IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

Department of the Treasury Internal Revenue Service 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

| Taxpayer's name | | Social security num | ber | |
|--|---------------------|----------------------------|-------------|--|
| AMIT AGRAWAL | 211-77-084 | 0 | | |
| Spouse's name | Spouse's social sec | e's social security number | | |
| RUCHI AGRAWAL | 884-63-790 | 4 | | |
| Part I Tax Return Information – Tax Year Ending December 31, | 2020 (Enter | year you are au | thorizing.) | |
| 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 | 116,689. | |
| 2 Total tax | | | 9,208. | |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | 12,368. | |
| 4 Amount you want refunded to you | | 4 | 3,160. | |
| 5 Amount you owe | | 5 | | |

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

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

Taxpayer's PIN: check one box only

| | raumonze | GLUBAL | IAVES | ERO firm name | to enter or generate my PIN | E |
|-------------------|-------------|--------|-------|---------------|-----------------------------|---|
| $\mathbf{\nabla}$ | l authorize | CTODAT | TAVEC | TTC | to optor or gonorato my DIN | 1 |

| 7 | 0 | 8 | 4 | 0 | |
|------------|------------------|-----------------|-----------------|------------|----|
| Ent don | er fiv i't er | /e di nter a | gits, all ze | but ros | as |

my

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

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

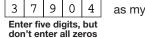
Your signature 🕨

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC ERO firm name

to enter or generate my PIN

Date



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

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

| Spouse's signature ► | Da | ate 🕨 | • | | | | | | |
|--|---------|-------|---|------|------|--------------|-------|-----|---|
| Practitioner PIN Method Returns Only—conti | | | | | | | | | |
| Part III Certification and Authentication – Practitioner PIN Metho | d Only | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selecte | ed PIN. | 5 | 8 | | | 6 all zer | 9 | 8 9 | Э |

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 🕨 | |
|-------------------|---|--------|---------------------------|
| Do | ERO Must Retain This Form — n't Submit This Form to the IRS Unle | | |
| E. D | a second second second second second second second | | Farma 9970 (Days 01 0001) |

