SHRIE       YUVARAANI       097-35-1660         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         1074 LLXEHURST DR       202         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code         WAUKEGAN       Foreign province/state/county       Foreign postal code       box below will not change box below will not change box below will not change box below.       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 Dependents (see instructions):       You a spouse itemizes on a separate return or you were a dual-status alien	E <b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	20	20	OMB No. 1545	5-0074	IRS Use	e Only	—Do not v	vrite or staple	e in this space.
MOHAN SAANKAR       RAJAPUNNAIVANAM       778-86-3639         If join teutur, spouse's fint name and middle initial       Last name       Spouse's social security number         SHR IE       YUVARRANI       097-35-1660         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       202         City, tow, roy poor diffice. If you have a foreign address, also complete spaces below.       State       202         Foreign country name       Foreign province/state/country       Foreign postal code       you tax or refund.         Foreign country name       Foreign province/state/country       Foreign postal code       you tax or refund.         Beduction       Spouse itemizes on a separate return or you were a dual-status allen       Age/Bindness You:       Vou Sa born before January 2, 1956       Is bind         Dependents, see instructions:       (1) First name       (2) Social security       (3) Relationship       (4) ✓ it qualifies for (see instructions):       (4) ✓ it qualifies for (see instructions):         If more than four dependents, see instructions:       1       73, 580.       24       24       25         Attach       2a       a dual-status allen       b dualster       2b       2b       5b       6b         See instructions:       (1) Retainonship       (4) ✓ it qualifies for (see instructions):       <	Check only	lf yo	u checked the MFS box, enter the n	ame of	-									
If joint return, spouse's first name and middle initial       Last name       YUVARAANI       097-35-1660         SHR IE       YUVARAANI       097-35-1660         Home address furmber and streetj. If you have a P.O. box, see instructions.       Apt. no.       202         City, town, or post office. If you have a foreign address, also complete spaces below.       State       202         WAUKESGAN       III.       600.85         Foreign country name       Foreign province/state/country       Foreign postal code       you tax or refund.         Standard       Someone can claim:       You spouse as a dependent       You spouse as a dependent       You spouse       You spouse       Wo spouse         Standard bedration in the cast name       Introde       You spouse as a dependent       You spouse as a dependent       You spouse       You spouse       Was born before January 2, 1956       Is bild         Dependents (see instructions):       (I) First name       Last name       Immetry       Immetry       You spouse       Was born before January 2, 1956       Is bild         Attach       Security MOHAN SAANKAR       926-95-1138       Daughter       Immetry       Imm	Your first name	and mi	iddle initial	Last na	me							Your so	cial securi	ity number
SHR1E       YUVARAANI       097-35-1660         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       202         City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code         WAUKEGAN       Foreign country name       Foreign province/state/county       Foreign postal code       you is or post office.         Foreign country name       Foreign province/state/county       Foreign postal code       you is or refund.         You       Spouse itemizes on a separate return or you were a dual-status allen         Age/Blindness       You:       Wauke code       You       Spouse itemizes on a separate return or you were a dual-status allen         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents:       (an status allen)       (an status allen)       (b) You       (credit for other dependent for other dependents for other dependents for the form to you       (an status allen)         Age/Blindness       You:       MOHAN       674-21-1364       Son       (an status are redit for other dependent for other dependent for other dependent for other dependents for the dependent for other dependents for the dependents for the dependents for the dependent for the dependent f	MOHAN S	AANK	AR	RAJA	PUNNA	AIVANA	М					778-	86-363	9
Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       202         1074       LAREHURST DR       202         City, tow, or post office. If you have a foreign address, also complete spaces below.       State       II       Bite       II       Check here if you, or your study. want S3 to go to this fund. Checking a to go to this fund. Change your tax or refund.         You       Someone can claim:       You as a dependent       Your spouse as a dependent         Definition       Someone can claim:       You as a dependent       Spouse:       Was bon before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       number       (a) Palationship       (b) V if qualities for fees instructions):       (b) V if qualities for fees instructions):         If more than four dependents.       Sandard       Social security       Social security       (b) Palationship       (c) V if qualities for fees instructions):         If more than four dependents       Assintrations	If joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number
1074 LAKEHURST DR       202       Check here if you, or your         City, town, or post office. If you have a foreign address, also complete spaces below.       State       IL       60085         WAUKEGAN       IL       60085       box below will not change         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       You a spouse         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes X No         Standard       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 alien         Age/Blindness       You:       You Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (2) Social security       (3) Pelationship       (4) 4' if qualifies for (see instructions):         If more       (1) First name       Last name       number       to you       Cheid tax credit       Credit for other dependents         Ace instructions:       ASMITHA       MOHAN       S74-21-1364       Son       Son         dependents       Sa       Gualified dividends       3a       b Taxable amount       5b	SHRIE			YUVA	ARAAI	II						097-	35-166	0
City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       spouse if filing jointy, want S3 to go to this fund. Checking a box below will not change a your tax or refund.         WAUKEGAN       IL       G00 85       foreign province/state/county       Foreign postal code       your tax or refund.       your tax or refund.       your tax or refund.       You       Spouse it filing jointy, want S3 to go to this fund. Checking a your tax or refund.         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       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       (2) Social security       (3) Felationship       (4) \$\sciev\$ If qualifies for (see instructions):         If more than four dependents, and theck       ASMITHA       MOHAN       674-21-1364       Soon       X				instructio	ons.									
WAUKEGAN       IL       60085       box below will not change box below will not change your tax or refund.         Foreign country name       Foreign province/state/county       Foreign postal code your tax or refund.       You       Spouse         At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       Yes       No         Standard       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):       (1) First name       Last name       number       to you       Child tax credit       Credit for other dependents         wee instructions       (1) First name       Last name       number       Interest       Interest<				mploto c	nacos bo		Sta	to	1	-				, <b>,</b>
Foreign country name       Foreign province/state/county       Foreign postal code       Your tax or refund.            Your tax or refund.			ce. Il you have a loreign address, also co	impiete s	paces be	1011.						0		•
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?       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 Deduction       Spouse itemizes on a separate returm or you were a dual-status alien					- 	rovinco/cta		_			odo			0
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         Age/Blindness       You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (i) First name       Last name       (ii) First name       Last name       (iii) First name       Credit for other dependents         Assee instructions:       (iii) First name       Last name       (iiii) First name       Credit for other dependents         Assee instructions:       (iiii) First name       Last name       (iiii) First name       Credit for other dependents         Assee instructions:       (iii) First name       Last name       (iiii) First name       Credit for other dependents         ade check       Tax-exempt interest       2a       Daught er       Image: Credit for other dependents         Soh. B if       3a       Qualified dividends       3a       Daught er       2b         Standard       Social security benefits       Sa       Daught er       2b         Standard       Social security benefits       Sa       Sa       Daught er	Foreign country	/ name		r	-oreign p	rovince/sta	le/couri	ty	Foreigi	n postar c	Joue	your ta		_
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       (3) Relationship       (4) ✓ if qualifies for (see instructions):       Child tax credit       Credit for other dependents         if more than four dependents, see instructions and check       (1) First name       Last name       number       (3) Relationship       (4) ✓ if qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions and check       (1) First name       Last name       (1) First name       (2) First name <td< td=""><td>At any time du</td><td>ring 20</td><td>020, did you receive, sell, send, excl</td><td>nange, c</td><td>or otherv</td><td>vise acqu</td><td>re any</td><td>financial intere</td><td>est in a</td><td>ny virtu</td><td>al cu</td><td>rrency?</td><td>Yes</td><td></td></td<>	At any time du	ring 20	020, did you receive, sell, send, excl	nange, c	or otherv	vise acqu	re any	financial intere	est in a	ny virtu	al cu	rrency?	Yes	
Age/Blindness You:       Were born before January 2, 1956       Are blind       Spouse:       Was born before January 2, 1956       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) V' if qualifies for (see instructions):         (1) First name       Last name       number       (3) Relationship       (4) V' if qualifies for (see instructions):         (appendents, see instructions       ASMITHA       MOHAN       674-21-1364       Son       Image: Certific or ther dependents         asee instructions       ASMITHA       MOHAN       SANKAR       926-95-1138       Daughter       Image: Certific or ther dependents         and check       Image: Certific or ther dependents       Image: Certific or ther dependents       Image: Certific or ther dependents         see instructions       Image: Certific or ther dependents       Image: Certific or ther dependents       Image: Certific or ther dependents         and check       Image: Certific or ther dependents       Image: Certific or ther dependents       Image: Certific or ther dependents         see instructions       Image: Certific or ther dependents       Image: Certific or ther dependents       Image: Certific or ther dependents         see instructions       Image: Certific or ther dependents       Image: Cerific or ther dependents       Ima		_		•		•		·		-				
Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) ✓ if qualifies for (see instructions):       Child tax credit       Credit for other dependents         see instructions       PRANAUV       MOHAN       674-21-1364       Son       Image: Credit for other dependents         see instructions       ASMITHA       MOHAN       SAANKAR       926-95-1138       Daughter       Image: Credit for other dependents         and check       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         Attach       SS       Assmithan MOHAN       SAANKAR       926-95-1138       Daughter       Image: Credit for other dependents         Attach       SS       Tax-exempt interest       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         sech. B if       a       Qualified dividends       Image: Credit for other dependents       Image: Credit for other dependents       Image: Credit for other dependents         sech. B if       a       Qualified dividends       Image: Credit for other dependents       Image: Credit for other dependents         Standard       Deduction for       G       Tax-exempt interest       Image: Credit for other dependents       Image: Credit for o			·		_				rn befo	re Janu	ary 2	2, 1956	🗌 ls b	lind
If more than four dependents, see instructions and check here       Image: the standard deduction or temperature is your total income       to you       Child tax credit       Credit for other dependents, see instructions         Attach Sch. B if required.       1       Wages, salaries, tips, etc. Attach Form(s) W-2       1       73,580.         Attach Sch. B if required.       2a       b       Tax-exempt interest       2b         Attach Sch. B if required.       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         5a Pensions and annuities       5a       b       Taxable amount       6b       7         6a Social security benefits       6a       Social again or (loss). Attach Schedule D if required. If not required, check here       7       7         8 Under difting eventation of the size of the standard deduction of the size of the standard deduction. See instructions       8       -77, 341.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10c       10c         10a       10b       1       24,800.       12       24,800.         8       Add lines 10a and 10b. These are your total algustmen	Dependent	s (see	instructions):		(2) \$	Social secu	ritv	(3) Relationsh	air	(4) 🗸	if a	ualifies fo	or (see instru	uctions):
than four dependents, see instructions PRANAUV MOHAN 674-21-1364 Son Image: Control of the c	-						,			• •			1	,
see instructions and check here ▶       ASMITHA       MOHAIN SARINAR       920-95-1136       Dadigiter       I         here ▶       Image: See instructions       Image: Se		PRA	ANAUV MOHAN		674	-21-13	364	Son			X			
Stee instructions       Image: Construction of the second of		ASM	IITHA MOHAN SAANKA	R	926-95-1138 Daughter									
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Attach 2a Tax-exempt interest 2a   Sch. B if 3a Qualified dividends 3a   required. 4a BA distributions 4a   BA distributions 4a b Taxable amount 4b   5a Pensions and annuities 5a   b Taxable amount 4b   5a Pensions and annuities 5a   b Taxable amount 4b   5a Pensions and annuities 5a   b Taxable amount 4b   5a Pensions and annuities 5a   b Taxable amount 5b   6a Social security benefits 6a   b Taxable amount 7   Capital gain or (loss). Attach Schedule D if required. If not required, check here 7   7 8 Other income from Schedule 1, line 9   8 -77,341.   9 66,239.   9 66,239.   9 66,239.   10 Adjustments to income:   11 66,239.   12 24,800.   13 Qualified business income deduction. Attach Form 8995 or Form 8995-A   14 24,800.	here 🕨 🗌													
Sch. B if 2a Tax-extempt interest 2a   gualified dividends 3a   qualified dividends 3a   da IRA distributions   far Addition   far Addition   da   in RA distributions   far Addition		1	Wages, salaries, tips, etc. Attach F	orm(s)	N-2 .							. 1		73,580.
required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         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         8       Other income from Schedule 1, line 9       -       -       8       -7, 341.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       -       >       9       66, 239.         10       Adjustments to income:       a       From Schedule 1, line 22       -       10b       -		2a	Tax-exempt interest	2a			bΤ	axable interes	t.			. 2b	<b>)</b>	
4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       5b         Standard Deduction for-       6a       5a       b       Taxable amount       5b         Standard Deduction for-       6a       5a       b       Taxable amount       5b         Standard Deduction for-       6a       5a       b       Taxable amount       5b         Standard Deduction for-       6a       5a       b       Taxable amount       5b         Standard Maried filing separately, \$12,400       6a       0       b       Taxable amount       5b         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       5c       7       8       -7, 341.         9       66,239.       10       Adgustments to income:       9       66,239.       9       66,239.         10A       10b       5b       5b       5b       5b       5b       5b         9       66,239.       10       Add lines 10a and 10b. These are your total adjustments to income       10c       11       66,239.         11       66,239.       11       66,239.       11       66,239.		3a	Qualified dividends	3a			bC	Drdinary divide	nds .			. 3b	>	
Standard Deduction for-       6a       Social security benefits       6a       b Taxable amount       6b         Single or Married filing separately, \$12,400       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       8       -7, 341.       9         • Married filing jointly or Qualifying widow(er), \$24,800       Add lines 10a and 10b. These are your total adjustments to income       10a       10b         • Head of household, \$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       10c         • If you checked at you noter Standard deduction or itemized deductions (from Schedule A)       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13         4d lines 12 and 13       14       24,800.		4a	IRA distributions	4a			bΤ	axable amoun	ıt			. 4b	>	
Deduction for-       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Single or Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       8       -7,341.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       66,239.         • Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       10a         a       From Schedule 1, line 22       .       .       10b         • Capital gain or (loss). Attach Schedule 1, line 22       .       .       10a         9       66,239.       10       Adjustments to income:       10b         9       66,239.       10       Add lines 10a and 10b. These are your total adjustments to income       10b         9       66,239.       11       Subtract line 10c from line 9. This is your adjusted gross income       10c         11       66,239.       11       66,239.       11         9       Standard deduction or itemized deductions (from Schedule A)       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       24,800.		5a	Pensions and annuities	5a			bΤ	axable amoun	ıt			. 5b	>	
<ul> <li>Single or Married filing separately, \$12,400</li> <li>Married filing jointly or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>Head of household, \$18,650</li> <li>Subtract line 10c from line 9. This is your adjusted gross income</li> <li>In the second deduction or itemized deductions (from Schedule A)</li> <li>Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A</li> <li>Add lines 12 and 13</li> </ul>	Standard	6a	Social security benefits	6a			bΤ	axable amoun	ıt			. 6b	>	
Married filing separately, \$12,400       8       Other income from Schedule 1, line 9       8       -7,341.         9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       66,239.         Married filing jointly or Qualifying widow(er), \$24,800       10       Adjustments to income:       9       66,239.         b       Charitable contributions if you take the standard deduction. See instructions       10a       10b       10c         • Head of household, \$18,650       C       Add lines 10a and 10b. These are your total adjustments to income       10c       11       66,239.         11       Subtract line 10c from line 9. This is your adjusted gross income       11       66,239.       12       24,800.         12       Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A       13       12       24,800.         14       Add lines 12 and 13       4d lines 12 and 13       14       24,800.		7	Capital gain or (loss). Attach Sche	dule D if	<sup>;</sup> require	d. If not re	quired	, check here			▶ [	7		
\$12,400       9       Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       66, 239.         • 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       10b       10b       10c         • Head of household, \$18,650       • Add lines 10a and 10b. These are your total adjustments to income       • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lin	e9.								. 8		-7,341.
<ul> <li>Married filing jointy or Qualifying widow(er), \$24,800</li> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard</li> <li>Id Adjustments to income:</li> <li>In Adjustments to income:</li> <li></li></ul>		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yo	our <b>total i</b>	ncome					▶ 9		66,239.
Qualifying widow(er), \$24,800       a       From Schedule 1, line 22       10a         b       Charitable contributions if you take the standard deduction. See instructions       10b         • Head of household, \$18,650       c       Add lines 10a and 10b. These are your total adjustments to income       10c         11       506,239.       11       66,239.         • If you checked any box under Standard       12       Standard deduction or itemized deductions (from Schedule A)       12       24,800.         13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       13       14       24,800.	<ul> <li>Married filing</li> </ul>	10	Adjustments to income:											
widow(er), \$24,800       b       Charitable contributions if you take the standard deduction. See instructions       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	а					
<ul> <li>Head of household, \$18,650</li> <li>I1 Subtract line 10c from line 9. This is your adjusted gross income</li> <li>If you checked any box under Standard Deduction, see instructions, see instructions.</li> <li>I4 Add lines 12 and 13</li></ul>	widow(er),	b	Charitable contributions if you take	the star	ndard de	duction. S	ee inst	ructions 10	b					
\$18,650       11       Subtract line 10c from line 9. This is your adjusted gross income       11       66,239.         • If you checked any box under Standard Deduction, see instructions, see instructions, see instructions.       13       Qualified business income deduction. Attach Form 8995 or Form 8995-A       12       24,800.         14       24,800.		с										▶ 10	с	
<ul> <li>If you checked any box under Standard Deduction, see instructions.</li> <li>14 Add lines 12 and 13</li></ul>		11	Subtract line 10c from line 9. This is your adjusted gross income								▶ 11	1	66,239.	
any box under Standard13Qualified business income deduction. Attach Form 8995 or Form 8995-A13Deduction, see instructions.14Add lines 12 and 131424,800.	<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized	deduct	i <b>ons</b> (fro	m Sched	ule A)					. 12	2	24,800.
Deduction, see instructions.         14         Add lines 12 and 13         13         14         24,800	any box under	13	Qualified business income deduct	ion. Atta	ch Form	n 8995 or	Form 8	3995-A				. 13		
<b>15 Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0	Deduction,	14									. 14	F	24,800.	
		15	Taxable income. Subtract line 14	from lin	e 11. lf z	zero or les	s, ente	er-0				. 15	5	41,439.

