Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name	Social security number
SUDEEP K PANDEY	210-96-6015
Spouse's name	Spouse's social security number
VANDANA DUBEY	966-94-9084
Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter	er year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 59,920.
2 Total tax	2 1,320.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 3,031.
4 Amount you want refunded to you	4 4,011.
5 Amount you owe	

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

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

Taxpayer's PIN: check one box only

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

6	6	0	1	5	
Ent don	er fiv n't er	/e di iter a	gits, all ze	but	as my

9 4

0 8 4

Enter five digits, but don't enter all zeros

as mv

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

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

Your signature

XI

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

ERO firm name

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

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

Spouse's signature 🕨	Date I					 			
Practitioner PIN Method Returns Only—continu	e be	low							
Part III Certification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	5	8	7		8 nter a	 	9	8 9	9

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

ERO's signature ► Date ►								
	ERO Must Retain This F Don't Submit This Form to the I							
For Demonstrate Deduction Act	Notice and the set of the set of the set of the set		DEV/ 00/00/01 DDO	Farm 8870 (Day, 01 0001)				

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

to enter or generate my PIN

E 1040		artment of the Treasury-Internal Revenue Serv S. Individual Income Ta		(99) urn	20	20	OMB No. 1545	-0074	IRS Us	e Only	–Do not v	vrite or staple	in this space.
Filing Status	s 🗆 🤅	Single 🔀 Married filing jointly	Marrie	ed filing	separately	(MFS)) 🗌 Head of	housel	hold (H(CH)	🗌 Qua	lifying wid	low(er) (QW)
Check only one box.	-	u checked the MFS box, enter the r on is a child but not your dependen		your spo	ouse. If you	u checl	ked the HOH o	or QW I	box, en	ter th	e child's	name if th	ne qualifying
Your first name	and m	iddle initial	Last na	me							Your so	cial securi	ty number
SUDEEP	K		PANE	DEY							210-	96-601	5
lf joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number
VANDANA			DUBE	ΞY							966-	94-908	4
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.		Preside	ntial Electi	on Campaign
234 RAN	DOLPI	H DRIVE						2	213		1	here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete s	paces be	low.	Sta	ite	ZIP co	de				ntly, want \$3 Checking a
MADISON						W	I	537	17		Ŭ	low will not	•
Foreign country	y name		F	Foreign p	rovince/sta	te/coun	ty	Foreig	n postal	code	your ta:	x or refund	
												You	Spouse
At any time du	iring 20	020, did you receive, sell, send, exc	hange, c	or otherw	vise acqui	re any	financial intere	est in a	ny virtu	ial cu	irrency?	Yes	X No
Standard Deduction		eone can claim:	•				a dependent า						
Age/Blindness	s You:	Were born before January 2, 1	956	Are b	lind S	pouse	: 🗌 Was bo	rn befc	ore Jani	uary 2	2, 1956	🗌 ls b	lind
Dependent	s (see	instructions):		(2) \$	Social secu	rity	(3) Relationsh	nip	(4)	🖊 if q	ualifies fo	or (see instru	uctions):
If more	(1) F	irst name Last name			number		to you		Child	tax c	redit	Credit for ot	ther dependents
than four	YAC	IURV PANDEY		972-92-2226 Son								×	
dependents, see instruction	s <u>RE</u> Y	AN PANDEY		606	-91-70	81	Son			×		ļ	
and che <u>ck</u>												ļ	
here 🕨 📃												Ĺ	
A ++	1	Wages, salaries, tips, etc. Attach I	eorm(s) ۱	W-2 .	· · ·						. 1		66,145.
Attach Sch. B if	2a	Tax-exempt interest	2a			bΤ	axable interes	t.			. 2 b)	
required.	<u>3a</u>	Qualified dividends	3a			bC	Ordinary divide	nds .			. 3b)	
	4a	IRA distributions	4a			bΤ	axable amoun	t		•	. 4b)	
	5a	Pensions and annuities	5a			bΤ	axable amoun	t		•	. 5b)	
Standard Deduction for —	6a		6a				axable amoun	t		• _	. 6b		
Single or	7	Capital gain or (loss). Attach Sche		•				• •	• •		_ 7		
Married filing separately,	8	Other income from Schedule 1, lir						• •	• •	•	. 8		<u>-6,225.</u>
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yc	our total ir	ncome		• •	• •	•	▶ 9	_	59,920.
 Married filing jointly or 	10	Adjustments to income:					I	I.					
Qualifying	а										_		
widow(er), \$24,800	b	Charitable contributions if you take											
 Head of household, 	С	Add lines 10a and 10b. These are	•	-				• •	• •	•	► <u>10</u>		
\$18,650	11	Subtract line 10c from line 9. This	-	-	•						► <u>11</u>		59,920.
 If you checked any box under 	12	Standard deduction or itemized				,							24,800.
Standard Deduction,	13	Qualified business income deduct											
see instructions.	14	Add lines 12 and 13										1	24,800.
	15	Taxable income. Subtract line 14	trom lin	e 11. lf z	zero or les	s, ente	er-0			•	. 15	<u> </u>	35,120.