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

REV 03/23/21 PRO

| E1040 | | artment of the Treasury-Internal Revenue Servi S. Individual Income Tax | | ⁽⁹⁹⁾ 20 | 20 | OMB No. 1545 | 5-0074 | IRS Use | e Only | —Do not v | vrite or staple | in this space. |
|--|----------|--|-----------------|---|---------------|------------------------------------|----------|------------------|--------|--------------------|-----------------|-------------------------------|
| Filing Status Check only one box. | lf yo | Single \mathbf{X} Married filing jointly u checked the MFS box, enter the n on is a child but not your dependent | ame of y | ed filing separat your spouse. If y | | | | | , | | , 0 | dow(er) (QW) he qualifying |
| Your first name | and mi | iddle initial | Last na | me | | | | | | Your so | ocial securi | ty number |
| AMIT | | | AGRA | WAL | | | | | | 211- | 77-084 | :0 |
| lf joint return, s | pouse's | s first name and middle initial | Last nai | me | | | | | | Spouse | 's social se | curity number |
| RUCHI | | | AGRA | WAL | | | | | | 884- | 63-790 | 4 |
| | | er and street). If you have a P.O. box, see SHIRE DR | instructio | ons. | | | | Apt. no. L001 | | Check | here if you | |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete s | paces below. | S | tate | ZIP co | ode | | • | | ntly, want \$3 Checking a |
| PHOENIX | | | | | Ĭ | AZ | 850 | 27 | | • | low will not | 0 |
| Foreign country | / name | | F | Foreign province/s | state/cou | inty | Foreig | n postal c | code | your ta | x or refund | l. Spouse |
| At any time du | ring 20 | 020, did you receive, sell, send, excl | nange, o | r otherwise acc | quire an | y financial intere | est in a | ıny virtu | al cu | rrency? | X Yes | No |
| Standard Deduction Age/Blindness | | eone can claim: You as a de Spouse itemizes on a separate retur Were born before January 2, 1 | n or you | | • | | rn befo | ore Janu | iary 2 | 2, 1956 | ∏ ls b | lind |
| Dependent | | | | (2) Social se | • | (3) Relations | | | | | or (see instru | uctions): |
| If more | | irst name Last name | | numbe | | to you | | Child | | | 1 | ther dependents |
| than four | ATH | IARV AGRAWAL | | 934-90- | 6461 | Son | | | | | | X |
| dependents, see instruction | VIF | RAT AGRAWAL | 067-57- | | 8298 | 298 Son | | | X | | | |
| and check here ► | | | | | | | | | | | | |
| | 1 | Wagaa adariaa tina ata Attaah | | N 0 | | | | | | . 1 | 1 | <u> </u> |
| Attach | 2a | Wages, salaries, tips, etc. Attach F Tax-exempt interest | 2a | ₩-2 | | · · · · · | | • • | · | . 1 21 | | 1,214. |
| Sch. B if | 2a 3a | · · | 2a 3a | 751. | | Taxable interes Ordinary divide | | | • | . <u>2</u> . 3k | | 887. |
| required. | 4a | | 4a | , | - ~ | Taxable amour | | • • | • | . 4k | | 007. |
| | 5a | | 5a | | - | Taxable amour | | | | . 5k | | |
| Standard | 6a | | 6a | | _ | Taxable amour | | | | . 6k | | |
| Deduction for- | 7 | Capital gain or (loss). Attach Sche | dule D if | required. If not | t require | ed, check here | | | ►□ | 7 | | 2,781. |
| Single or Married filing | 8 | Other income from Schedule 1, lin | | | • | - | | | | . 8 | _ | 12,058. |
| separately, \$12,400 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, | and 8. T | his is your tota | l incom | e | | | . | 9 | | 16,689. |
| Married filing | 10 | Adjustments to income: | | | | | | | | | | |
| jointly or Qualifying | а | From Schedule 1, line 22 | | | | 10 | a | | | | | |
| widow(er), \$24,800 | b | Charitable contributions if you take | the stan | dard deduction | . See in | structions 10 | b | | | | | |
| • Head of | с | Add lines 10a and 10b. These are | your tot | al adjustments | s to inc | ome | | | . | ▶ 10 | с | |
| household, \$18,650 | 11 | Subtract line 10c from line 9. This | is your a | adjusted gross | incom | e | | | . | ▶ 11 | 1 | 16,689. |
| If you checked | 12 | Standard deduction or itemized | deducti | ons (from Sche | edule A) | | | | | . 12 | 2 | 24,800. |
| any box under <i>Standard</i> | 13 | Qualified business income deduct | ion. Atta | ch Form 8995 (| or Form | 8995-A | | | | . 13 | | 4. |
| Deduction, see instructions. | 14 | Add lines 12 and 13 | | | | | | | | | ۱ | 24,804. |
| | 15 | Taxable income. Subtract line 14 | from lin | e 11. If zero or | less, en | ter -0 | | | | . 15 | 5 | 91,885. |

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

Form **1040** (2020)