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): <b>1</b> 🗌 881	4 <b>2</b> 4972	3			16	4,576.
	17	Amount from Schedule 2, lin	ne3						17	
	18	Add lines 16 and 17							18	4,576.
	19	Child tax credit or credit for	other dependen	ts					19	2,000.
	20	Amount from Schedule 3, lin	ne7						20	
	21	Add lines 19 and 20							21	2,000.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	2,576.
	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 <b>total tax</b>					. 🕨	24	2,576.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	3	823.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	3,823.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	)19 return .				26	
qualifying child,	27	Earned income credit (EIC)			. No	27				
attach Sch. EIC.	28	Additional child tax credit. A				28			-	
nontaxable	29	American opportunity credit	from Form 8863	8, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30	3	500.		
	31	Amount from Schedule 3, lin	ne 13			31			-	
	32	Add lines 27 through 31. The	ese are your <b>tot</b> a	al other paym	ents and refund	able cre	edits	. 🕨	32	3,500.
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 🕨	33	7,323.
Refund	34	If line 33 is more than line 24							34	4,747.
	35a	Amount of line 34 you want				•	-		35a	4,747.
Direct deposit?	►b	Routing number 0 8 1					king 🗌 S			
See instructions.	►d	Account number 2 9 1					ľ	0		
	36	Amount of line 34 you want a								
Amount	37	Subtract line 33 from line 24	This is the <b>am</b>	ount vou owe	now			. 🕨	37	
You Owe	•	Note: Schedule H and Sch								
For details on		2020. See Schedule 3, line 1				or the t	ancs you c			
how to pay, see instructions.	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another				? See				
Designee		structions					🗌 Yes. Co	mplete	below.	× No
		signee's		Phone				nal ident		
		me 🕨		no. 🕨				er (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		•		Date						nt you an Identity
	, to	ur signature		Dale	Your occupation					IN, enter it here
Joint return?					SYSTEM AN	ALYSI	2	(see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupa	tion				nt your spouse an
Keep a copy for your records.						_				ection PIN, enter it here
your records.					HOME MAKE	(see	e inst.) 🕨			
		one no.		Email address				DTIN		
Paid		eparer's name	Preparer's signat			Date		PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	1   02/2	24/2021	P0208		Self-employed
Use Only		m's name ► GLOBAL TAX								678)965-9522
	Fir	m's address ► 2530 Pebb	le Creek L	n Cummin	g GA 30041			Firm	n's EIN 🕨	
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV	02/15/21 PRO			Form <b>1040</b> (2020)