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

Form **1040** (2020)

17 Amount from Schedule 2, line 3 17 17 18 Add lines 16 and 17 18 3, 821 19 Chict acc cells or cells for other dependents 19 2, 500 20 Amount from Schedule 3, line 7 20 20 21 Add lines 19 and 20 20 21 320 22 Subtract line 21 from line 18. If zero or less, enter -0- 22 1, 320 23 Other taxes, including safe employment tax, from Schedule 2, line 10 23 0 24 Add lines 22 and 23. This is your total tax 24 1, 320 25 Federal income tax withheld from: 25a 3, 031 25b 26 250 25a 3, 031 25b 25c 27 Earned income texit (EIC) 27 28 28 28 28 Amount from Schedule 3, line 13 30 2, 300 31 30 2, 300 38 Add lines 25d, 26, and 32. These are your total payments 33 32 2, 300 39 Add lines 25d, 26, and 32. These are your total payments 33 34 4, 0.01 39	Form 1040 (2020))									Page 2	
18 Add lines 16 and 17 18 3, 821 19 Child tax credit or credit for other dependents 19 2, 500 21 Add lines 19 and 20 21 2, 500 21 23 Subtract line 21 form line 18. If zero or less, enter -0 22 21, 321 24 Add lines 24 and 23. This is your total tax 24 1, 321 25 Federal income tax withheld form: 25 3, 031. 26 Comm(s) W-2 256 256 20 Coher forms (see instructions) 256 256 26 3, 032. 26 3, 032. 27 Earned income credit (EIC) 27 28 28 Add lines 25 athrough 25c 26 30 2, 300. 27 Earned income credit (EIC) 28 30 2, 300. 28 Add lines 25d, 28, and 32. These are your total other payments and encount you overpaid 34 4.0.013 38 Anount from Schedule 3, line 13 30 2, 300. 35 4.0.013 39 Anount from Schedule 3, line 13 1 1 1 1 1 25		16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌			16	3,820.	
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You Owe For details on how to pay, see instructions. Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. Estimated tax penalty (see instructions) Jas Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Do you want to allow another person to discuss this return with the IRS? See instructions Personal identification number (PIN) ▶ Sign Here Do you want to allow another person to discuss this return and accompanying schedules and statements, and to the best of my knowledge belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled Your signature Joint return? See instructions. Keep a copy for your records. Date Your occupation HOMEMAKER If the IRS sent your spouse an identity Protection PIN, enter it here (see inst.) ▶ Paid Preparer Use Only Preparer's name Firm's name ▶ GLOBAL TAXES LLC Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Paid Firm's EIN ▶ 30-101715		36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36					
For details on how to pay, see instructions 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Sign Here Do you want to allow another person to discuss this return with the IRS? See instructions Personal identification number (PIN) ▶ Image: Second the Seco		37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. 🕨	37		
now to pay, see instructions. 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. X No Sign Here Designee's name ▶ Phone number (PIN) ▶ Yes. Complete below. X No Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge your signature If the IRS sent you an Identify Protection PIN, enter it here (see inst.)▶ Joint return? Spouse's signature. If a joint return, both must sign. Date Your occupation Sopuse's occupation If the IRS sent you an Identify Protection PIN, enter it here (see inst.)▶ Phone no. Email address Preparer's name Preparer's signature Date PTIN Check if: (see inst.)▶ Paid Preparer Use Only Prepare's name ▶ GLOBAL TAXES LLC Phone no. (646) 727-714 Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-101711							of the t	axes you c	we for			
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Designee's name ▶ Designee's name ▶ Phone name ▶ Phone no. ▶ Personal identification number (PIN) ▶ Image: Phone number (PIN) ▶ Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Your signature Joint return? See instructions. Keep a copy for your records. Spouse's signature. If a joint return, both must sign. Date Your occupation Your spouse an Identity Protection PIN, enter it (see inst.) ▶ If the IRS sent your spouse an Identity Protection PIN, enter it (see inst.) ▶ Phone no. Email address Preparer's name Preparer's signature Date PTIN Check if: (see inst.) ▶ Paid Preparer Use Only Preparer's name Preparer's signature Date PTIN Check if: (see inst.) ▶ Self-employed Firm's name ▶ GLOBAL TAXES LLC Phone no. (646) 727-711 Firm's EIN ▶ 30-101715												
Designee instructions ✓ Yes. Complete below. ✓ No Designee's name Designee's name Phone no. Personal identification number (PIN) Image: Complete below. ✓ No Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Joint return? See instructions. Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it there (see inst.) your records. Phone no. Email address Email address Preparer's name Preparer's signature Date P1N Check if: RVSSMANIKUMARAPPANA RVSSMANIKUMARAPPANA 03/16/2021 P02090332 Self-employed Firm's name > GLOBAL TAXES LLC Phone no. (646)727-711 Phone no. (646)727-711 Firm's address > 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN > 30-101715												
Designe's name ▶ Phone no. ▶ Personal identification number (PIN) ▶ Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Vour signature Joint return? See instructions, Keep a copy for your records. Date Your occupation Spouse's signature. If a joint return, both must sign. Date Spouse's occupation HOMEMAKER If the IRS sent your spouse an Identify Protection PIN, enter it (see inst.) ▶ Phone no. Email address Preparer's name Preparer's signature RVSSMANIKUMARAPPANA Preparer's signature RVSSMANIKUMARAPPANA Date Pate PTIN 03/16/2021 Check if: Poone no. (646) 727-715 Firm's name ▶ GLOBAL TAXES LLC Phone no. (646) 727-715 Phone no. (646) 727-715 Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-101715			5									
name no. number (PIN) Image: Construction of the period of the pe	Designee								•		X NO	
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Joint return? Sopuse's signature If a joint return, both must sign. Date Your occupation If the IRS sent you all identity Protection PIN, enter it here (see inst.) ▶ Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here it (see inst.) ▶ Phone no. Email address Preparer Preparer's name Preparer's signature Date PIN Check if: RVSSMANIKUMARAPPANA RVSSMANIKUMARAPPANA 03/16/2021 P02090332 Self-employee Firm's name ▶ GLOBAL TAXES LLC Phone no. (646)727-711 Phone no. (646)727-711	-	bel	ief, they are true, correct, and com							h prepar	er has any knowledge.	
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Domination Domination Domination Domination Description If the IRS sent your spouse an Identity Protection PIN, enter it identitidentity Protection PIN, enter it identity		Ν					DNATA				IN, enter it here	
Keep a copy for your records. Identity Protection PIN, enter it (see inst.) ▶ Phone no. Email address Preparer Use Only Preparer's name Firm's name ▶ GLOBAL TAXES LLC Date RVSSMANIKUMARAPPANA PTIN 03/16/2021 Check if: P02090332 Firm's name ▶ GLOBAL TAXES LLC Phone no. (646)727-715 Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ▶ 30-101715		<u></u>	augo'o gignaturo. If a joint raturn	ath must sign	Data			IEER	`	,		
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Preparer Use Only RVSSMAN1KUMARAPPANA 03/16/2021 P02090332 Seit-emplose Firm's name ► GLOBAL TAXES LLC Phone no. (646)727-715 Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-101715	Deid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:	
Use Only Firm's name ► GLOBAL TAXES LLC Phone no. (646)727-71 Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-101719		RV	SSMANIKUMARAPPANA	RVSSMANIK	UMARAPPAN	JA	03/1	.6/2021	P0209	0332	Self-employed	
Use Only Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's EIN ► 30-101719		Fin							ne no. (646)727-7157		
	Use Only											
	Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV	03/06/21 PRO			Form 1040 (2020)	

