# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)    Taxapare's name   Social security number   Singer	Internal Revenue Service Go to www.irs.gov/Form8879 for the latest information.	1	
Part II Tax Return Information — Tax Year Ending December 31,	Submission Identification Number (SID)		
Spouse's social security number	Taxpayer's name	Social security	y number
Part II Tax Return Information — Tax Year Ending December 31,  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	PUNEET MATAI	809-57-	4689
Enter whole dollars only on lines 1 through 5.  Note: Form 1040-SS filters use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 35, 967. 4 Amount you want refunded to you 4 7, 455. 5 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 A feet a survey of the income tax return (original or amended) I am now authorizing.  Part II Taxpayer Declaration and Signature Authorization (Be surve you get and keep a copy of your return) 104der penalties of equiry, I decise that I have examined a copy of the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return original or amended in an own 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 firsh capital and a complete in the service provider, the U.S. Treasury and its designated firsh capital and a complete in the service of	Spouse's name	Spouse's soci	al security number
Enter whole dollars only on lines 1 through 5.  Note: Form 1040-SS filters use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 35, 967. 4 Amount you want refunded to you 4 7, 455. 5 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 A feet a survey of the income tax return (original or amended) I am now authorizing.  Part II Taxpayer Declaration and Signature Authorization (Be surve you get and keep a copy of your return) 104der penalties of equiry, I decise that I have examined a copy of the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return original or amended in an own 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 firsh capital and a complete in the service provider, the U.S. Treasury and its designated firsh capital and a complete in the service of			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 7 Total tax 2 7 total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 35, 967. 4 Amount you want refunded to you 4 7, 455. 5 Amount you owe 5 7 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 foriginal or amended) I am now authorizing and the best of the penalties of perjury, I declare that I have examined a copy of the income tax return foriginal or amended) I am now authorizing in the best of the penalties of perjury, I declare that I have examined a copy of the income tax return foriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (EIC) to send my return to the IIS and to receive from the IIS (a) an acknowledgement of receipt or reason for rejection of the remains from the income tax return to reflect the III and the III and the III and I		nter year you ar	e authorizing.)
1	•		
2   2   2   3   5   5   3   Federal income tax withheld from Form(s) W-2 and Form(s) 1099   3   3   3   5   967   4   Amount you want refunded to you   4   7   7   7   5   5   Amount you owe   4   7   7   7   5   5   Amount you owe   4   7   7   7   5   5   Amount you owe   4   7   7   7   5   5   Amount you want refunded to you   4   7   7   7   5   5   Amount you want refunded to you   4   7   7   7   5   5   Amount you want refunded to you   4   7   7   7   5   5   Amount you want refunded to you   4   7   7   7   5   5   Amount you want refunded to you   4   7   7   7   5   5   Amount you want refunded to you   4   7   7   7   5   5   Amount you want refunded to you   4   7   7   7   5   5   Amount you want refunded to you   4   7   7   7   5   5   Amount you want refunded to you   7   7   7   7   7   5   Amount you want refunded to you   7   7   7   7   7   7   5   Amount you want refunded to you   7   7   7   7   7   7   7   7   5   Amount you want refunded to you   7   7   7   7   7   7   7   7   7	· · · · · · · · · · · · · · · · · · ·	1	4 155 065
A mount you want refunded to you  A mount you owe  Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Lorder penalizes of perjury, Ideoter 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 original from the income tax return (original or amended) is an mow 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 ny 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 iniciated in the tax preparation software for any refund. If applicable, institution account iniciated in the tax preparation software for any refund. If applicable, institution account iniciated in the tax preparation software for any refund. If applicable, institution account iniciated in the tax preparation software for any refund. If applicable, institution account iniciated in the tax preparation software for tax sets or receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the payment of the set of the payment of the set of the se	, , ,	t	
Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perlipy, 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 which was a completed in the declare that the amounts for the income tax return (original or amended) I am now authorizing. I consent the refunded that the amounts for the mounts 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 (e) an activative deplete of receipt or reason for rejection of the transmission, (b) the reason of the consent of the transmission of the payment of the declared taxes own withdrawal (direct debit) entry to the financial institution account intolated in the tax preparation software for Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account intolated in the tax preparation software for a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a transmission and the processing of the electronic payment of the payment (settlement) date. I also authorize the cancel account the settlement of the transmission and the processing of the electronic payment of the processing debit of the processing			
Amount you owe		+	33,701.
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 (FEN) to send my return to the IPS and to receive from the IPS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason consent to allow the IPS (a) and acknowledgement of receipt or reason for rejection of the transmission, (b) the reason consent to a succession of the transmission, (b) the reason consent to the IPS (a) and acknowledgement of receipt or reason for rejection of the transmission, (b) the reason and the proposition of the transmission, (b) the reason consents to the proposition of the transmission (b) the reason consents the proposition of the proposition of the transmission (b) the reason to reason for rejection of the transmission (b) the reason to reason for rejection of the transmission (b) the reason that the preparation is the transmission of the transmission (b) the responsibility of the responsibility		t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Under penalties of perjun; 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 bellef, it is tries, 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 (EFO) to send my return to the IIS and to receive from the IISS (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 delay) entry to the financial institution account indication or payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in the tax preparation ostivate for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions into the text preparation ostivate for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutions into the text preparation of the proveke (cancel 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 (PIII) below is my signature for 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	· · · · · · · · · · · · · · · · · · ·		-
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 original or amended) In processing the return or return, and (c) the date of any return (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 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 1 notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a supment, insulational contact the U.S. Treasury Financial Agent and the authorization. To revoke (cancel) a supment, insulational contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a supment, insulational contact the payment destination of the processing of the electronic payment			
Taxpayer's PIN: check one box only    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 (signal or amended) I am now authorizing. Check this box only   I authorize   Date	for any delay in processing the return or refund, and <b>(c)</b> the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at <b>1-888-353-4537</b> . Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended	ne U.S. Treasury and indicated in the talitution to debit the inate the authoriza requests must be the processing of he payment. I furth	nd its designated Financia x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the acknowledge that the
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.    Your signature   Date	X Lauthorize GLOBAL TAXES LLC to enter or general	ate mv PIN └─┤	as mv
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Your signature ▶ Date ▶  Spouse's PIN: check one box only to enter or generate my PIN Enter five digits, but as my 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.  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 ▶  ERO Must Retain This Form — See Instructions	ERO firm name	Ente	er five digits, but
Spouse's PIN: check one box only  I authorize  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  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.  Date  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature  ERO Must Retain This Form — See Instructions	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m		
I authorize	Your signature ▶ Date I		
I authorize	Spouse's PIN: check one box only		
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 ▶  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.  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 ▶  ERO Must Retain This Form — See Instructions		ate my PIN	as my
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 ▶  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.    Date ▶   Dan't enter all zeros		- —	
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 2 7 8 6 1 9 8 9  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶ Date ▶	signature on the income tax return (original or amended) I am now authorizing.	don	't enter all zeros
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 2 7 8 6 1 9 8 9  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶ Date ▶  ERO Must Retain This Form — See Instructions	if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m		
Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶  ERO Must Retain This Form — See Instructions	Spouse's signature ▶ Date I	•	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  5 8 7 2 7 8 6 1 9 8 9  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature   Date   ERO Must Retain This Form — See Instructions	Practitioner PIN Method Returns Only—continue be	low	
Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶ Date ▶  ERO Must Retain This Form — See Instructions	Part III Certification and Authentication — Practitioner PIN Method Only		
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 <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income Tax Returns.  ERO's signature ►  Date ►  ERO Must Retain This Form — See Instructions	<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5		
ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s	ubmitting this retur	rn in accordance with the
	ERO's signature ▶ Date I	<b>&gt;</b>	

## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single  Married filing jointly [ ou checked the MFS box, enter the loon is a child but not your depender	name of y									
Your first name	and m	iddle initial	Last na	me						Your so	cial securi	ity number
PUNEET			MATA	ΔI						809-	57-468	19
If joint return, spouse's first name and middle initial			Last na	me						Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.		Preside	ntial Electi	ion Campaign
27 N MAI	RGIN	ST						3	- 1	Check here if you, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete s	paces below.	Sta	ite	ZIP	code		•	0,	ntly, want \$3
BOSTON			·	•	M	A	0:	2113		-	this fund. ow will not	Checking a
Foreign country	v name		- I	Foreign province/state			_	reign postal			ow will flot or refund	•
	,				,	-,		g p			You	Spouse
At any time du	ıring 20	020, did you receive, sell, send, exc	hange, c	or otherwise acquire	any	financial in	terest ir	n any virtu	al cur	rency?	Yes	<b>⋈</b> No
Standard Deduction		eone can claim:  You as a despouse itemizes on a separate retu	•				ent					
Age/Blindness	s You	Were born before January 2,	1956	Are blind Sp	ouse	: Was	born b	efore Janu	ıary 2,	, 1956	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social securit	.v	(3) Relation	onship	(4)	/ if au	alifies fo	r (see instru	uctions):
If more		irst name Last name	number		,	to you		Child tax cre				ther dependents
than four									П			
dependents,									$\overline{\sqcap}$			
see instruction and check	s —								$\overline{\sqcap}$			
here ▶ □									一			$\overline{\Box}$
	1	Wages, salaries, tips, etc. Attach	Form(s) \	W-2					<del>-</del> .	1	1	70,104.
Attach	2a	Tax-exempt interest	2a		b T	axable inte	rest			2b		
Sch. B if	За	Qualified dividends	3a			Ordinary div				3b		
required.	4a	IRA distributions	4a			axable am				4b		
	5a	Pensions and annuities	5a		b T	axable am	ount .			5b		
Standard	6a	Social security benefits	6a		<b>b</b> T	axable am	ount .			6b		
Deduction for-	7	Capital gain or (loss). Attach Sche	edule D if	f required. If not req	uired	, check he	e .		▶ [	7		
<ul> <li>Single or Married filing</li> </ul>	8	Other income from Schedule 1, lii	ne 9 .		·					8	_	14,237.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your <b>total inc</b>	ome				. •	9		55,867.
Married filing	10	Adjustments to income:		•								
jointly or Qualifying	а	From Schedule 1, line 22					10a					
widow(er),	b	Charitable contributions if you take	the star	ndard deduction. Se	e inst	ructions	10b					
\$24,800 • Head of	С	Add lines 10a and 10b. These are							. •	<b>10</b> c	5	
household, \$18,650	11	Subtract line 10c from line 9. This	•	=					. •	11		55,867.
If you checked	12	Standard deduction or itemized	-	-						12		12,400.
any box under Standard	13	Qualified business income deduc		,	,	8995-A .				13		
Deduction,	14	Add lines 12 and 13								14		12,400.
see instructions.	15	Taxable income. Subtract line 14	from lin	e 11. If zero or less	, ente	er-0				15	1	43,467.