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<b>SCHEDULE 1</b>	
(Form 1040)	

### Additional Income and Adjustments to Income

OMB No. 1545-0074

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

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

2020	
Attachment Sequence No. <b>01</b>	

Name(s) shown on Form 1040, 1040-SR, or 1040-NR MOHAN SAANKAR RAJAPUNNAIVANAM & SHRIE YUVAARAANI Your social security number 778-86-3639

### Part I Additional Income

_			
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	-271.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-7,070.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		•	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		U 041
Par	line 8	9	-7,341.
10		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 adjustments to income. Enter here and		
Fer D.	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
FOL 59	perwork Reduction Act Notice, see your tax return instructions. BAA REV 02/15/21 PRO	Schedule	e 1 (Form 1040) 2020

# SCHEDULE C (Form 1040)

# Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2020

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

J       If "Yes," did you or will you file required Form(s) 1099?       □ Yes         PartI       Income       □         1       Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on form W-2 and the "Statutory employee" box on that form was checked.		ent of the freasury		•		uctions and the latest informatic ; partnerships generally must file		rm 106	At	tachment equence N	o. <b>09</b>
A       Philophal business or profession, including product or service (see instructions)       B Enter code from instructions         SYSTEM ANALYST       B curves a pagrate business name, leave blank.       P g [g ]       P (g )       P (	Name o	f proprietor					S	locial se	ecurity nu	ımber (SS	N)
SYSTEM ANALYST       ▶ 9 9 9 9       9 9 9 9       9 Employed D mmbor (EN) to PayPal Inc.         C       Business address (including suite or room no.) ▶ 1074. LAKEHURST DR. Apt. 202       D Employed D mmbor (EN) to PayPal. Inc.         E       Business address (including suite or room no.) ▶ 1074. LAKEHURST DR. Apt. 202       Ch, town or post office, suite, and 2/P code: MAXERGAN, ILL 60085         F       Accounting method: (1) ≥ Cash (2)	MOHA	N SAANKAR RAJAPUN	NAIVA	NAM				778-	86-36	39	
C       Business name, Ino separate business name, leave blank.       D       Employee To number (EM) see         Business address (including suite or room no.) ► 1074 LAKENURST DR. Apt. 202       Chy, town or post office, state, and 2P code       WAUKEGAN, IL 60085         F       Accounting method: (I) (D) (Cats Re) (D) (D) (Cats Re) (D) (D) (P) (See see instructions for limit on losses .       N (See instructions for limit on losses .       N (See instructions for limit on losses .         G       Did you "materially participate" in the operation of this business during 22020 (PI *NO.* see instructions for limit on losses .       N (See instructions for limit on los (See instructions for limit	Α	Principal business or profession	on, inclu	ding product or service (see	e instru	uctions)	E	B Enter	code fron	n instructio	ons
PayPa1 Inc.       PayPa1 Inc.         E       Business address (including suite or room no.) ► 1074 LAKEHURST DR., Apt. 202.         City, town post office, state, and ZIP code       WAUKEGAN, IL 60085         F       Accounting method:       (1) Al Cash (2) △ Accual (3) △ Other (specify) ►         Cbt, your materialy particulate" in the operation of this business during 2020; I*No," see instructions for limit on losses       X**         In gross receipts or sales. See instructions of roling 2020, check here       Image: See instructions of the set instructions of the second set instructions of a second (from line 42)       Image: See instructions of the second set instructions of a second (from line 42)         3       Subtract line 2 from line 1       3       2,         4       5       2,         5       Cost of goods set (from line 42)       5       2,         6       Cost of goods set (from line 3)       6       2,         7       2,       Cost of goods set (from line 42)       5       2,         8       Adverting       8       10       10       9       9       12       2,         11       Depreciation and section 179       12       12       2,       2,       2,		SYSTEM ANALYST							▶ 9	9   9   9	99
E       Business address (including suite or room no) ▶ 10.74 LAKEHURST, DR., Apt. 202         City, town or post office, state, and ZIP code       WAIXEGAN, IL 60085         G       Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses       Yes         H       You state do racquired this business during 2020. Pdr *No," see instructions for limit on losses       Yes         ID di you "materially participate" in the operation of this business during 2020. Pdr *No.       Yes         Parti       Income       Yes         Parti       Income       2         2       3       2         2       4       2,         4       2,       4         5       2,       4         6       3       2,         7       Cost of goods sold (from line 4)       4         6       3       2,         6       Cottle rincome, including federal and state gasoline or fuel tax credit or refund (see instructions)       6         7       Cost of goods sold (from line 4)       8       0         9       Car and truck expenses for business use of your home only on line 30.       18         9       Car and truck expenses for business use of your home only on line 30.       19         10	С	Business name. If no separate	busine	ss name, leave blank.				Emplo	yer ID nur	nber (EIN)	(see instr.)
City, town or post office, state, and ZIP code       MAUKEGAN, I.L. 60085         F       Accounting method: (1) ⊠ Cash (2)    Accrual (3)    Other (specify) ►         Did you materially participate* in the operation of this business during 2020; (1*No.* see instructions for limit on losses)    Yes         Did you make any payments in 2020 that would require you folls Form(5) 1099? See instructions for limit on losses          Yes         I Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on form W-2 and the "Statutory employee" box on that form was checked          1       2.         PartII       Tecrome          2.          2.          2.          2.         3       Subtract line 2 from line 1		PayPal Inc.									
City, town or post office, state, and 2/P code       MAUKEGAN, TL 60085         G       Accounting method. (i) ⊠ Cash (2) ☐ Accrued (3) ☐ Other (specify) >         G       Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses       Xee         H       H you stated or acquired this business during 2020, check here	E	Business address (including s	uite or re	oom no.) 🕨 1074 LAK	EHUF	RST DR, Apt. 202					
G       Dd you "materially participate" in the operation of this business during 2020? If "No." see instructions for limit on losses       M 'Fes         H       H you started or acquired this business during 2020, check hare       Image: Comparison of the composition of the composite composite composition of the compositic composition		City, town or post office, state	e, and ZI	IP code WAUKEGAN	, II						
G       Did you "materially participate" in the operation of this business during 2020 ft "No," see instructions for limit on losses       Image: Sec instructions for	F	Accounting method: (1)	K Cash	(2) Accrual (3)		Other (specify) ►					
1       Did you make any payments in 2202 that would require you to file Form(s) 10997 See instructions          Image: Control of the instructions in the instructins in the insthe instructions in the instru	G	Did you "materially participate	" in the	operation of this business of	during	2020? If "No," see instructions for	limi	t on los	sses .	X Yes	No
J       H*Yes," did you or will you file required Form(s) 1099?	н	If you started or acquired this	busines	s during 2020, check here					🕨		
Part I       Income       Incone       Income       Income	I	Did you make any payments in	n 2020 t	hat would require you to file	e Form	n(s) 1099? See instructions				Yes	X No
1       Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	J	If "Yes," did you or will you file	e require	ed Form(s) 1099?						Yes	No
Form W-2 and the "Statutory employee" box on that form was checked       I       2,         2       Returns and allowances       3       2,         3       Subtract line 2 from line 1       3       2,         4       Cost of goods sold (from line 42)       4       3         5       Gross proft. Subtract line 4 from line 3       6       2,         6       Cotter income, including federal and state gasoline or fuel tax credit or refund (see instructions)       6       2,         7       7,       2,       7,       2,         Part II       Expenses. Enter expenses for business use of your home only on line 30.       8       18       Office expense (see instructions)       19         9       Car and truck expenses (see instructions).       10       a       Vehicles, machinery, and equipment       20a         10       Commissions and fees       10       2       2       20a       20a         11       Contract labor (see instructions)       12       21       Repairs and maintenance       21       22a         12       Depreciation and section 170       22       3       Taxes and licenses       23       24       1,         15       Insurance (other than health)       15       13       24       17 </td <td>Part</td> <td>I Income</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Part	I Income									
2       Returns and allowances       2         3       Subtract line 2 from line 1       3       2,         4       4       5         6       5       2,         7       2,       4         5       Gross profit. Subtract line 4 from line 3       5       2,         6       0       5       2,         7       2,       7       2,         7       2,       7       2,         7       2,       7       2,         7       2,       7       2,         7       2,       7       2,         7       2,       7       2,         7       2,       7       2,         7       2,       7       2,         7       2,       7       2,         7       2,       7       2,         7       2,       7       2,         7       2,       7       2,         7       2,       7       2,         7       2,       7       2,         7       2,       7       2,         7       2,       7	1					· · · ·	-	1		2	2,409.
3       Subtract line 2 from line 1       3       2,         4       Cost of goods sold (from line 42)       4       4         5       Gross profit. Subtract line 4 from line 3       5       2,         6       Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)       6       2,         7       Gross profit. Subtract line 4 from line 3       7       2,         7       Car and truck expenses for business use of your home only on line 30.       6       2         8       Advertising       1       18       Office expenses (see instructions):       18         9       Car and truck expenses (see       10       2       Rent or lease (see instructions):       12         10       Commissions and fees       10       2       Rent or lease (see instructions):       20a         11       Contract labor (see instructions):       12       21       Repairs and maintenance       21         12       Depreciation and section 179       2       Trave and increases       22       22         13       Depreciation and section 179       2       Trave and meals:       2       2       2         14       Employee benefit programs (other than on line 19)       14       2       2       <	2										
4       Cost of goods sold (from line 42)       4         5       Gross profit. Subtract line 4 from line 3       5       2,         6       Gross income, Including federal and state gasoline or fuel tax credit or refund (see instructions)       6         7       Gross income, Add lines 5 and 6       7       2,         PartIII       Expenses. Enter expenses for business use of your home only on line 30.       7       2,         8       Advertsing       8       18       01       01       19       Pension and profit-sharing plans       18         9       Gar and truck expenses (see instructions);       10       20       Rent or lease (see instructions);       19         10       Commissions and fees       10       2       Repairs and maintenance       21       20a         11       Contract labor (see instructions);       12       21       Repairs and maintenance       21       22										2	2,409.
5       Gross profit. Subtract line 4 from line 3       5       2,         6       Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)       6         7       Cross income. Add lines 5 and 6       -       -         7       Cross income. Add lines 5 and 6       -       -         8       Advertising       8       18       Office expense (see instructions)       18         9       Car and truck expenses (see instructions)       1       10       -       20       Rent or lease (see instructions)       18         10       Commissions and fees       10       -       a       Vehicles, machiney, and equipment       20a         11       Contract labor (see instructions)       11       b       Deter business property       20a       20a         12       21       Repairs and maintenance       21       22       22       22       22         13       Depreciation and section 179       22       Supplies (not included in Part III)       22       24a       1,         14       Employee benefit programs (other than health)       16       25       Utilities 5       24b       24a       1,         15       Insurance (other than health)       16       27a								_			,
6       Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)       6         7       Gross income, Add lines 5 and 6       7       2,         Carcast income, Add lines 5 and 6       7       2,         Carcast income, Add lines 5 and 6       7       2,         Carcast income, Add lines 5 and 6       7       2,         Carcast income, Add lines 5 and 6       7       2,         Carcast income, Add lines 5 and 6       7       2,         9       Carcast income, Including federal and state gasoline or fuel tax credit or refund (see instructions):       18         9       Carcand truck expenses (see instructions):       18       Pension and profits-haring plans       19         10       Commissions and fees       11       b       Other business property       20a         12       Depletion       12       21       Repairs and maintenance       21       22         13       Depreciation and section 178       Expenses deduction (in the deduction in this deductis deset instructions):       24										2	2,409.
7       Gross income. Add lines 5 and 6       7       2, <b>PartIII Expenses.</b> Enter expenses for business use of your home only on line 30.       8       Advertising       18       Office expense (see instructions)       18         9       Gar and truck expenses (see instructions).       19       Pension and profit-sharing plans       19         10       Commissions and fees       10       11       10       20       Rent or lease (see instructions):       10         11       Contract labor (see instructions)       11       10       12       20b       20a         12       Depreciation and section (77) expenses deduction (not included in Part III) (see instructions).       12       21       Repairs and maintenance       21       22a         13       Depreciation and section (78) included in Part III) (see instructions).       14       15       23       Taxes and licenses .       24       14       24       14       24       14       24       14       24       14       24       14       24       24       24       24       24       24       24       24       24       24       24       24       24       24       24       26       21       24       24       26       27       26       27 <t< td=""><td></td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		•									
Part II Expenses. Enter expenses for business use of your home only on line 30.         8       Advertising       8       18       Office expenses (see instructions)       19         9       Car and truck expenses (see instructions)       9       Pension and profit-sharing plans .       19         10       Commissions and fees       10       a       Vehicles, machinery, and equipment       20a         11       Contract labor (see instructions)       11       b       Other business property       20b         12       Depreciation and section 179       21       Repairs and maintenace		, 0		0		· · · · · · · · · · · · · · · · · · ·				2	2,409.
9       Car and truck expenses (see instructions).       19       Pension and profit-sharing plans       19         10       Commissions and fees       10       10       20       Rent or lease (see instructions):       20a         11       Contract labor (see instructions)       11       10       12       21       Repairs and maintenance       21         12       Depletion       .       .       12       21       Repairs and maintenance       21         13       Depreciation and section 179 expense       dedicion (not included in Part III) (see instructions):       13       24       Travel on the alth)       23         14       Employee benefit programs (other than on line 19)       .       14       b       Deductible meals (see instructions):       24b       24a       1,         16       Interest (see instructions):       16a       27a       Other supnese (from line 48)       27a       27a         17       Legal and professional services       17       b       Reserved for future use       27b       27a         28       Total expenses for business use of home. And lines 8 through 27a       .       .       29       -         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829       30	Part										·