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SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

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.

r soc	ial security number
	Attachment Sequence No. 01

Your 210-96-6015

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2 a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,225.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		C 005
Par	line 8 . <th>9</th> <th>-6,225.</th>	9	-6,225.
10		10	
11	Educator expenses	10	
• •	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		19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/06/21 PRO	Schedule	1 (Form 1040) 2020

(Form 1	1040)	(From	rental real estate, roya	· •	• •	•			-	Cs, etc	r.) []	020
Departm	ent of the Treasury			ch to Form 1040	,	- / -	, , ,				Atta	chment
	Revenue Service (99)		► Go to www.irs.go	ov/ScheduleE fo	or inst	ructions	and the	latest	information.		Sequ	uence No. 13
Name(s)	shown on return										social secur	-
SUDE			VANDANA DUBEY							-	-96-601	-
Part			s From Rental Real E		-		-			-	• •	
			instructions. If you are a								-	
			nts in 2020 that would			. ,						
			ou file required Form(🗆	Yes 🗌 No
<u>1a</u>			each property (street,		, coae	9)						
 	MIYAPUR H	YDERA	ABAD TELANGANA	IN 500049								
<u>С</u>												
 1b	Type of Pro	oortv	2 For each rental	real actata prov	o orth (li	iatad		Fair	Rental	Perso	nal Use	
10	(from list be		above report th	e number of fa	ir rent	al and			Days		avs	QJV
Α	1		personal use da if you meet the	ys. Check the	QJV b	ox only	Α		365		0	
B	+.±		qualified joint ve	enture. See inst	ructio	ns.	B		303		0	
	+						C					
	of Property:		1				-					
	gle Family Resid	dence	3 Vacation/Short	-Term Rental	5 La	nd	7	7 Self-	Rental			
-	ti-Family Reside		4 Commercial		6 Ro	valties	8	3 Othe	r (describe)			
Incom	ie:			Properties:		Ī	Α		В			С
3	Rents received	1			3			360.				
4	Royalties rece	ived .			4							
Expen	ises:											
5	Advertising .				5							
6		•	nstructions)		6			150.				
7			nance		7			480.				
8					8			353.				
9					9							
10	•		essional fees		10							
11					11							
12			id to banks, etc. (see		12							
13					13			1				
14					14			771.				
15					15		⊥,4	494.				
16 17					16 17		1	337.				
18			or depletion		18		⊥,	557.				
19	Other (list)	spense			19							
20		hhΔ a	lines 5 through 19 .		20		6 1	585.				
21	-		line 3 (rents) and/or 4		20		0,					
21			instructions to find ou									
	file Form 6198			•	21		-б,2	225.				
22			l estate loss after limi		-		•					
			structions)		22	(-6,2	25.)	()(
23a		-	eported on line 3 for a					23a		360).	
b			eported on line 4 for a					23b				
С	Total of all am	ounts r	eported on line 12 for	all properties				23c				
d	Total of all am	ounts r	eported on line 18 for	all properties				23d				
е	Total of all am	ounts r	eported on line 20 for	all properties				23e	(5,585	5.	
24		-	e amounts shown on			-					24	
25	Losses. Add ro	oyalty lo	esses from line 21 and r	ental real estate	losse	s from lii	ne 22. Er	nter tota	al losses here	. 2	25 (6,225.
26	Total rental re	eal est	ate and royalty inco	me or (loss).	Comb	ine line	s 24 and	d 25. E	inter the res	ult		
			V, and line 40 on pa									

Supplemental Income and Loss

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

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

SCHEDULE E

(Form 1040)

-6,225.

