amount(s)	of the credit(s)		X				
	List those doc	uments provided by the taxpayer, if any, that you relied on:						
6	credit(s) and/c return is select	ne taxpayer whether he/she could provide documentation to substantiate eligion HOH filing status and the amount(s) of any credit(s) claimed on the returned for audit?	Irn if his/her	X				
7		e taxpayer if any of these credits were disallowed or reduced in a previous year	ar?	X				
~		re disallowed or reduced, go to question 7a; if not, go to question 8.) lete the required recertification Form 8862?						
a	•							
8		r is reporting self-employment income, did you ask questions to prepare a co ule C (Form 1040)?						

For Paperwork Reduction Act Notice, see separate instructions.

Form 8867 (2020)

Form 88	Form 8867 (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 X	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 (CTC, A	CTC,				
	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 a citizen, national, or resident of the United States?	Yes	No	N/A				
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							
	statement to the return?							
Part		-		r í m				
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu		Yes	No				
Part	 tuition and related expenses for the claimed AOTC? Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statut) 		D Part '					
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No				
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?							
Part	VI Eligibility Certification							
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:							
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);							
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;							
	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 8867 instructions under Document Retention.							
	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's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).							
	 A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained. 							
	A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).							
If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.								
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t, and	Yes	No				

Form **8867** (2020)

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complete?