Form 1040 (2020	))									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	28,512.
	17	Amount from Schedule 2, lin	ie 3						17	
	18	Add lines 16 and 17							18	28,512.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	28,512.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. ▶	24	28,512.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	35,	967.		
	b	Form(s) 1099				25b			7	
	С	Other forms (see instructions	s)			25c			7	
	d	Add lines 25a through 25c							25d	35,967.
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				28				
nontaxable	29	American opportunity credit	from Form 8863	B. line 8		29			1	
combat pay, see instructions.	30	Recovery rebate credit. See		•		30			1	
	31	Amount from Schedule 3, lin				31			1	
	32	Add lines 27 through 31. The					dits	. ▶	32	
	33	Add lines 25d, 26, and 32. T	•						33	35,967.
	34	If line 33 is more than line 24							34	7,455.
Refund	35a	Amount of line 34 you want				-	-	•	35a	7,455.
Direct deposit?	▶b	Routing number 2 3 1				Checki		avings	Jou	,,1551
See instructions.	▶d	Account number 9 5 3						avingo		
	36	Amount of line 34 you want a			nd tax	36	<b>≓</b>			
Amount	37	Subtract line 33 from line 24						_	37	
You Owe	31			•					0,	
For details on		<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.								
how to pay, see instructions.	38	Estimated tax penalty (see in	•			38				
Third Party		you want to allow another								
Designee		structions	•				Yes. Co	mplete l	oelow.	X No
Doolgiloo		signee's		Phone		_		nal identi		
		me ►		no. 🕨				er (PIN)		
Sign		der penalties of perjury, I declare t								
Here	be	lief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on a	ll information			,
11010	Yo	ur signature		Date	Your occupation			- 1		nt you an Identity
laint vatuus 0					ASSOCIATE	DIDE	СТОР	- 1	inst.)	IN, enter it here
Joint return? See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign	Date	Spouse's occupa		CIOR	<u> </u>		nt your spouse an
Keep a copy for	<b>J</b>	odoo o oignataro. Il a joint rotarii, i	Jour made digm.	Date						ection PIN, enter it here
your records.								(see	inst.) ▶	
		one no.		Email address						
Paid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
	_RV	SSMANIKUMARAPPANA	RVSSMANIK	UMARAPPA1	JA	02/0	2/2021	20209	0332	Self-employed
Preparer	Fin	m's name ▶ GLOBAL TAX	XES LLC					Pho	ne no. (	646)727-7157
Use Only	Fir	m's address ▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041			Firm	's EIN ▶	30-1017196
Go to www.irs.go	ov/Forr	n1040 for instructions and the late	st information.		BAA	REV 0	1/25/21 PRO			Form <b>1040</b> (2020)

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2020
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

PUNEET MATAI

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

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 809-57-4689

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-14,237.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-14,237.
Par	t II Adjustments to Income		, -
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

#### **SCHEDULE E**

(Form 1040)

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

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

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

OMB No. 1545-0074

2020

Attachment

Department of the Treasury Internal Revenue Service (99) Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. **13** 

Name(s) shown on return Your social security number PUNEET MATAI 809-57-4689 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . . Physical address of each property (street, city, state, ZIP code) Α PIMPLE SAUDAGAR MAHARASTRA PUNE IN 411027 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a 365 Α Α 0 qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 850. 4 4 Royalties received . . . . Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . . . 6 250. 7 Cleaning and maintenance . . . 7 2,150. 8 550. 8 Commissions. . . . . . 9 9 Insurance . . . . . . . . . . 453. 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. . . . . . . . . 13 14 Repairs. . . . . . . . 14 5,245. 15 3,125. 15 Supplies . Taxes . . . . . 16 16 450. 17 17 2,864. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 15,087. 20 20 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . 21 -14,237.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . -14,237.) 850 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 15,087. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 14,237. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 -14,237.