instructions).       9       20       Rent or lease (see instructions):         10       Commissions and fees       10       a       Vehicles, machinery, and equipment       20a         11       Contract labor (see instructions)       11       b       Other business property       20b         12       Depreciation and section 179 expense deduction (not included in Part III)       22       Supplies (not included in Part III)       22         23       Taxes and licenses       23       23       23         14       Employee benefit programs (other than on line 19)       14       b       Deductible meals (see instructions)       24       Travel and meals:       a       Travel and meals:       a       12       24       12       24       12       24       12       23       24       12       24       12       24       12       24       12       24       12       23       24       12       24       12       24       12       24       12       24       12       24       12       24       12       24       12       24       12       24       12       24       12       23       24       12       24       12       24       12       24       12       2	8	Advertising	8		18	Office expense (see instructions)		18			
instructions).       9       20       Rent or lease (see instructions):       20a         10       commissions and fees       10       a       Vehicles, machinery, and equipment       20a         11       Contract labor (see instructions)       11       b       Other business property       20a         12       Depreciation and section 179 expense deduction (not included in Part III) (see instructions).       12       21       Repairs and maintenance       21         13       Depreciation and section 179 expense deduction (not included in Part III) (see instructions).       13       24       Travel and licenses       23         14       Employee benefit programs (other than nealth)       14       b       Deductible meals (see instructions).       24a       1,         16       Interest (see instructions):       14       b       Deductible meals (see instructions).       24b       24b         17       Legal and professional services       17       b       Reserved for future use       27a       27b       27a         28       Total expenses for business use of home. Add lines 8 through 27a       28       2,       27a       29       -         30       Expenses for business use of form line 7       .       .       .       28       2,         29	9	Car and truck expenses (see			19	Pension and profit-sharing plans		19			
11       Contract labor (see instructions)       11       b       Other business property       20b         12       Depreciation and section 179 expense deduction (not included in Part III) (see instructions).       12       21       Repairs and maintenance       21         23       Supplies (not included in Part III) (see instructions).       13       23       Taxes and licenses       23         14       Employee benefit programs (other than no line 19).       14       24       Travel and meals:       24         15       Insurance (other than health)       15       25       Utilities       24         16       Interest (see instructions):       16a       25       Utilities       26         17       Legal and professional services       17       b       Reserved for future use       27a         28       Total expenses before expenses for business use of home. Add lines 8 through 27a       27a       28       2,         29       Tentative profit or (loss). Subtract line 28 from line 7       29a       -       29a       -         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.       30       30       30         31       Net profit or (loss). Subtract line 20 from line 29. <td< td=""><td></td><td></td><td>9</td><td></td><td>20</td><td>Rent or lease (see instructions):</td><td></td><td></td><td></td><td></td><td></td></td<>			9		20	Rent or lease (see instructions):					
12       Depletion       12       21       Repairs and maintenance       21         13       Depreciation and section 179 expense deduction (not included in Part III) (see instructions).       12       22       Supplies (not included in Part III)         14       Employee benefit programs (other than on line 19).       13       24       Travel and meals:       23         14       Insurance (other than health)       14       b       Deductible meals (see instructions).       24a       1,         16       Interest (see instructions):       16a       26       Wages (less employment credits).       26         a       Mortgage (paid to banks, etc.)       16a       27a       Other expenses (from line 48).       27a         17       Legal and professional services       17       b       Reserved for future use       27b         28       Total expenses before expenses for business use of home. Add lines 8 through 27a       .       .       28       2,         29       Tentative profit or (loss). Subtract line 28 from line 7       .       .       .       .       28       2,         29       unless using the simplified method. See instructions.       .       .       .       .       .       .       .       .       .       29       .	10	Commissions and fees .	10		а	Vehicles, machinery, and equipme	nt	20a			
13       Depreciation and section 179 expense deduction (not included in Part III) (see instructions).       22       Supplies (not included in Part III) (see instructions).       23       Taxes and licenses .       23         14       Employee benefit programs (other than on line 19).       14       24       Travel and meals:       24       1,         15       Insurance (other than health)       15       25       Utilities .       24       1,         16       Interest (see instructions):       16a       25       Utilities .       25       1,         17       Legal and professional services       17       16a       27a       Other expenses (from line 48) .       27a         28       Total expenses before expenses for business use of home. Add lines 8 through 27a .       ▶       28       2,         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.       .       .       29       -         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . <t< td=""><td>11</td><td>Contract labor (see instructions)</td><td>11</td><td></td><td>b</td><td>Other business property</td><td></td><td>20b</td><td></td><td></td><td></td></t<>	11	Contract labor (see instructions)	11		b	Other business property		20b			
13       Depreciation and section 179 expense deduction (not included in Part III) (see instructions).       22       Supplies (not included in Part III) (see instructions).       23       Taxes and licenses .       23         14       Employee benefit programs (other than on line 19).       14       24       Travel and meals:       24       1,         15       Insurance (other than health)       15       25       Utilities .       24       1,         16       Interest (see instructions):       16a       25       Utilities .       25       1,         17       Legal and professional services       17       16a       27a       Other expenses (from line 48) .       27a         28       Total expenses before expenses for business use of home. Add lines 8 through 27a .       ▶       28       2,         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.       .       .       29       -         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . <t< td=""><td>12</td><td>Depletion</td><td>12</td><td></td><td>21</td><td>Repairs and maintenance .</td><td></td><td>21</td><td></td><td></td><td></td></t<>	12	Depletion	12		21	Repairs and maintenance .		21			
included in Part III) (see instructions).       13       23       Taxes and licenses       23         14       Employee benefit programs (other than on line 19).       14       24       Travel and meals:       1         15       Insurance (other than health)       14       b       Deductible meals (see instructions).       24a       1,         16       Interest (see instructions):       15       15       Deductible meals (see instructions).       25       1,         a       Mortgage (paid to banks, etc.).       16a       25       Utilities       25       1,         b       Other       .       .       16b       27a       Other expenses (from line 48).       27a         28       Total expenses before expenses for business use of home. Add lines 8 through 27a       .       .       28       2,         29       Tentative profit or (loss). Subtract line 28 from line 7       .       .       .       29	13	•			22			22			
instructions).       13       24       Travel and meals:         14       Employee benefit programs (other than on line 19).       14       b       Deductible meals (see instructions).       24a       1,         15       Insurance (other than health)       15       b       Deductible meals (see instructions).       24b       1,         16       Interest (see instructions):       15       25       Utilities       25       1,         a       Mortgage (paid to banks, etc.)       16a       26       Wages (less employment credits).       26       26         b       Other       16b       27a       Other expenses (from line 48).       27a       27b         28       Total expenses before expenses for business use of home. Add lines 8 through 27a       .       .       28       2,         29       Tentative profit or (loss). Subtract line 28 from line 7.       .       .       .       29       -         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.       <					23	Taxes and licenses		23			
11       14       14       15       16       17       16       16       17       16       16       17       16       16       17       16       16       17       16       16       17       16       16       17       16       16       17       17       16       16       17       17       16       16       17       17       17       17       17       17       17       17       16       16       17       17       17       17       17       17       16       16       16       16 <td< td=""><td></td><td>, (</td><td>13</td><td></td><td>24</td><td>Travel and meals:</td><td></td><td></td><td></td><td></td><td></td></td<>		, (	13		24	Travel and meals:					
(other than on line 19).       14       b       Deductible meals (see instructions):       24b         15       Insurance (other than health)       15       25       Utilities       25       1,         16       Interest (see instructions):       16a       25       Utilities       25       1,         a       Mortgage (paid to banks, etc.)       16a       26       Wages (less employment credits).       26       27a         17       Legal and professional services       17       b       Reserved for future use       27b       28         28       Total expenses before expenses for business use of home. Add lines 8 through 27a       .       28       2,         29       Fentative profit or (loss). Subtract line 28 from line 7       .       .       29       -         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829       .       .       .       .       .       29       -         30       Expenses for business using the simplified method. See instructions.       .	14	Employee benefit programs			а	Travel		24a		1	,000.
16       Interest (see instructions):       25       Utilities       25       1,         a       Mortgage (paid to banks, etc.)       16a       26       Wages (less employment credits).       26       26         b       Other       16b       27a       Other expenses (from line 48).       27a       27a         17       Legal and professional services       17       b       Reserved for future use       27b       28         28       Total expenses before expenses for business use of home. Add lines 8 through 27a       >       28       2,         29       Tentative profit or (loss). Subtract line 28 from line 7       >       >       28       2,         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829       29       -         30       Expenses for lusines only: Enter the total square footage of (a) your home:		(other than on line 19) .	14		b	Deductible meals (see					
a       Mortgage (paid to banks, etc.)       16a       26       Wages (less employment credits).       26         b       Other        16b       27a       Other expenses (from line 48).       27a         17       Legal and professional services       17       b       Reserved for future use       27b         28       Total expenses before expenses for business use of home. Add lines 8 through 27a        >       28       2,         29       Tentative profit or (loss). Subtract line 28 from line 7         >       28       2,         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.       Simplified method filers only: Enter the total square footage of (a) your home:          29       -         30       Net profit or (loss). Subtract line 30 from line 29. <td< td=""><td>15</td><td>Insurance (other than health)</td><td>15</td><td></td><td></td><td>instructions)</td><td></td><td>24b</td><td></td><td></td><td></td></td<>	15	Insurance (other than health)	15			instructions)		24b			
a       Mortgage (paid to banks, etc.)       16a       26       Wages (less employment credits).       26         b       Other        16b       27a       Other expenses (from line 48).       27a         17       Legal and professional services       17       b       Reserved for future use       27b         28       Total expenses before expenses for business use of home. Add lines 8 through 27a        28       2,         29       Tentative profit or (loss). Subtract line 28 from line 7         28       2,         30       Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.       Simplified method filers only: Enter the total square footage of (a) your home:            and (b) the part of your home used for business:              and (b) the part of your home used for business:               31       Net profit or (loss). Subtract line 30 from line 29.        If a porsit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. <td>16</td> <td>Interest (see instructions):</td> <td></td> <td></td> <td>25</td> <td>Utilities</td> <td></td> <td>25</td> <td></td> <td>1</td> <td>,680.</td>	16	Interest (see instructions):			25	Utilities		25		1	,680.
17       Legal and professional services       17       b       Reserved for future use	а	Mortgage (paid to banks, etc.)	16a		26			26			
<ul> <li>28 Total expenses before expenses for business use of home. Add lines 8 through 27a</li></ul>	b	Other	16b		27a	Other expenses (from line 48) .		27a			
<ul> <li>29 Tentative profit or (loss). Subtract line 28 from line 7</li></ul>	17	Legal and professional services	17		b	Reserved for future use		27b			
<ul> <li>30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: Use the Simplified Use</li></ul>	28	Total expenses before expen	ises for l	business use of home. Add	lines 8	8 through 27a I		28		2	2,680.
unless using the simplified method. See instructions.   Simplified method filers only: Enter the total square footage of (a) your home:   and (b) the part of your home used for business:   and (b) the part of your home used for business:   . Use the Simplified   Method Worksheet in the instructions to figure the amount to enter on line 30   31   Net profit or (loss). Subtract line 30 from line 29.   • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.   • If a loss, you must go to line 32.   32   If you have a loss, check the box that describes your investment in this activity. See instructions.   • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on set in yout the s	29	Tentative profit or (loss). Subtr	ract line	28 from line 7				29			-271.
Simplified method filers only: Enter the total square footage of (a) your home:	30	Expenses for business use o	of your h	home. Do not report these	expe	nses elsewhere. Attach Form 882	29				
<ul> <li>and (b) the part of your home used for business: Use the Simplified Use the Simplified</li> <li>Method Worksheet in the instructions to figure the amount to enter on line 30</li></ul>		<b>o</b> ,									
<ul> <li>Method Worksheet in the instructions to figure the amount to enter on line 30</li></ul>		Simplified method filers only	: Enter								
<ul> <li>31 Net profit or (loss). Subtract line 30 from line 29.</li> <li>If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.</li> <li>If a loss, you must go to line 32.</li> <li>32 If you have a loss, check the box that describes your investment in this activity. See instructions.</li> <li>If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on</li> </ul>											
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<ul> <li>checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.</li> <li>If a loss, you must go to line 32.</li> <li>If you have a loss, check the box that describes your investment in this activity. See instructions.</li> <li>If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Schedule SE and trusts are the line 31 instructions.</li> </ul>	31					١					
<ul> <li>If a loss, you must go to line 32.</li> <li>If you have a loss, check the box that describes your investment in this activity. See instructions.</li> <li>If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Some investment is</li> </ul>								31			-271.
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule <b>32a</b> X All investment is <b>32a</b> X All investment is <b>32a</b> Some investment is		• If a loss, you <b>must</b> go to lin	ie 32.			ļ					
SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on	32	If you have a loss, check the b	oox that	describes your investment	in this	activity. See instructions.					
<ul> <li>Form 1041, line 3.</li> <li>If you checked 32b, you must attach Form 6198. Your loss may be limited.</li> </ul>		SE, line 2. (If you checked the Form 1041, line 3.	box on l	line 1, see the line 31 instruc	tions).	Estates and trusts, enter on		_	Some	investme	