26

OMB No. 1545-0074

_	8867	Paid Preparer's Due Diligence Checklist		OMB	No. 1545	-0074
Departm	ient of the Treasury	Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing St ► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-P	tatus R, or 1040-SS.	2 Attach		0
	Revenue Service	Go to www.irs.gov/Form8867 for instructions and the latest informat			ence No.	<u> </u>
	er name(s) shown on		Taxpayer identif		umber	
SUD	eparer's name and F	DEY & VANDANA DUBEY	210-96-6	015		
	SMANIKUMARA		P0209033	2		
Part		gence Requirements	F0207033	2		
		ropriate box for the credit(s) and/or HOH filing status claimed on the return	and complete	the rel	ated Pa	arts I–V
		ed (check all that apply).		AOTC		HOH
1	Did you comp reasonably obt	plete the return based on information for tax year 2020 provided by the cained by you?	taxpayer or	Yes	No	N/A
2	worksheets for AOTC workshe	claimed on the return, did you complete the applicable EIC and/or CTC, und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions set found in the Form 8863 instructions, or your own worksheet(s) that provid and all related forms and schedules for each credit claimed?	s, and/or the	X		
3	Did you satisfy the following.	the knowledge requirement? To meet the knowledge requirement, you mus	t do both of			
		taxpayer, ask questions, and contemporaneously document the taxpayer's r at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	esponses to			
		mation to determine that the taxpayer is eligible to claim the credit(s) and/o		X		
4	information rea	nation provided by the taxpayer or a third party for use in preparing th asonably known to you, appear to be incorrect, incomplete, or inconsistent ons 4a and 4b. If " No, " go to question 5.)	t? (If "Yes,"		X	
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent inform	nation? .			
b	you asked, wh	mporaneously document your inquiries? (Documentation should include th om you asked, when you asked, the information that was provided, and the d on your preparation of the return.)	e impact the			
5	keep a copy applicable wor 8867 and any taxpayer that y	v the record retention requirement? To meet the record retention requirement of your documentation referenced in 4b, a copy of this Form 8867, a copy (ksheet(s), a record of how, when, and from whom the information used to pro- applicable worksheet(s) was obtained, and a copy of any document(s) prov- your relied on to determine eligibility for the credit(s) and/or HOH filing status	copy of any repare Form vided by the			
	the amount(s) List those doci	of the credit(s)		×		
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiate eliginary red to the amount (s) of any credit (s) claimed on the returned for audit?		×		
7	-	e taxpayer if any of these credits were disallowed or reduced in a previous yea e disallowed or reduced, go to question 7a; if not, go to question 8.)	ar?	×		
а	Did you compl	ete the required recertification Form 8862?				
8		is reporting self-employment income, did you ask questions to prepare a coule C (Form 1040)?				
					006	

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

Form 8	367 (2020)			Page 2
Part	II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim C	CTC, A	CTC,
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 X	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 que tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part				
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the ta and provided more than half of the cost of keeping up a home for the year for a qualifying person?	-	Yes	No
Part		• •		
	You will have complied with all due diligence requirements for claiming the applicable credit(s) a status on the return of the taxpayer identified above if you:			-
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responsion your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;	list for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			41
	3. 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).	-	-	
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.			
	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 of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit(s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for the credit (s) and for HOH filing status and to figure the amount of taxpayer's eligibility for taxpayer's eligibil			
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for eac	ch failu	re to
15	Do you certify that all of the answers on this Form 8867 are to the best of your knowledge true correc	t and	Yes	No

15	Do you certif	y t	hat	all	of	the	an	iswe	ers	on	this	s F	Forn	n 8	8867	7 a	re,	to 1	the	bes	t of	' you	r k	nov	vle	dge	e, t	rue	, C	orr	ect	t, a	Ind		Yes	No	
	complete?																																		×		_
																						REV 0	3/06)/21 P	RO									For	m 886	7 (2020))