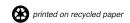
# Form M-8453 Individual Income Tax Declaration for Electronic Filing

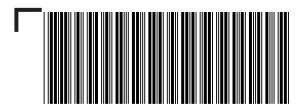
Massachusetts

**Department of** 

Revenue

<b>2</b> Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	Please print or type. Privacy Act Notice	available upon requ	est. For the year	January 1-December 31, 2020.	
Falson Instrum., spouse's first name and initial	Your first name and initial	Last name		Your Social Security num	ber
Present street address (and apartment number)  27 N MARGIN ST APT NO 3  City/Town/Post Office  State Zp Filing status: Xi Single Married filing separately Married filing jointly  Part 1. Tax Return Information for Electronic Filing  1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PV, line 12).  2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PV, line 38).  3 Massachusests use tax (from Form 1, line 32, or Form 1-NR/PV, line 38).  4 Massachusests use tax (from Form 1, line 50, or Form 1-NR/PV, line 38).  5 Return amount (from Form 1, line 50, or Form 1-NR/PV, line 54).  6 Return amount (from Form 1, line 50, or Form 1-NR/PV, line 54).  6 Return amount (from Form 1, line 50, or Form 1-NR/PV, line 54).  6 Return amount (from Form 1, line 50, or Form 1-NR/PV, line 54).  6 Return amount (from Form 1, line 50, or Form 1-NR/PV, line 54).  6 Return amount (from Form 1, line 50, or Form 1-NR/PV, line 55).  6 Part 2. Declaration and Signature of Taxpayer  Under pairs and penalties of penalty. I declare that have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief his information is true, correct and compilet. I consent that my return, including this declaration and accompanying science for the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to inform my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to inform my Electronic Return Originator and that the amounts above agree with the amounts above agree the application of the app	PUNEET MATAI			809574689	
27 N MARGIN   ST APT NO   3	If a joint return, spouse's first name and initial	Last name		Spouse's Social Security	number
Copyriown/Post Office	Present street address (and apartment number)				
Part 1. Tax Return Information for Electronic Filing  1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	27 N MARGIN ST APT NO 3				
Part 1. Tax Return Information for Electronic Filing  1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	City/Town/Post Office	State	Zip	-	
1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12). 2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36). 3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38). 4 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38). 5 Massachusetts use tax (from Form 1, line 50, or Form 1-NR/PY, line 42). 6 Tax due (from Form 1, line 50, or Form 1-NR/PY, line 54). 7 Sefund amount (from Form 1, line 50, or Form 1-NR/PY, line 54). 7 Sefund amount (from Form 1, line 50, or Form 1-NR/PY, line 55). 8 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 55). 8 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 8 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 55). 8 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 55). 8 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 8 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 55). 8 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due (from Form 1, line 51), or Form 1-NR/PY, line 54). 9 Or Tax due	BOSTON	MA	02113	☐ Married	filing separately  Head of household
2 income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36).  3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38).  4 Massachusetts income tax withheld (from Form 1, line 34, or Form 1-NR/PY, line 42).  5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 54).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 54).  7 Declaration and Signature of Taxpayer  Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and flow in the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to inform my Electronic Return Originator and flow the transmitter of the tax liability and all applicable penalties and interest.  7 Our signature  7 Date  8 Spouse's signature (if joint return, both must sign.)  7 Date  8 Date Spouse's signature (if joint return, both must sign.)  8 Date  8 Date Tax 3. Declaration and Signature of Electronic Return Originator (ERO)  1 declare that I have reviewed the above taxpayer's return and that the entries on this M-84S3 are complete and correct to the best of my knowledge.  1 declare that I have reviewed the above taxpayer's terum and that the entries on this M-84S3 are complete and correct to the best of my knowledge.  1 declare that I have reviewed the above taxpayer's terum and ex	Part 1. Tax Return Informati	ion for Electro	nic Filing		
Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38).  4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42).  5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 42).  5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 50, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 50, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 50, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 50, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 50, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 51).  6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 51).  7 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 51).  8 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 51).  8 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 52).  8 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 52).  8 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 52).  9 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 51).  9 Tax due (from Form 1, line 1).  9 Tax due (from Form 1, line 1).  9 Tax due (from Form 1, line 1).  9 T	1 Total 5.0% income (from Form 1, line 10	), or Form 1-NR/PY, li	ne 12)		
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42). 5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54). 6 Tax due (from Form 1, line 55), or Form 1-NR/PY, line 54). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 54). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 54). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 54). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 55). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 57), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 58), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 58), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 58), or Form 1-NR/PY, line 58). 6 Tax due (from Form 1, line 58), or Form 1-NR/PY, line 58). 7 Tax due (from Form 1, Rich 1) line 58, or Form 1-NR/PY, line 58). 8 Tax due (from Form 1, Rich 1) line 58, or Form 1, Rich 1, and	2 Income tax after credits (from Form 1, lin	ne 32, or Form 1-NR/	PY, line 36)		