| Form 1040 (2020 | D) | | | | | | | | | Page 2 |
|--------------------------------------|----------|---|--------------------------|----------------------|-------------------|-----------|--------------|----------------------|-------------|--|
| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 8814 | 4 2 4972 | 3 | | | 16 | 11,708. |
| | 17 | Amount from Schedule 2, lin | e3 | | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 11,708. |
| | 19 | Child tax credit or credit for | other dependen | ts | | | | | 19 | 2,500. |
| | 20 | Amount from Schedule 3, lin | e7 | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | 21 | 2,500. |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | | 22 | 9,208. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 10 . | | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | . 🕨 | 24 | 9,208. |
| | 25 | Federal income tax withheld | from: | | | | | | | |
| | а | Form(s) W-2 | | | | 25a | 12 | ,368 | • | |
| | b | Form(s) 1099 | | | | 25b | | 0 | | |
| | с | Other forms (see instructions | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 12,368. |
| • If you have a | 26 | 2020 estimated tax payment | s and amount a | pplied from 20 | 19 return | | | | 26 | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | | | 27 | | | | |
| If you have | 28 | Additional child tax credit. A | ttach Schedule | 3812 | | 28 | | | | |
| nontaxable combat pay, | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | | |
| see instructions. | 30 | Recovery rebate credit. See | instructions . | | | 30 | | | | |
| | 31 | Amount from Schedule 3, lin | e13 | | | 31 | | | | |
| | 32 | Add lines 27 through 31. The | ese are your tota | al other payme | ents and refund | lable cr | edits | . Þ | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | . 🕨 | ► <u>33</u> | 12,368. |
| Refund | 34 | If line 33 is more than line 24 | , subtract line 2 | 4 from line 33. | This is the amou | unt you | overpaid | | 34 | 3,160. |
| | 35a | Amount of line 34 you want | | | is attached, che | eck here | | | 35a | 3,160. |
| Direct deposit? | ►b | Routing number 0 5 2 | | | ► c Type: [| Checl | king 🗌 | Saving | s | |
| See instructions. | ►d | Account number 4 4 6 | 0 2 9 2 | 2 0 1 5 | 5 3 8 | | _J | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2021 estimate | ed tax 🕨 | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24 | . This is the amo | ount you owe | now | | | . 🕨 | 37 | |
| You Owe | | Note: Schedule H and Sch | edule SE filers, | line 37 may n | ot represent all | of the | taxes you | owe fo | or | |
| For details on how to pay, see | | 2020. See Schedule 3, line 1 | | | | | i. | | | |
| instructions. | 38 | Estimated tax penalty (see in | | | | | | | | |
| Third Party | | you want to allow another | | | | | | | | N |
| Designee | | structions | | | | . 🕨 | Ves. Co | • | | X No |
| | | signee's ne ► | | Phone no. | | | | onal ide oer (PIN | ntification | |
| Sign | | der penalties of perjury, I declare t | hat I have examine | | l accompanying sc | hedules : | | , | / | t of my knowledge and |
| Sign | | ief, they are true, correct, and com | | | | | | | | |
| Here | Yo | ur signature | | Date | Your occupation | | | | | nt you an Identity |
| | k | | | | | | | | | IN, enter it here |
| Joint return? | | | | - | SOFTWARE | | NEER | | ee inst.) 🕨 | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, k | ooth must sign. | Date | Spouse's occupa | ation | | | | nt your spouse an ection PIN, enter it here |
| your records. | | | | | HOMEMAKER | 2 | | | ee inst.) 🕨 | |
| | Ph | one no. | | Email address | | | | | | |
| | | eparer's name | Preparer's signat | | | Date | | PTIN | | Check if: |
| Paid | RV | SSMANIKUMARAPPANA | RVSSMANIK | UMARAPPAN | JA | 03/2 | 27/2021 | P020 | 90332 | Self-employed |
| Preparer | | n's name ► GLOBAL TAX | | | | 1.27 | | | | 646)727-7157 |
| Use Only | | m's address ► 2530 Pebb. | | n Cummin | q GA 30041 | | | | rm's EIN 🕨 | · · · |
| Go to www.irs.go | | n1040 for instructions and the late | | | BAA | | 03/23/21 PRC | | | Form 1040 (2020) |
| | | | | | | | | | | |

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

BAA

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

| OMB No. 1545-0074 |
|--------------------------------------|
| 2020 |
| Attachment Sequence No. 01 |

Name(s) shown on Form 1040, 1040-SR, or 1040-NRYour social security numberAMIT & RUCHI AGRAWAL211-77-0840Part LAdditional Income

| _ r ai | | | |
|------------|--|---------|----------------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2 a | 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 | -12,105. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ► <u>Substitute Payment from 1099-Misc</u> 47. | 8 | 47. |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -12,058. |
| Par | t II Adjustments to Income | | |
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| b | Recipient's SSN | | |
| С | Date of original divorce or separation agreement (see instructions) | | |
| 19 | | 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 03/23/21 PRO | Schedul | e 1 (Form 1040) 2020 |

SCHEDULE D

(Form 1040)