REV 02/15/21 PRO

Schedu	ule C (Form 1040) 2020				Page <b>2</b>
Part	Cost of Goods Sold (see instructions)				
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b>	Other (at	tach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closi If "Yes," attach explanation			Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation		35		
36	Purchases less cost of items withdrawn for personal use		36		
37	Cost of labor. Do not include any amounts paid to yourself		37		
38	Materials and supplies		38		
39	Other costs		39		
40	Add lines 35 through 39		40		
41	Inventory at end of year		41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4		42		
Part	<b>Information on Your Vehicle.</b> Complete this part <b>only</b> if you are claimin and are not required to file Form 4562 for this business. See the instruct file Form 4562.				
43	When did you place your vehicle in service for business purposes? (month/day/year)				
44	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you	used your	vehicle	e for:	
а	Business b Commuting (see instructions)	c	Other		
45	Was your vehicle available for personal use during off-duty hours?			🗌 Yes	No No
46	Do you (or your spouse) have another vehicle available for personal use?			🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?			🗌 Yes	No No
b Part	If "Yes," is the evidence written?	 3–26 or l	 ne 30	🗌 Yes	No No
48	Total other expenses. Enter here and on line 27a		48		

	DULE E				pplementa							L	OMB	No. 154	5-0074
(Form 1	1040)	(From	rental r	eal estate, roya	alties, partnersl	hips, S	6 corpor	ations,	estates,	trusts, REM	ICs, e	etc.)	D	02	0
Departm	ent of the Treasury			Attac	h to Form 1040	), 1040	)-SR, 10	40-NR,	or 1041.					hment	
Internal F	Revenue Service (99)		►Go	to www.irs.go	v/ScheduleE f	or inst	ructions	s and th	e latest	information.			Sequ	ence No	
.,	shown on return													ty numb	er
	N SAANKAR	-	-		SHRIE YUVA								5-363	-	
Part					state and Ro	-		•				- ·			use
				-	n individual, rep										
	d you make any													_	_
	Yes," did you o													Yes	No
<u>1a</u>				1 2 ( )	city, state, ZIF		,	101							
 	Z3A, BIG	SIREE	LI ARU	PPUKUITAI	TAMIL NAI	JU 1.		101							
<u>С</u>															
1b	Type of Pro	norty	<b>2</b> F	or agab rantal	raal aatata prov	oortuul	iatad		Fair	Rental	Per	sonal	Use		
10	(from list be		al	ove. report th	real estate prop e number of fa	ir rent	al and			Days		Days		Q	JV
Α	3		- pa	ersonal use da	ys. Check the requirements to	QJV b	ox only	Α		365		-	0		
B			   qı	ualified joint ve	equirements to enture. See inst	tructio	ns.	B		303			0	L	<u></u>
	+		-					C						L	<u>-</u>
	of Property:														
	gle Family Resid	dence	3 V	acation/Short	-Term Rental	5 La	nd		7 Self-	Rental					
	ti-Family Reside		4 C	ommercial		6 Rc	valties		8 Othe	r (describe)					
Incom					<b>Properties:</b>		Í	Α		B				С	
3	Rents received	b				3			450.						
4	Royalties rece					4									
Expen															
5	Advertising .					5									
6	Auto and trave	el (see i	nstructio	ons)		6									
7	Cleaning and r	mainter	nance .			7		1,	000.						
8	Commissions.					8									
9	Insurance					9									
10	Legal and othe	-				10									
11	Management f					11		1,	700.						
12	Mortgage inter			, ,	,	12									
13	Other interest.					13									
14	Repairs					14		,	450.						
15	Supplies					15		1,	370.						
16	Taxes					16			0.0.0						
17	Utilities					17		2,	000.						
18	Depreciation e	expense	e or aep	letion		18									
19	Other (list) ► Total expense	o	linoo 5 t	brough 10		19 20			520.						
20	•			0		20		<i>''</i>	520.						
21	Subtract line 2 result is a (loss			,	,										
	file Form 6198				•	21		-7	070.						
22	Deductible rer							.,							
~~	on Form 8582					22	(	-7.0	)70.)	(		)(			)
23a	Total of all am								23a	1	45	50.			/
b	Total of all am		•						23b						
c	Total of all am		-						23c						
d	Total of all am		•						23d						
е	Total of all am		•						23e		7,52	20.			
24	Income. Add	positiv	e amour	nts shown on	line 21. <b>Do no</b>	t inclu	ude any	losses				24			
25	Losses. Add ro	oyalty lo	sses from	m line 21 and re	ental real estate	losse	s from li	ne 22. E	Inter tota	al losses here	e. [	<b>25</b> (		7,0	)70.)
26	Total rental re	eal est	ate and	royalty inco	me or (loss).	Comb	ine line	s 24 ar	nd 25. E	inter the res	sult				
	here. If Parts	II, III, I	V, and	line 40 on pa	age 2 do not	apply	to you	ı, also	enter th	nis amount					
	Schedule 1 (Fo	orm 104	40), line	5. Otherwise,	include this ar	mount	t in the t	total on	line 41	on page 2		26		-7	,070.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

222 Form Department of the Treasury

Internal Revenue Service

## Health Savings Accounts (HSAs)

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

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074 20 20 Attachment Sequence No. 52

Name(s) shown on Form 104	0, 1040-SR, or 1040-NR	Social security number of HSA	
MOHAN SAANKAR	RAJAPUNNAIVANAM	beneficiary. If both spouses have HSAs, see instructions ►	778-86-3639

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part				
	and both you and your spouse each have separate HSAs, complete a separate Part I for	each	spous	е.
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020.			
		× Se	f-only	Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from			
	January 1, 2021, through April 15, 2021, that were for 2020. <b>Do not</b> include employer contributions,			0
-	contributions through a cafeteria plan, or rollovers. See instructions	2		0.
3	If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for			
	family coverage). <b>All others,</b> see the instructions for the amount to enter	3		3,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853,	-		
	lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also			
	include any amount contributed to your spouse's Archer MSAs	4		0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5		3,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family			
	coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6		3,550.
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage			
•	under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7		0.
8	Add lines 6 and 7	8		3,550.
9 10	Employer contributions made to your HSAs for 202091,000.Qualified HSA funding distributions10	-		
10 11	Add lines 9 and 10	11		1,000.
12	Subtract line 11 from line 8. If zero or less, enter -0	12		2,550.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13		0.
	<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.			
Part		arate I	-ISAs,	complete
	a separate Part II for each spouse.			
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a		
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess			
	contributions (and the earnings on those excess contributions) included on line 14a that were			
	withdrawn by the due date of your return. See instructions	14b		
C	Subtract line 14b from line 14a	14c 15		
15		15		
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the			
		16		
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional			
	20% Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that			
	are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form			
_	1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b		
Part				
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.	arate	HSAS	,
18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20		
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form			