5 Refund amount (from Form 1, line 51, or Form 1-NR/PY, line 55).  6 Tax due (from Form 1).  7 Date (from Form 1).  7 Date (from Form 1).  8 Declaration and Signature of Electronic Return Originator (ERO).  8 Tax due (from Form 1).  8 Declaration and Signature of Electronic Return Originator (ERO).  1 declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 accurately reflects the data on the return, land line of the sack part of the sack p	3 Massachusetts use tax (from Form 1, lir	ne 34, or Form 1-NR/	PY, line 38)		
Part 2. Declaration and Signature of Taxpayer  Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts above accepted. In the event notice of the authorize DOR to inform my Electronic Return Originator and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and the treatment of the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to inform my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator (ERO)  I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. I have provided the taxpayer's return and that the entries on this M-8453 accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I are also the paraparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of					
Part 2. Declaration and Signature of Taxpayer  Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.  Part 3. Declaration and Signature of Electronic Return Originator (ERO)  I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-856 courtally reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. II are also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and stements and to the best of my knowledge and belief it; but must insteade be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was fi					
Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to inform my Electronic Return Originator and/or the treatment of the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to inform my Electronic Return Originator (ERO) that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.  **Your signature**  **Part 3. Declaration and Signature of Electronic Return Originator (ERO)**  **Ideal Teach and	<b>6</b> Tax due (from Form 1, line 51, or Form	1-NR/PY, line 55)			6
Part 3. Declaration and Signature of Electronic Return Originator (ERO)    declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.    ERO's signature and SSN or PTIN	the transmitter when my electronic return he the return can be corrected and re-transmit	as been accepted. In	the event that it is valance due return,	rejected, I authorize DOR to ident I understand that if DOR does no	tify the reasons for rejection so that
I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return; I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.  ERO's signature and SSN or PTIN  Date  EIN  Check if self-employed  Part 4. Declaration and Signature of Paid Preparer (if other than ERO)  Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.  Paid preparer's signature and SSN or PTIN  Date  EIN  Check if self-employed  Poleon if self-employed and self-employed and address  City/Town  State  Zip	Your signature	Date	Spous	e's signature (if joint return, <b>both</b> must	sign) Date
Firm name (or yours, if self-employed) and address  GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041  Part 4. Declaration and Signature of Paid Preparer (if other than ERO)  Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.  Paid preparer's signature and SSN or PTIN  Date  EIN  Check if self-employed  P02090332  D2022021  State Zip  Tim name (or yours, if self-employed) and address  City/Town  State Zip	I declare that I have reviewed the above ta (Collectors are not responsible for reviewin I have obtained the taxpayer's signature be a copy of all forms and information filed wit perjury I declare that I have examined the abelief, they are true, correct and complete. This declaration of paid preparer (other that should not be sent to DOR, but must instead	xpayer's return and tig the taxpayer's retured to the taxpayer's retured to the taxpayer's retured to the Massachusetts above taxpayer's retured to taxpayer's retured taxpayer) is based	nat the entries on t rn; however, they r eturn to the Massa Department of Re im and accompany rerified the taxpayon on all information	his M-8453 are complete and cormust ensure that the M-8453 accurate the street of Revenue. It is a pepartment of Revenue. If I am also the paid preparying schedules and statements and er's proof of account and it agrees of which the preparer has any known	rately reflects the data on the return.) I have provided the taxpayer with rer, under pains and penalties of d to the best of my knowledge and with the name(s) shown on this form. wledge. Original Forms M-8453
Firm name (or yours, if self-employed) and address  GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041  Part 4. Declaration and Signature of Paid Preparer (if other than ERO)  Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.  Paid preparer's signature and SSN or PTIN  Date  EIN  Check if self-employed  P02090332  02022021  301017196  Firm name (or yours, if self-employed) and address  City/Town  State Zip	ERO's signature and SSN or PTIN		Date	EIN	Check if
GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 paid preparer  Part 4. Declaration and Signature of Paid Preparer (if other than ERO)  Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.  Paid preparer's signature and SSN or PTIN  Date  EIN  Check if self-employed  Firm name (or yours, if self-employed) and address  City/Town  State Zip			02022023	301017196	self-employed
Part 4. Declaration and Signature of Paid Preparer (if other than ERO)  Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.  Paid preparer's signature and SSN or PTIN  Date  EIN  Check if self-employed  P02090332  02022021  301017196  Firm name (or yours, if self-employed) and address  City/Town  State  Zip	Firm name (or yours, if self-employed) and addre	ess	City/To	own State	· · · · · · · · · · · · · · · · · · ·
Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.  Paid preparer's signature and SSN or PTIN  Date  EIN  Check if self-employed  Firm name (or yours, if self-employed) and address  City/Town  State  Zip	GLOBAL TAXES LLC 253	O PEBBLE CRE	EK LN CUM	MING GA	30041 paid preparer
P02090332 02022021 301017196 self-employed  Firm name (or yours, if self-employed) and address City/Town State Zip	Under pains and penalties of perjury, I decl my knowledge and belief it is true, correct a	lare that I have exam	ined this return, inc	cluding accompanying schedules a	
Firm name (or yours, if self-employed) and address City/Town State Zip	Paid preparer's signature and SSN or PTIN		Date	EIN	
		202090332	02022023	301017196	self-employed
RVSSMANIKUMARAPPANA 2530 PEBBLE CREEK LN CUMMING GA 30041			-	own State	•
	RVSSMANIKUMARAPPANA 253	O PEBBLE CRE	EK LN CUM	ING GA	30041