For the year Jan. 1-Dec. 31, 2020, or other tax year

E					•				
10	Check here if an amended return	begin	ning	, 2020 ending	, 20				
STAPLE	Your legal last name PANDEY	Legal first name SUDEEP	M.I. K	Your social security number 210966015					
NOT S1	If a joint return, spouse's legal last name DUBEY	Spouse's legal first name VANDANA	M.I.	Spouse's social security numl 966949084	Jer				
DO	Home address (number and street). If you have 234 RANDOLPH DRIVE		Apt. no. 213		n either the name of the				
əturn	City or post office MADISON		p code 53717	city, village, or town and lived at the end of 2020	d the county in which you).				
bling re	Filing status Check ✓ below			City, village,	X Village Town				
assem	X Married filing joint return	Legal last name		or town MADISO	<u>N</u>				
See page 5 before assembling return	Married filing separate return. Fill in spouse's SSN above and full name here	Legal first name	M.I.	School district number See page 43 3269					
page 5	Lead of household, NOT marrie (see page 12).	d If married, fill in spo SSN above and full		Special conditions					
See	L Head of household, married (see page 12).			Form 804 filed with r	eturn (see page 9)				
	Use BLACK Ink Print numbers	like this $\rightarrow 0 \mid 2345$	56789 <u>Not</u> lik	this $\rightarrow \emptyset 147 \bullet 1$	NO COMMAS; NO CENTS				
	1 Federal adjusted gross income (s	1 _	59920.00						
	Form W-2 wages included in lin	66145 _{.00}							
	2 Total additions to income from Sc	2 _	.00						
	3 Add lines 1 and 2				59920 _{.00}				
	4 Total subtractions from income fro	om Schedule SB, line 4	7. Enter as a posit	ive number 4 _	.00				
	5 Subtract line 4 from line 3. This is	your Wisconsin incom	e		59920 _{.00}				
	6 Standard deduction. See table or If someone else can claim you (or y	n page 34, OR vouse) as a depen	dent, see page 14 a	and check here	13202.00				
	7 Subtract line 6 from line 5. If line 6				46718.00				
0	8 Exemptions (Caution: See page	e 14)							
ø	a Fill in exemptions allowed		4 x \$700	8a 2800 _{.00}					
t her	b Check if 65 or older You	+ Spouse =	x \$250	db .00					
vmen	c Add lines 8a and 8b			8c _	2800.00				
CLIP payment here	9 Subtract line 8c from line 7. If line	8c is larger than line 7,	fill in 0. This is tax	able income 9 _	43918 _{.00}				
צ כרו	10 Tax (see table on page 36)			10	2062.00				

PAPER CLIP payment here

I-010i (R. 01-21)

2020

2020	Form 1 Name SUDEEP K PANDEY & VANDANA DU SSN 210966015	D Page 2 of 4
		NO COMMAS; NO CENTS
11	Itemized deduction credit. Enclose Schedule 1, page 4	.00
12	Armed forces member credit (must be stationed outside U.S. See page 16)	.00
13	School property tax credit	
	a Rent paid in 2020 – heat included00 Find credit from	
	Rent paid in 2020 – heat not included00 \int table page 18 . 13a00	
	b Property taxes paid on home in 2020 .00 Find credit from table page 19 . 13b .00	
14	Working families tax credit (see page 19) 14 0.00	
15	Married couple credit. Enclose Schedule 2, page 4 1500	
16	Nonrefundable credits from line 34 of Schedule CR 1600	
17	Net income tax paid to another state. Enclose Schedule OS 17	
	Add lines 11 through 17	0.00
19	Subtract line 18 from line 10. If line 18 is larger than line 10, fill in 0. This is your net tax 19	2062.00
	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 22) 20 If you certify that no sales or use tax is due, check here	
21	Donations (decreases refund or increases amount owed)	
	a Endangered resources .00 e Military family relief	
	b Cancer research	
	c Veterans trust fund00 g Red Cross WI Disaster Relief00	
	d Multiple sclerosis .00 h Special Olympics Wisconsin .00	
	Total (add lines a through h) 21i	.00
22	Penalties on IRAs, retirement plans, MSAs, etc. (see page 24)00 x .33 = 22	.00
23	Other penalties (see page 24)	.00
24	Add lines 19, 20, 21i, 22 and 23 24	2062.00
25	Wisconsin tax withheld. Enclose withholding statements 25 3703.00	
26	2020 estimated tax payments and amount applied from 2019 return 26 .00	
27	Earned income credit. Number of qualifying children Federal	NOTE: You must use your 2020 earned income (see page 26).
	credit <u>.00</u> x <u>%</u> =27 <u>.00</u>	Page 20).
28	Farmland preservation credit. a Schedule FC, line 17. 28a .00	
	b Schedule FC-A, line 13 28b	
29	Repayment credit (see page 26) .00	



2020) Form 1												Page	e 3 of 4
Nam	ne(s) shown	on Form	1								Your socia	al security n	umber	
St	JDEEP	ΚE	PANDEY	& VAI	IDANA	DUBEY					2109	66015		
										·	NO		S; <u>NO</u>	CENTS
30	Homest	ead cre	dit. Enclo	se Sched	ule H or H	-EZ		30		.00)			
31	Eligible	veterar	is and sur	viving spo	ouses prop	perty tax cre	edit	31		.00)			
32	Refunda	able cre	dits from So	chedule CF	R, line 40. E	Enclose Sche	dule CR	32		.00)			
33	AMEND	ED RET	URN ONL	Y–Amou	nts previou	usly paid (see	e page 29)	33		.00)			
34	Add line	es 25 th	rough 33					34	3	703.00)			
35	AMEND	ED RE	FURN ONL	_Y—Amoun	ts previousl	y refunded (se	e page 30)	35		.00)			
36	Subtrac	t line 3	5 from line	34							36		37	03.00
37						24 from line					37		16	541.00
38	Amount	of line	37 you wa	ant REFU	NDED TO	YOU					38		16	541.00
39	Amount APPLIE	of line D TO N	37 you wa ′OUR 202	ant 1 ESTIM	ATED TA)	(39		0.00)			
40						e 36 from lin payment to		return			40			.00
41	Underpa Also inc	ayment lude on	interest. F line 40 (s	ill in excep ee page 3	otion code- 1)	See Sch. U	L]	41		.00)			
Thi Par Des		vou want Desigr name	nee's	other persor	to discuss t	his return with	the depa Phon no.]	e	ee page 32)?	Persona identifica number	al ation	te the follow	wing.	X No

Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.