Capital Gains and Losses

0-NB 20

Department of the Treasury Internal Revenue Service (99) Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/ScheduleD for instructions and the latest information.
 Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Sequence No. **12**

OMB No. 1545-0074

20

Name(s) shown on return

AMIT & RUCHI AGRAWAL

Your social security number

211-77-0840

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

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

| lines This | instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss fi Form(s) 8949, Pa line 2, column | rom art I, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|---|---|--|--|---------------|---|
| | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | (9) | |
| 1b | Totals for all transactions reported on Form(s) 8949 with Box A checked | 7,290. | 4,953. | | 2. | 2,339. |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | |
| 4 | Short-term gain from Form 6252 and short-term gain or (| oss) from Forms 4 | 684, 6781, and 88 | 324 | 4 | |
| 5 | Net short-term gain or (loss) from partnerships, Schedule(s) K-1 | | | | 5 | |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | | | () |
| 7 | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise | • | · / · | | 7 | 2,339. |

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

| See instructions for how to figure the amounts to enter on the lines below. | | (d) Proceeds | (e) Cost | (g) Adjustmen to gain or loss | | (h) Gain or (loss) Subtract column (e) from column (d) and |
|--|--|------------------------|------------------|--|----------|--|
| | form may be easier to complete if you round off cents to e dollars. | (sales price) | (or other basis) | Form(s) 8949, I line 2, colum | Part II, | combine the result with column (g) |
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | | |
| 8b | Totals for all transactions reported on Form(s) 8949 with Box D checked | 8,546. | 8,105. | | 1. | 442. |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked. | | | | | |
| 11 | 11 | | | | | |
| 12 | dule(s) K-1 | 12 | | | | |
| 13 | 13 | | | | | |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | | | () |
| 15 | 15 | 442. | | | | |

| Part | III Summary | | |
|------|---|----|--------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | 2,781. |
| | • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. | | |
| | • If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. | | |
| | • If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | | |
| 17 | Are lines 15 and 16 both gains? X Yes. Go to line 18. | | |
| | No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | 19 | |
| 20 | Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. | | |
| | □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: | | |
| | The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) | 21 | () |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? | | |
| | ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. | | |
| | □ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | |

REV 03/23/21 PRO

Schedule D (Form 1040) 2020

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

► Go to www.irs.gov/Form8949 for instructions and the latest information.

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

2020 Attachment Sequence No. 12A

| Name(s) shown on return | Social security number or taxpayer identification number |
|-------------------------|--|
| AMIT & RUCHI AGRAWAL | 211-77-0840 |
| | |

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

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

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

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

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

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

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

| 1 (a) | escription of property Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis. See the Note below | If you enter an enter a co | f any, to gain or loss . amount in column (g), ode in column (f). arate instructions. | (h) Gain or (loss). Subtract column (e) | |
|---|--|--------------------------------|-------------------------------------|---|-------------------------------------|--|--|--|
| (Example: 100 sh. XYZ Co.) | | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g) | |
| ACORNS SECURITIES LLC | Various | 08/28/20 | 3,495. | 3,277. | W | 2. | 220. | |
| COINBASE | Various | 08/28/20 | 3,795. | 1,676. | | | 2,119. | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C | al here and inc is checked), lir | lude on your 1e 2 (if Box B | 7,290. | 4,953. | | 2. | 2,339. | |

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

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

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side AMIT & RUCHI AGRAWAL

Social security number or taxpayer identification number 211-77-0840

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

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

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

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

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

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

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

| 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | If you enter an enter a c | f any, to gain or loss. amount in column (g), ode in column (f). parate instructions. (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|--|--|--|------------------------------|--|---|
| ACORNS SECURITIES LLC | Various | 08/28/20 | 8,543. | 8,103. | W | 1. | 441. |
| APEX CLEARING | Various | 01/06/20 | 3. | 2. | | | 1. |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ► | | 8,546. | 8,105. | | 1. | 442. | |

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

| SCHEDULE | Ε |
|-------------|---|
| (Form 1040) | |

Department of the Treasury

Internal Revenue Service (99)