# 

#### 2020 Form 1

MA20001011555

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2020 or other taxable Year beginning

809574689 PUNEET MATAI

27 N MARGIN ST BOSTON MA 02113

Fill in if: X Original return 3 Amended return Amended return due to federal change Apt. no.

State Election Campaign Fund: \$1 You \$1 Spouse TOTAL

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle

or Sinai Peninsula You Spouse Taxpayer deceased You Spouse Fill in if under age 18 You Spouse a. Total federal income 155867 Name changed since 2019

b. Federal adjusted gross income 155867 Fill in if noncustodial parent

1. Filing status (select one only): X Single Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

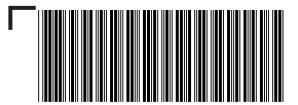
4400 a. Personal exemptions 2a b. Number of dependents. (Do not include yourself or your spouse.) Enter number  $\times$  \$1,000 = **2b** c. Age 65 or over before 2021 Spouse =  $\times$  \$700 = **2c** You + d. Blindness You + Spouse =  $\times$  \$2,200 = **2d** e. Medical/dental 2e f. Adoption 2f 4400 g. Total exemptions. Add items 2a through 2f. Enter here and on line 18

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature

917-679-1423

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



# 

**2020 Form 1, pg. 2**MA20001021555
Massachusetts Resident Income Tax Return 809574689

3.	Wages, salaries, tips		3	170104
4.	Taxable pensions and annuities		4	
5.	Mass. bank interest: a.	<ul><li>b. exemption</li></ul>	= 5	
6a.	Business/profession income/loss		6a	
6b.	Farming income/loss		6b	
7.	Rental, royalty and REMIC, partnership, S corp., trust in	ncome/loss	7	-14237
8a.	Unemployment		8a	
8b.	Mass. lottery winnings		8b	
9.	Other income from Schedule X, line 5		9	
10.	TOTAL 5.0% INCOME		10	155867
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass	. Retirement	11a	
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R.,	U.S. or Mass. Retirement	11b	
12.	Child under age 13, or disabled dependent/spouse care	expenses	12	
13.	Number of dependent member(s) of household under a	ge 12, or dependents age 65 or over (not y	ou or your spouse) as of	
	12/31/20, or disabled dependent(s)			
	Not more than two. a.		× \$3,600 = <b>13</b>	
14.	Rental deduction. a.		÷ 2 = <b>14</b>	
15.	Other deductions from Schedule Y, line 19		15	
16.	Total deductions. Add lines 11 through 15		16	
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16	from line 10. Not less than "0"	17	155867
18.	Exemption amount		18	4400
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18	from line 17. Not less than "0"	19	151467
20.	INTEREST AND DIVIDEND INCOME		20	
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20		21	151467

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1





**2020 Form 1, pg. 3**MA20001031555
Massachusetts Resident Income Tax Return 809574689

22.	<b>TAX ON 5.0% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the		
	amount in Schedule D, line 21 by .0585	22	7573
23.	12% INCOME. Not less than "0." a.	× .12 = <b>23</b>	
24.	TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS	24	
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24		
25.	Credit recapture amount (from Credit Recapture Schedule)	25	
26.	Additional tax on installment sale	26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28		
28.	TOTAL INCOME TAX. Add lines 22 through 26	28	7573
29.	Limited Income Credit	29	
30.	Income tax due to another state or jurisdiction	30	
31.	Other credits from Credit Manager Schedule	31	
32.	INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"	32	7573
33.	Voluntary Contributions		
	a. Endangered Wildlife Conservation	33a	
	b. Organ Transplant Fund	33b	
	c. Massachusetts Public Health HIV and Hepatitis Fund	33c	
	d. Massachusetts U.S. Olympic Fund	33d	
	e. Massachusetts Military Family Relief Fund	33e	
	f. Homeless Animal Prevention and Care	33f	
	Total. Add lines 33a through 33f	33	
34.	Use tax due on Internet, mail order and other out-of-state purchases	34	
35.	Health care penalty a. You + b. Spouse	35	
36.	Amended return only. Overpayment from original return	36	
37.	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36	37	7573





**2020 Form 1, pg. 4**MA20001041555
Massachusetts Resident Income Tax Return 809574689

38. 39. 40. 41. 42. 43.	Massachusetts income tax withheld 2019 overpayment applied to your 2020 estimated tax 2020 Massachusetts estimated tax payments Payments made with extension  Amended return only. Payments made with original return. Not less than "0"  Earned Income Credit. a. Number of qualifying children b. Amount from U.S. retu  Note: You cannot claim the Earned Income Credit if your filing status is married filing stor an exception (see instructions). Fill in if you qualify for this exception		8466
44.	Senior Circuit Breaker Credit	44	
45.	Other Refundable Credits	45	
46.	Excess Paid Family Leave Withholding	46	
47.	TOTAL. Add lines 38 through 46	47	8466
48.	Overpayment. Subtract line 37 from line 47	48	893
49.	Amount of overpayment you want applied to your 2021 estimated tax	49	
50.	Refund. Subtract line 49 from line 48. Mail to: Massachusetts DOR, PO Box 7000, Bos	ston, MA 02204 <b>50</b>	893
	Direct deposit of refund. Type of account X checking savings  RTN # 231372691 account # 9534079707		
51.	Tax due. Pay online at www.mass.gov/dor/payonline.       Mail to: Mass. DOR, PO Box         Interest       Penalty       M-2210 amt.	7003, Boston, MA 02204 <b>51</b>	EX enclose Form M-2210
May t	he Department of Revenue discuss this return with the preparer shown here?		
I do n Print	ot want preparer to file my return electronically paid preparer's name  SSMANIKUMARAPPANA  oreparer's signature  ()	(this may delay your refund)  Date Check if self-employed $0202021$ Paid preparer's phone $646-727-7157$	Paid preparer's SSN/PTIN P02090332 Paid preparer's EIN 30-1017196