Sign here

	Under penalties of law,	I declare that this return and all attachments are true, correct,	and complete to t	he best of my knowledge and belief.
Your signature		Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone
				6824076599

I-010ai

Mail your return to:	Wisconsin Department of Revenue
If tax due	PO Box 268, Madison WI 53790-0001
If refund or no tax due	PO Box 59, Madison WI 53785-0001
If homestead credit claimed	PO Box 34, Madison WI 53786-0001

Do Not Submit Photocopies



Compare the amounts in columns (A) and (B) of line 5.

6

INTUIT

Do not fill in

.00 more than \$480.

.00

x .03

202	0 Form 1	Name SUDEEP	K PANDEY	& VAND	ANA	DUB	SSN 2109660	15	Page
							•	<u>NO</u> COMN	IAS; <u>NO</u> CE
s	chedule	• 1 – Itemized De	duction Credit	(see nag	o 15)				
	circulat			(see page	5 13)				
1		nd dental expenses uctions for exception						I	
2	to purcha do not inc	aid from federal Sch se a second home lo lude interest paid to on (S) corporation if	ocated outside Wi purchase or hold	sconsin or a U.S. goverr	a reside nment s	nce whic securities	h is a boat. Also, and interest from	2	
3	Gifts to ch	arity from federal Sch	nedule A (Form 10	40 or 1040-\$	SR). Se	e instruct	ions for exceptions	8	
4	Casualty	losses from federal S	Schedule A (Form	1040 or 10	40-SR))		1	
5	Add lines	1 through 4						5	
6	Fill in you	r standard deduction	i from line 6 on pa	ige 1 of Forr	m 1			S	
7	Subtract I	ine 6 from line 5. If li	ne 6 is more than	line 5, fill in	0		· · · · · · · · · · · · · · · · · · ·	7	
8	Rate of cr	edit is .05 (5%)					8	3	
9	Multiply li	ne 7 by line 8. Fill in	here and on line	11 on page 2	2 of Foi	m 1			
<u> </u>	Þ	You must sub	omit this page	with Form	ı 1 if y	vou clai	m either of these	credits	◀
s	chedule	e 2 – Married Co	uple Credit Wł	en Both S	Spous	ses Are	Employed (see	page 20)	
w	/hen comp	leting this schedule,	be sure to fill in	your income	e in col	umn (A)	and your spouse's i	ncome in co	olumn (B)
						(A	A) YOURSELF	(B)	SPOUSE
1	Do NOT i	vages, salaries, tips, nclude deferred com unemployment comp	pensation, interes	t, dividends	,		.00		
2	•	or (loss) from self-er				·			
-	C, C-EZ,	and F (Éorm 1040 or other taxable self-em	1040-SR), Schedu	ule K-1 (Forn	n 1065)		.00		
3	Combine	lines 1 and 2. This is	earned income.			3	.00		
4	lines 11, benefits, a plans, inc exclusion	mounts from federal 15, and 19, plus repa and contributions to s luded in line 22, and . Fill in the total of the	yment of supplen secs. 403(b) and any Wisconsin d ese adjustments f	nental unem 501(c)(18)(D isability inco that apply to	ployme) pensi ome you or	on	-		
5		ise's income				4	.00		
۳ ا		n zero, fill in 0					.00	1	

; <u>NO</u> CENTS

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x .05

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E 1040		artment of the Treasury-Internal Revenue Serv S. Individual Income Ta		(99) urn	20	20	OMB No. 1545	-0074	IRS Us	e Only	r—Do not v	vrite or staple	in this space.
Filing Status	s 🗆 🤅	Single 🔀 Married filing jointly	Marrie	ed filing	separately	(MFS)) 🗌 Head of	housel	hold (H(CH)	🗌 Qua	lifying wid	low(er) (QW)
Check only one box.	-	u checked the MFS box, enter the r on is a child but not your dependen		your spo	ouse. If you	u checl	ked the HOH o	or QW I	box, en	ter th	e child's	name if th	ne qualifying
Your first name	and m	iddle initial	Last na	me							Your so	cial securi	ty number
SUDEEP	K		PANE	DEY							210-	96-601	5
lf joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse	's social se	curity number
VANDANA			DUBE	ΞY							966-	94-908	4
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.		Preside	ntial Electi	on Campaign
234 RAN	DOLPI	H DRIVE						2	213		1	here if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also co	omplete s	paces be	low.	Sta	ite	ZIP co	de				ntly, want \$3 Checking a
MADISON						W	I	537	17		Ŭ	low will not	•
Foreign country	y name		F	Foreign p	rovince/sta	te/coun	ty	Foreig	n postal	code	your ta:	x or refund	
												You	Spouse
At any time du	iring 20	020, did you receive, sell, send, exc	hange, c	or otherw	vise acqui	re any	financial intere	est in a	ny virtu	ial cu	irrency?	Yes	X No
Standard Deduction		eone can claim:	•				a dependent า						
Age/Blindness	s You:	Were born before January 2, 1	956	Are b	lind S	pouse	: 🗌 Was bo	rn befc	ore Jani	uary 2	2, 1956	🗌 ls b	lind
Dependent	s (see	instructions):		(2) \$	Social secu	rity	(3) Relationsh	nip	(4)	🖊 if q	ualifies fo	or (see instru	uctions):
If more	(1) F	irst name Last name			number		to you		Child	tax c	redit	Credit for ot	ther dependents
than four	YAC	IURV PANDEY		972	-92-22	26	Son						×
dependents, see instruction	s <u>RE</u> Y	AN PANDEY	606-91-70			81	Son		×			ļ	
and che <u>ck</u>												ļ	
here 🕨 📃												Ĺ	
A ++	1	Wages, salaries, tips, etc. Attach I	eorm(s) ۱	W-2 .	· · ·						. 1		66,145.
Attach Sch. B if	2a	Tax-exempt interest	2a			bΤ	axable interes	t.			. 2 b)	
required.	<u>3a</u>	Qualified dividends	3a			bC	Ordinary divide	nds .			. 3b)	
	4a	IRA distributions	4a			bΤ	axable amoun	t		•	. 4b)	
	5a	Pensions and annuities	5a			bΤ	axable amoun	t		•	. 5b)	
Standard Deduction for —	6a		6a				axable amoun	t		• _	. 6b		
Single or	7	Capital gain or (loss). Attach Sche		•				• •	• •		_ 7		
Married filing separately,	8	Other income from Schedule 1, lir						• •	• •	•	. 8		<u>-6,225.</u>
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is yc	our total ir	ncome		• •	• •	•	▶ 9	_	59,920.
 Married filing jointly or 	10	Adjustments to income:					I	I.					
Qualifying	а										_		
widow(er), \$24,800	b	Charitable contributions if you take											
 Head of household, 	С	Add lines 10a and 10b. These are	•	-				• •	• •	•	► <u>10</u>		
\$18,650	11	Subtract line 10c from line 9. This	-	-	•						► <u>11</u>		59,920.
 If you checked any box under 	12	Standard deduction or itemized				,							24,800.
Standard Deduction,	13	Qualified business income deduct											
see instructions.	14	Add lines 12 and 13										1	24,800.
	15	Taxable income. Subtract line 14	trom lin	e 11. lf z	zero or les	s, ente	er-0			•	. 15	<u> </u>	35,120.