21

5	<b>B867</b> Paid Preparer's Due Diligence Checklist		OMB	No. 1545	-0074
Form	Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and	d	2	02	0
Departm	Credit for Other Dependents (ODČ)), and Head of Household (HOH) Filing Sta ent of the Treasury ► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR				•
Internal F	Revenue Service Go to www.irs.gov/Form8867 for instructions and the latest information	on.		ence No.	70
		Taxpayer identif		umber	
	AN SAANKAR RAJAPUNNAIVANAM & SHRIE YUVAARAANI eparer's name and PTIN	778-86-3	639		
	1 PRIYA RAM SAGAR GUPTA TALLAM	P0208270	2		
Part		F0200270	5		
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the return a	nd complete	the rel	ated P	arts I–V
	benefit(s) claimed (check all that apply).	•	AOTC		НОН
1	Did you complete the return based on information for tax year 2020 provided by the tar reasonably obtained by you?	axpayer or	Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/A worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provide	and/or the			
	information, and all related forms and schedules for each credit claimed?		X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must the following.				
	<ul> <li>Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's re determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.</li> </ul>				
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing the information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? answer questions 4a and 4b. If <b>"No,"</b> go to question 5.)	? (If <b>"Yes,"</b>		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information	ation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include the you asked, whom you asked, when you asked, the information that was provided, and the information had on your preparation of the return.)	impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a co applicable worksheet(s), a record of how, when, and from whom the information used to pre 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provide taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status of	, you must opy of any opare Form ded by the			
	the amount(s) of the credit(s)		X		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligib credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return return is selected for audit?	n if his/her	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year		X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)				
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a con				
	correct Schedule C (Form 1040)?		X		37 (2020)

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

Form 8	867 (2020)			Page <b>2</b>
Part	<b>Due Diligence Questions for Returns Claiming EIC</b> (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
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?	X		
Part			Part \	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part		s, go t	o Part	√I.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification		•	
	You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	IOH filii	ıg
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	any app	icable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	<ol><li>Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li></ol>	-	-	
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble wor	ksheet(	s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount			
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for ea	ch failu	re to
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes X	No

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Form 8867 (2020)

## Additional information from your 2020 Federal Tax Return

#### Schedule C (SYSTEM ANALYST): Profit or Loss from Business

Line 24a	Itemization Statement
Description	Amount
TRAVEL EXPENSES	1,000.
Total	1,000.

#### Schedule C (SYSTEM ANALYST): Profit or Loss from Business

Line 25	Itemization Statement
Description	Amount
TELEPHONE BILL(12M*50)	600.
INTERNET BILL(12M*90)	1,080.
Total	1,680.

1

#### Itemization Statement

#### 778-86-3639



**Illinois Department of Revenue** 2020 Form IL-1040

Individual Income Tax Return or for fiscal year ending \_\_\_/\_\_\_

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

#### **Step 1: Personal Information**

			1980
778-86-3639	097-35-	1983	
MOHAN SAANKAR		RAJAPUNI	MAIVANAM
SHRIE		YUVAARAA	ANI
1074 LAKEHURST	DR		202
WAUKEGAN	IL	60085	LAKE



	в	Filing status: Single X Married filing jointly Married filing separately Widowed Head		ld
	С	<b>Check</b> If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions.		
	D	Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR		e dollars only)
		p 2: Income	1	66,239 <sub>.00</sub>
	1 2	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2	.00
	3	Other additions, <b>Attach</b> Schedule M.	3	.00
	4	Total income. Add Lines 1 through 3.	4	66,239.00
	Ste	p 3: Base Income		
ere	5	Social Security benefits and certain retirement plan income		
he	•	received if included in Line 1. Attach Page 1 of federal return. 5	.00	
ns	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
ori		Schedule 1, Ln. 1. 6	.00	
9 f	7		.00	
60	_	Check if Line 7 includes any amount from Schedule 1299-C.	-	
91	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
an	9	Illinois base income. Subtract Line 8 from Line 4.	9	66,239 <u>.00</u>
Staple W-2 and 1099 forms here		p 4: Exemptions		
3	10		50.00	
b/e		<b>b</b> Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b	.00	
ita		c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c	.00	
S		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC. d 4,65	50.00	
		Exemption allowance. Add Lines a through d.	10	9,300.00
T	Cto	p 5: Net Income and Tax	10	57500.00
	5ie 11	<i>Residents:</i> Net income. Subtract Line 10 from Line 9.		
		Nonresidents: Net Income. Subtract Line To from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule		56,939 <sub>.00</sub>
	12	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.		
2	12	<i>Nonresidents and part-year residents:</i> Enter the tax from Schedule NR.	12	2,818.00
8	13	Recapture of investment tax credits. Attach Schedule 4255.	13	.00
-10	14		14	2,818.00
	Ste	p 6: Tax After Nonrefundable Credits		
pu	15	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	.00	
G	16	Property tax and K-12 education expense credit amount from Schedule ICR.	.00	
∋C/		Attach Schedule ICR. 16	.00	
ų,	17	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17	.00	
IL.	18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18	0.00
õ	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19	2,818.00
Staple your check and IL-1040-V	Ste	p 7: Other Taxes		
ap	20	Household employment tax. See instructions.	20	.00
Si	21	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table	_	<u>^</u>
		in the instructions. <b>Do not</b> leave blank.	21	0.00
•	22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22	.00
	23	Total Tax. Add Lines 19, 20, 21, and 22.           IL-1040 2D Front (R-12/20)         This form is authorized as outlined under the Illinois In-	23	2,818.00
		IL-1040 2D Front (R-12/20) This form is authorized as outlined under the Illinois In- come Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.		



24	Tot	al tax from Page 1, Line 23.					24	2,818.00		
Ste	p 8:	Payments and Refundat	le Credit							
25	Illino	is Income Tax withheld. Attac	h Schedule IL-W	IT.		<b>25</b> 3,	642.00			
26	Estir	mated payments from Forms	L-1040-ES and II	505-I,						
	inclu	iding any overpayment applie	d from a prior yea	r return.		26	.00			
27	Pass	s-through withholding. Attach	Schedule K-1-P o	r K-1-T.		27	.00			
28	Earr	ned Income Credit from Sched	ule IL-E/EIC, Step	4, Line 8. <b>A</b>	ttach Schedule IL-E/EIC	. 28	.00			
29	Tota	I payments and refundable	credit. Add Lines	25 through	28.		29	3,642.00		
Ste	р 9:	Total								
30	If Lin	ne 29 is greater than Line 24, si	ubtract Line 24 fror	n Line 29.			30	824.00		
31	If Lin	ne 24 is greater than Line 29, s	ubtract Line 29 from	m Line 24.			31	.00		
Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty										
for	und	erpayment of estimated	tax or to make	a voluntar	y charitable dona	tion.				
32	Late	-payment penalty for underpa	yment of estimate	ed tax.		32	.00			
	a 🗌	Check if at least two-thirds of	of your federal gro	ss income is	s from farming.					
	p 🗆	Check if you or your spouse	are 65 or older a	nd permane	ntly living in a nursing	g home.				
	c 🗆	Check if your income was no	ot received evenly	during the y	ear and you annualiz	zed your income or	n Form IL-221	0.		
		Attach Form IL-2210.								
		Check if you were not requir			Income Tax return in		ear.			
		ntary charitable donations. A				33	.00			
		I penalty and donations. Ac	d Lines 32 and 33	3.			34	.00		
Ste	p 11	: Refund								
35	lf yo	u have an amount on Line 30	and this amount	is greater the	an Line 34, subtract I	Line 34 from Line 3	30.			
	This	is your <b>overpayment</b> .					35	824.00		
36	Amo	ount from Line 35 you want <b>ref</b>	unded to you. Ch	neck <b>one</b> box	on Line 37. See inst	ructions.	36	824.00		
37	37 I choose to receive my refund by									
	a 🗵	direct deposit - Complete t	he information be	low if you ch	eck this box.					
		Routing numb	er 0 8 1 9	0 4 8	08 × Ch	ecking or Savi	ings			
		C C					inge			
		Account numb	er 2 9 1 0	098	80771					
	bГ	Illinois Individual Income	Tax refund debit	card. I ackn	owledge I have revie	wed the card inform	mation found a	at		
		http://tax.illinois.gov/Debi	tCard prior to ma	king this ele	ction.					
		paper check.								
		ount to be credited forward. S	ubtract Line 36 fro	om Line 35. S	See instructions.		38	.00		
Ste	p 12	: Amount You Owe								
39	lf yo	u have an amount on Line 31	, add Lines 31 an	d 34. <b>- or -</b>						
	lf yo	u have an amount on Line 30	and this amount	is less than	Line 34,					
	subt	ract Line 30 from Line 34. Thi	s is the <b>amount y</b>	<b>ou owe</b> . Se	e instructions.		39	.00		
Ste	ep 13	3: If this is a joint return, both y	ou and vour spous	e must sian l	below.					
		Under penalties of perjury, I				t of my knowledge,	it is true, corre	ct, and complete.		
Sign							(224) 659	9-1710		
Here		Your signature	Date (mm/dd/yyyy)	Spouse's sigi	aatura	Data ( //// )	· ,			
						Date (mm/dd/yyyy)	Daytime phone	1		
Paid		SYAM PRIYA RAM SAGAR GUPTA T.	ALLAM		AM SAGAR GUPTA TALLAM	02/24/2021	Check if	P02082703		
Prepa	rer	Print/Type paid preparer's name		Paid prepare	r's signature	Date (mm/dd/yyyy)		Paid Preparer's PTIN		
Use O							30101719			
	-	Firm's address	ble Creek LnC	umming	GA 30041	Firm's phone	(678) 965	-9522		
Third					( )			e Department may		
						eturn with the third				
Desig	nee	Designee's name (please print)     Designee's phone number     party designee shown in this s						e snown in this step.		