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

RVSSMANIKUMARAPPANA





2020 Schedule INC MA20INC011555

PUNEET MATAI 809574689

### Form W-2 and 1099 Information

A. FEDERAL ID NUMBER B. STATE TAX WITHHELD C. STATE WAGES/INCOME D. TAXPAYER SS WITHHELD E. SPOUSE SS WITHHELD F. SOURCE OF WITHHOLDING

231237295 8466 170104 W2

TOTALS 8466 170104

02/02/2021 10:02 AM

REV 01/26/21 PRO





# **2020 Schedule HC**

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

809574689 PUNEET MATAI 06121983 1 1a. Date of birth 1b. Spouse's date of birth 1c. Family size 155867 Federal adjusted gross income 2 Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions. X Full-year MCC Part-year MCC No MCC/None See instructions if, during 2020, you turned 18, you 3a You: were a part-year resident or a taxpayer was deceased. Full-year MCC Part-year MCC No MCC/None 3a Spouse: If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6. 4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2020, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5. 4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below) You Spouse Χ You 4b. MassHealth. Fill in and go to line 5 Spouse 4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5 Spouse You 4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5 Spouse You 4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net You Spouse is not considered insurance or minimum creditable coverage. 4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC. Spouse Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC.

02/02/2021 10:02 AM

Otherwise, go to line 6.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare,

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2020, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return.

you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Other wise, go to line 6.





**2020 Schedule HC, pg. 2** 809574689 MA20029021555

#### Your Health Insurance

6. Was your income in 2020 at or below 150% of the federal poverty level?

6 Yes No

If you answer Yes, you are not subject to a penalty in 2020. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled

If you answer Yes, you are not subject to a penalty in 2020. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2020, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7. Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2020. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2020, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

#### Months Covered By Health Insurance

You: Feb. Dec. Jan. March Sept. Oct. Nov April May June July Aug. Spouse: Jan. Feb. March April May June Aug. Sept. Oct. Nov. Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2020. Skip the remainder of this schedule and complete your tax return.

#### Religious Exemption and Certificate of Exemption

8a. Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based 8a You Yes No on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? Spouse Yes No If you answer Yes, go to line 8b. If you answer No, go to line 9. 8b. If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2020 tax year? 8b You Yes No Spouse Yes No If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9. 9. Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health 9 You Yes No Connector for the 2020 tax year? Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.





**2020 Schedule HC, pg. 3** MA20029031555

PUNEET MATAI 809574689

#### Affordability as Determined By State Guidelines

**Note:** This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2020 tax year.

10. Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions?10 You Yes NoSpouse Yes No

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

11. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC11 YouYesNoWorksheet for Line 11 in the instructions?No

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

12. Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions?
 12 You Yes No
 Spouse Yes No

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

#### Complete Only If You Are Filing An Appeal

#### You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.

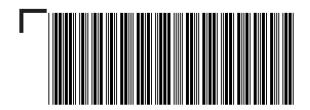
You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2020 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty. Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of periury.

**Note:** If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do not assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse: I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.





**2020 Schedule E** MA20013041555

PUNEET MATAI 809574689

### **Income or Loss from Real Estate and Royalties**

# Income 1. Rents received

IIICC	ALIC CONTRACTOR CONTRA		
1.	Rents received	1	850
_ 2.	Royalties received	2	
Exp	enses		
3.	Advertising	3	
4.	Auto and travel	4	250
5.	Cleaning and maintenance	5	2150
6.	Commissions	6	550
7.	Insurance	7	
8.	Legal and other professional fees	8	453
9.	Management fees	9	
10.	Mortgage interest paid to banks, etc.	10	
11.	Other interest	11	
12.	Repairs	12	5245
13.	Supplies	13	3125
14.	Taxes	14	450
15.	Utilities	15	2864
16.	Other expenses	16	
17.	Add lines 3 through 16	17	15087
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	15087
20.	Income or loss from rental real estate or royalty properties	20	-14237
21.	Deductible rental real estate loss	21	-14237
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-14237
24.	Rental real estate and royalty income or loss	24	-14237