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

Form **1040** (2020)

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		. 1	6 3	,820.
	17	Amount from Schedule 2, lin	ne3					. 1	7	
	18	Add lines 16 and 17						. 1	8 3	,820.
	19	Child tax credit or credit for	other dependen	ts				. 1	9 2	,500.
	20	Amount from Schedule 3, lin	ne7					. 2	20	
	21	Add lines 19 and 20						. 2	21 2	,500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 2	2 1	,320.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .			. 2	23	0.
	24	Add lines 22 and 23. This is	your total tax					▶ 2	24 1	,320.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	3,0	31.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						. 25	5d 3	,031.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return			. 2	26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule 8	8812		28				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30	2,3	00.		
	31	Amount from Schedule 3, lir	ne 13			31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refund	able credits		▶ 3	2 2	,300.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				▶ 3	i3 5	,331.
Defund	34	If line 33 is more than line 24							4 4	,011.
Refund	35a	Amount of line 34 you want				•		· 🗌 🛛 🕄	5a 4	,011.
Direct deposit?	►b	Routing number 1 1 1				Checking	Sav	vings		
See instructions.	►d	Account number 4 8 8			3 3 1 1			Ũ		
	36	Amount of line 34 you want a				36				
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe	now			▶ 3	37	
You Owe		Note: Schedule H and Sch		-						
For details on		2020. See Schedule 3, line 1					, you ow			
how to pay, see instructions.	38	Estimated tax penalty (see in				38				
Third Party	Do	you want to allow another				? See				
Designee		structions					es. Com	olete belo	w. 🗙 No	
-		signee's		Phone				l identificati	ion	
		me 🕨		no. 🕨			number	· /		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		· · ·			Your occupation					•
	, to	ur signature		Dale	Your occupation				on PIN, enter it h	
Joint return?					SOFTWARE	ENGINEE	R	(see inst.		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion		If the IRS	S sent your spou	ise an
Keep a copy for your records.							-	Protection PIN, e	enter it here	
your records.					HOMEMAKER			(see inst.)		
		one no.	1	Email address						
Paid	Pre	eparer's name	Preparer's signat	ure		Date		ΓIN	Check if:	
Preparer	RV	SSMANIKUMARAPPANA	RVSSMANIK	UMARAPPAN	JA	03/16/2	021 PC	209033	32 Self-er	mployed
Use Only		m's name ► GLOBAL TA						Phone no	p. (646)727	1-7157
	Fir	m's address ► 2530 Pebb	le Creek L	n Cumming	g GA 30041			Firm's El	N ► 30-10)17196
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/06	/21 PRO		Form 1	040 (2020)

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SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074 2020

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.

r soc	ial security number
	Attachment Sequence No. 01

Your 210-96-6015

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,225.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	C DDE
Par	line 8	3	-6,225.
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 on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa		Schedule	1 (Form 1040) 2020