### Refer to the 2020 IL-1040 Instructions for the address to mail your return.

IL-1040 2D Back (R-12/20) Printed by authority of the State of Illinois - web only, 1. DR\_\_\_\_\_ AP\_\_\_\_\_

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RR DC IR ID



### Illinois Department of Revenue 2020 Schedule IL-E/EIC

# **Illinois Exemption and Earned Income Credit**

IL Attachment No. 30

Attach to your Form IL-1040

### **Read this information first**

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties. You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

**ENOTE** If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

## Step 1: Provide the following information

M RAJAPUNNAIVANAM & S YUVAARAANI	7	7	8	8	6	_ 3	6	3	9
Your name as shown on your Form IL-1040	Your So	cial Secu	irity numl	ber					

# Illinois Dependent Exemption Allowance Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
PRANAUV	MOHAN	674-21-1364	Son	11/24/2014				
ASMITHA	MOHAN SAANKAR	926-95-1138	Daughter	06/03/2008			0	

Multiply the total number of dependents you are claiming by \$2,325. <u>2</u> X \$2,5
 Enter the result here and on Form IL-1040, Line 10d.

# Continue to Page 2 to calculate Illinois Earned Income Credit



1

4,650.00



# **Illinois Earned Income Credit**

Complete this section **only** if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2. <u>=Note</u> If you are not claiming a qualifying child, do not complete the table below.

## Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

		Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	
1	Ente	er vour wages, salarie	s and tips from your feder	al Form 1040 or 104	0-SR. Line 1.		1			.00
	Ente	er your business inc	ome or (loss) from your	federal Form 1040	or 1040-SR, Sc	,				
0-	-	-	nt on Line 2, you must	-			2_		7 No	.00
			quire a city, state, or coun b Line 2a, you must enter		-			Yes	] No	
		ertification number.				your nooneo, rogie	, and a second			
	[		Issuing Agency		Li	cense, Registration	n, or Certif	ication Num	ber	]
										_
3	retu	rn as married filing s	0 federal return as marri separately, enter your fec eral Form 1040 or 1040-5	leral adjusted gross	•••		3			.00
3a	If yo	ou entered an amou	int on Line 3, enter your		ecurity number fi	rom your	-			
<ul><li>married filing jointly federal return.</li><li>4 Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13?</li></ul>							3a 4			
	15 11	e statutory employee	JUA MAINEU UN YUUI VV-2,	waye and lax Slate			4			
5	Ente	er the amount of fed	Dur Illinois Ear leral Earned Income Cre Line 5 by 18% (.18).			1040-SR, Line 2	27. <b>5</b> _ 6_			.00. .00
7		ois residents: Ent presidents and par	er 1.0. <b>t-year residents:</b> Enter	r the decimal from S	Schedule NR, Li	ne 48.	7 _	•		

8 Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit.

Enter this amount here and on your Form IL-1040, Line 28.

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act

➡ 8\_

.00



Illinois Department of Revenue

# 2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.										
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A							
W-2	W	1099-DIV	D							
W-2G	WG	1099-INT	I							
1099-R	R	1042-S	S							
1099-G	G	1099-B	В							
1099-MISC	М	1099-K	K							
1099-OID	0	1099-NEC	Ν							

#### Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

MOHAN SAANKAR Your name as shown	RAJAPUNNAIVANAM on Form IL-1040	77 Your Soc	7 <u>8</u> sial Secu	urity numb	8 <u>6</u> er		3	6	3	9		
Column A Form type	Column B Employer/Payer Identification Number	<b>Column C</b> Federal Wages, Winnings, Gross Distributions, Compensation, etc.			Column D Illinois Wages, Winnings, Gross							
1	13-3924155 000 4	- \$	73,580 <b>.0(</b>	<u>)</u>	\$	73,5	580 <b>•00</b>	\$		3,64	42 <b>•00</b>	
2		\$	•00	<u>)</u>	\$		•00	\$			•00	
3		- \$	•00	<u>)</u>	\$		•00	\$			•00	
4		\$	•00	<u>)</u>	\$		•00	\$			•00	
5		_ \$	•00	<u>)</u>	\$		•00	\$			•00	

#### Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

SHRIE YUVAARAANI	0	9	7	_ 3		5	1	6	6	0
Your spouse's name as shown on Form IL-1040	Your s	pouse	's Socia	Securit	y nun	nber				

Column A Form type	Column B Employer/Payer Identification Number	Employer/Payer Federal Wages, Winnings, Gross				Column E Illinois Income Tax Withheld		
6		- \$	•00	\$	•00	\$	•00	
7		. \$	•00	\$	•00	\$	•00	
8		- \$	•00	\$	•00	\$	•00	
9		- \$	•00	\$	•00	\$	•00	
10		- \$	•00	\$	•00	\$	•00	

#### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

**11 \$ 3,642.00** 

### → Attach all Schedules IL-WIT to your IL-1040. ←

3	Illinois Department of Rev	enue	-	Submission ID		
X				Electronic Filing Declaration		
		Illinois	Department of Reven	ue unless it is requested for review.)		
Sie	p 1: Provide taxpayer information MOHAN SAANKAR SHRIE YUVAA	RAANI	RAJAPUNNAIVANAM	778_86_3639		
	First name and middle initial Spouse's first name (a	ind last name	e if different) Last name	Social Security number		
	1074 LAKEHURST DR 202			0 9 7 _ 3 5 _ 1 6 6 0		
type	Mailing address			Spouse's Social Security number		
	WAUKEGAN	IL	60085	(224) 659-1710		
	City	State	ZIP	Daytime phone number		
Ste	p 2: Complete information from tax ret	urn				
1	Net income from Form IL-1040, Line 11			<b>1</b> 56,9391_00		
	Tax from Form IL-1040, Line 14			<b>2</b> <u>2,818</u> <u>00</u>		
	Illinois Income Tax withheld from Form IL-104	40, Line 2	5 only (enter "0" if none)	3 3,642100		
	Overpayment from Form IL-1040, Line 35			4 824 00		
	Total amount due from Form IL-1040, Line 39			5l <u>00</u>		
6	Filing status: Single X Married filing j	ointly	_ Married filing separately	Widowed Head of household		
	p 3: Complete direct deposit of refund					
<b>To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission.</b> Illinois does not support international ACH transactions. IDOR will only perform direct transactions ( <i>e.g.</i> , debit, deposit) with financial institutions located						
	in the United States or those not funded by int	ernational	funds. Electronic payments	s will not be accepted and refunds will be via paper check		
7	Routing no. (RN): 0 8 1 9 0 4	8 0	8			
8	Account no. (AN): 2 9 1 0 0 9	8 8	0 7 7 1			
9	Type of account: X Checking Sav	ings				
10	Date the payment is to be electronically with	drawn:	/ /			
	Electronic funds withdrawal amount:					
_	Name on account:	(0:	nhu offen og mulatin v Of	ten 0 and if annligghig. Oten 0 \		
Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)						
[]				nd declare the information on Lines 7 through 9 is the refund.		
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds						
	withdrawal as designated in the electronic portion of my 2020 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries					
	and resolve issues related to the payment		fient of taxes to receive co	onidential mormation necessary to answer inquines		
Г	I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.					
Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return						
originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration,						
and	accompanying information may be sent to IDC	OR by my	ERO. I authorize IDOR to ir	nform my ERO and/or the transmitter when my return has		
beer	n accepted or rejected. If rejected, I authorize I	DOR to id	lentify the reason(s) so the	return may be corrected and retransmitted if possible.		
Sig	n					
her	e Your signature	Date	Spouse's s	signature (if joint return, <b>both</b> must sign) Date		
	p 5: Electronic return originator (ERO)					
				n on this Form IL-8453, and accompanying information.		
	accompanying information are true, correct,			y, that to the best of my knowledge the taxpayer's return		
anu	accompanying information are true, coffect, a	апо сотпр				
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use	Firms name of your name if sen-employed			Your PTIN		
only	/ 2530 Pebble Creek Ln			$\underbrace{3  0  -1  0  1}_{\text{Federal employer identification number (FEIN)}} \underbrace{7  1  9  6}_{\text{Federal employer identification number (FEIN)}}$		
-	Mailing address Cumming	GA	30041	(678) 965–9522		
	City	State		Daytime phone number		

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