# **2020 Schedule E, pg. 2** MA20013051555

809574689

Inco	ome or Loss from Partnerships and S Corporations	
	Passive loss allowed	25
26.	Passive income	26
27.	Non-passive loss	27
	Section 179 expense deduction	28
29.	·	29
30.	·	30
31.	Combine lines 25, 27 and 28	31
	Partnership and S corporation income or loss. Combine lines 30 and 31	32
33.	Interest (other than MA banks) and dividends if included in line 32	33
34.		34
35.	Total income or loss from partnerships and S corporations	35
36.	·	
	disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	
Inco	ome or Loss from Estates and Trusts	
37.	Passive deduction or loss allowed	37
38.	Passive income	38
39.	Non-passive deduction or loss	39
40.	Non-passive other income	4(
41.	Add lines 38 and 40	41
42.	Add lines 37 and 39	42
43.	Estate and trust income or loss. Combine lines 41 and 42	43
44.	Estate or non-grantor-type trust income	44
45.	Grantor-type trust and non-Massachusetts estate and trust income	45
46.	Interest and dividends if included in line 45	46
47.	Adjustments to 5.0% income	47
48.	Subtotal. Combine lines 46 and 47	48
	Income or loss from grantor type and non-Mass estates and trusts	49
Inco	ome or Loss from REMICs	
50.	Excess inclusion	50
51.	Taxable income or loss	51
52.	Income	52
53	Combine lines 51 and 52	53



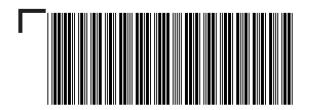


**2020 Schedule E, pg. 3** MA20013061555

809574689

### **Farm Income**

54. Net farm rental income or loss	54	
Summary		
<b>55.</b> Income or loss. Combine lines 24, 35, 49, 53 and 54	55	-14237
56. Massachusetts differences Enclose statements	56	
57. Abandoned building renovation deduction	57	
<b>58.</b> Total income or loss. Combine lines 55 through 57	58	-14237





2020 Schedule E-1 MA20013011555

809574689 PUNEET MATAI

FLAT

PIMPLE SAUDAGAR MAHARASTRA

Check one: X Real estate Royalty Rental property used for short-term rentals

### **Income or Loss from Real Estate and Royalties**

#### Income

	,,,,,		
1.	Rents received	1	850
2.	Royalties received	2	
Exp	enses		
3.	Advertising	3	
4.	Auto and travel	4	250
5.	Cleaning and maintenance	5	2150
6.	Commissions	6	550
7.	Insurance	7	
8.	Legal and other professional fees	8	453
9.	Management fees	9	
10.	Mortgage interest paid to banks, etc	10	
11.	Other interest	11	
12.	Repairs	12	5245
13.	Supplies	13	3125
14.	Taxes	14	450
15.	Utilities	15	2864
16.	Other expenses	16	
17.	Add lines 3 through 16	17	15087
18.	Depreciation expense or depletion	18	
19.	Total expenses. Add lines 17 and 18	19	15087
20.	Income or loss from rental real estate or royalty properties	20	-14237
21.	Deductible rental real estate loss	21	-14237
22.	Income. Enter positive amounts shown on line 20	22	
23.	Losses. Enter royalty losses from line 20 or rental real estate losses from line 21	23	-14237
24.	Rental real estate and royalty income or loss	24	-14237
25.	Check if this rental property was used by you or your family for more than 14 days or more than		

10 percent of the total number of days that the property was rented at fair market value

#### **SCHEDULE E**

(Form 1040)

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

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

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

OMB No. 1545-0074

2020

Attachment

Department of the Treasury Internal Revenue Service (99) Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. **13** 

Name(s) shown on return Your social security number PUNEET MATAI 809-57-4689 Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . . Physical address of each property (street, city, state, ZIP code) Α PIMPLE SAUDAGAR MAHARASTRA PUNE IN 411027 В C 1b Fair Rental **Personal Use** Type of Property For each rental real estate property listed QJV above, report the number of fair rental and (from list below) **Days Days** personal use days. Check the **QJV** box only if you meet the requirements to file as a 365 Α Α 0 qualified joint venture. See instructions. В В С С Type of Property: Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: **Properties:** Α 3 Rents received . 3 850. 4 Royalties received . . . . 4 Expenses: Advertising . . . . . . 5 5 6 Auto and travel (see instructions) . . . 6 250. 7 Cleaning and maintenance . . . 7 2,150. 8 550. 8 Commissions. . . . . . 9 9 Insurance . . . . . . . . . . 453. 10 Legal and other professional fees . . . 10 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest. . . . . . . . . 13 14 Repairs. . . . . . . . 14 5,245. 15 3,125. 15 Supplies . Taxes . . . . . 16 16 450. 17 17 2,864. 18 Depreciation expense or depletion . . 18 19 19 Total expenses. Add lines 5 through 19 . . . . . 15,087. 20 20 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . . . . . . . . . . . . . . 21 -14,237.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . -14,237.) 850 23a Total of all amounts reported on line 3 for all rental properties 23a **b** Total of all amounts reported on line 4 for all royalty properties 23b 23c **c** Total of all amounts reported on line 12 for all properties d Total of all amounts reported on line 18 for all properties 23d 23e Total of all amounts reported on line 20 for all properties 15,087. Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. 25 14,237. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 -14,237.