(Form 1	040)	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)											0			
Departme	tment of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041.											Attachment				
	Revenue Service (99) Go to www.irs.gov/ScheduleE for instructions and the latest information.												13			
Name(s)	shown on return										social secu	•	er			
SUDE			VANDANA DUBE							-)-96-60	-				
Part			s From Rental Real		-		-						use			
			instructions. If you are								-					
			nts in 2020 that woul			. ,										
B If "			ou file required Form								🗆	Yes	No			
1a			each property (street		, code	e)										
A	MIYAPUR H	YDERA	BAD TELANGANA	IN 500049												
B																
С																
1b	Type of Pro		2 For each rental	real estate prop	perty li	sted			Rental		onal Use	Q	JV			
	(from list be	elow)	personal use d	he number of fa ays. Check the requirements to	QJV b	ar anu ox only			Days		Days					
	1		if you meet the	requirements to enture. See inst	o file a	sa			365		0		<u> </u>			
	+				luctio	115.	B									
							С									
	of Property:						-		.							
-	le Family Resid		3 Vacation/Shor	t-Term Rental					Rental							
2 Mul	ti-Family Reside	ence	4 Commercial	Properties:	0 R0	yalties	A	s Othe	r (describe) B			С				
3		4		•	3			360.	5			0				
4					4			500.								
Expen					<u> </u>											
5					5											
6	0		nstructions)		6			150.								
7		-	nance		7			480.								
8	-				8			353.								
9					9											
10			ssional fees		10											
11	Management f	ees .			11											
12	Mortgage inter	rest pai	d to banks, etc. (see	instructions)	12											
13	Other interest.				13											
14	Repairs				14		1,'	771.								
15	Supplies				15		1,4	494.								
16					16											
17	Utilities				17		1,3	337.								
18	Depreciation e	xpense	e or depletion		18											
19	Other (list) 🕨				19											
20	Total expenses	s. Add	lines 5 through 19 .		20		6,	585.								
21			line 3 (rents) and/or													
			instructions to find c				_									
					21		-б,2	225.								
22			l estate loss after lim			,	C 0		/				```			
020			structions)		22	(25.)	(36)			
23a			eported on line 3 for eported on line 4 for				• •	23a 23b		301						
b c			eported on line 4 for eported on line 12 fo			· · · ·		23D			-					
d			eported on line 12 to			· · · ·		230 23d								
e u			eported on line 18 lo					23u		5,58	5					
24			e amounts shown or					200			24					
25		-	sses from line 21 and			-		ter tot:	al losses here	-	25 (6.2	25.)			
26			ate and royalty inco							-	(5,2				
20			V, and line 40 on p													

Supplemental Income and Loss

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

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

SCHEDULE E

(Form 1040)

Schedule E (Form 1040) 2020

-6,225.

26

OMB No. 1545-0074

_	8867	Paid Preparer's Due Diligence Checklist		OMB	No. 1545	-0074							
Departm	ient of the Treasury	2020 Attachment Sequence No. 70											
	ternal Revenue Service Content Go to www.irs.gov/Form8867 for instructions and the latest information.												
	er name(s) shown on		Taxpayer identif										
SUD	eparer's name and F	DEY & VANDANA DUBEY	210-96-6	015									
	SMANIKUMARA		P0209033	2									
Part		gence Requirements	F0207033	2									
		ropriate box for the credit(s) and/or HOH filing status claimed on the return	and complete	the rel	ated Pa	arts I–V							
		ed (check all that apply).		AOTC		HOH							
1	Did you comp reasonably obt	plete the return based on information for tax year 2020 provided by the cained by you?	taxpayer or	Yes	No	N/A							
2	worksheets for AOTC workshe	claimed on the return, did you complete the applicable EIC and/or CTC, und in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions set found in the Form 8863 instructions, or your own worksheet(s) that provid and all related forms and schedules for each credit claimed?	s, and/or the	X									
3	Did you satisfy the following.	the knowledge requirement? To meet the knowledge requirement, you mus	t do both of										
		taxpayer, ask questions, and contemporaneously document the taxpayer's r at the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	esponses to										
		mation to determine that the taxpayer is eligible to claim the credit(s) and/o		X									
4	information rea	nation provided by the taxpayer or a third party for use in preparing th asonably known to you, appear to be incorrect, incomplete, or inconsistent ons 4a and 4b. If " No, " go to question 5.)	t? (If "Yes,"		X								
а	Did you make	reasonable inquiries to determine the correct, complete, and consistent inform	nation? .										
b	you asked, wh	mporaneously document your inquiries? (Documentation should include th om you asked, when you asked, the information that was provided, and the d on your preparation of the return.)	e impact the										
5	keep a copy applicable wor 8867 and any taxpayer that y	v the record retention requirement? To meet the record retention requirement of your documentation referenced in 4b, a copy of this Form 8867, a copy (ksheet(s), a record of how, when, and from whom the information used to pro- applicable worksheet(s) was obtained, and a copy of any document(s) prov- your relied on to determine eligibility for the credit(s) and/or HOH filing status	copy of any repare Form vided by the										
	the amount(s) List those doci	of the credit(s)		×									
6	credit(s) and/o	e taxpayer whether he/she could provide documentation to substantiate eliginary red to the amount (s) of any credit (s) claimed on the returned for audit?		×									
7	-	e taxpayer if any of these credits were disallowed or reduced in a previous yea e disallowed or reduced, go to question 7a; if not, go to question 8.)	ar?	×									
а	Did you compl	ete the required recertification Form 8862?											
8		is reporting self-employment income, did you ask questions to prepare a coule C (Form 1040)?											
					006								

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

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

15	Do you certify	that	all	of t	he a	ansv	vers	s on	ו thi	s F	Forn	n 8	867	are	e, to) the	e bes	t of	you	r kn	owl	edg	je, i	true	, C	orre	əct	, a	nd	Yes		No
	complete?																													X		
																		F	REV 03	/06/2	1 PRO	С							F	orm 88	67	(2020)