Supplemental Income and Loss

OMB No. 1545-0074 20

20

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

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

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

Attachment Sequence No. 13

| Name(3) | shown on return | Your social security number | | | | | | | | | |
|-------------|--|-----------------------------|--------------|----------|--------------|---------------------|--------|----|---------|-----|--|
| | & RUCHI AGRAWAL | | 211-77-0840 | | | | | | | | |
| Part | Income or Loss From Rental Real Estate and Ro Schedule C. See instructions. If you are an individual, rep | - | | • | | | • • | | | e | |
| A Did | you make any payments in 2020 that would require you to | file F | orm(s) 1 | 099? S | See instr | uctions . | | | Yes 🛛 N | 10 | |
| | Yes," did you or will you file required Form(s) 1099? | | | | | | | | | | |
| 1a | Physical address of each property (street, city, state, ZIF | o code | e) | | | | | | | | |
| A | MIYAPUR HYDERABAD TELANGANA IN 500049 | | | | | | | | | | |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| 1b | Type of Property (from list below) 2 For each rental real estate prop above, report the number of fa | | | | | | | | QJV | QJV | |
| Α | personal use days. Check the if you meet the requirements to | QJV b | pox only | Α | | 365 | - | 0 | | | |
| B | qualified joint venture. See inst | ructio | is a ins. | B | | 303 | | | | | |
| C | + | | - | C | | | | | | | |
| | f Property: | | | U | | | | | | | |
| | le Family Residence 3 Vacation/Short-Term Rental | 5 1 0 | nd | | 7 Self-l | Dontol | | | | | |
| | | | | | | | | | | | |
| ncom | i-Family Residence 4 Commercial e: Properties: | 0 60 | yalties | | 8 Uthe | r (describe) | | | С | | |
| | | | | Α | F 0 0 | В | | | C | | |
| 3 | Rents received | 3 | | | 500. | | | | | | |
| 4 5×n on | Royalties received | 4 | | | | | | | | | |
| Expen | | - | | | | | | | | | |
| 5 | Advertising | 5 | | | 1.0.0 | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | 120. | | | | | | |
| 7 | Cleaning and maintenance | 7 | | | 560. | | | | | | |
| 8 | Commissions | 8 | | | 500. | | | | | | |
| 9 | Insurance | 9 | | | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | 650. | | | | | | |
| 11 | Management fees | 11 | | | 425. | | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | | | |
| 13 | Other interest | 13 | | | | | | | | | |
| 14 | Repairs | 14 | | 2, | 450. | | | | | | |
| 15 | Supplies | 15 | | 2, | 670. | | | | | | |
| 16 | Taxes | 16 | | | 380. | | | | | | |
| 17 | Utilities | 17 | | 2, | 850. | | | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | | | | | | |
| 19 | Other (list) | 19 | | | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 12, | 605. | | | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 01 | | -12, | 105 | | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | 21 22 | (| | | (| | | | | |
| 23a | on Form 8582 (see instructions) | | | | 23a (105.) | 1 | 500. | /\ | | | |
| | Total of all amounts reported on line 4 for all royalty prop | | | • • | | | 500. | | | | |
| b | Total of all amounts reported on line 4 for all properties | | | | 23b | | | | | | |
| c d | | | • • | | 23c | | | | | | |
| d | Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties | | | | 23d | 1 | 2 605 | - | | | |
| e | | | | | 23e | 1 | 2,605. | | | | |
| 24 | Income. Add positive amounts shown on line 21. Do no | | | | | | . 24 | (| 10 10 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate | | | | | | | (| 12,105 | э. | |
| 26 | Total rental real estate and royalty income or (loss). (here. If Parts II, III, IV, and line 40 on page 2 do not | apply | to you | , also (| enter th | is amount | on | | 10.14 | 0 5 | |
| | Schedule 1 (Form 1040), line 5. Otherwise, include this ar | nount | t in the t | otal on | line 41 | on page 2 -12,10 | . 26 | | -12,10 | J5. | |

For Paperwork Reduction Act Notice, see the separate instructions.

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

| • | Go to | S 14/14/14/ | ire any | /Earm900 | 5 for | instructions | and the | Intoct | information. |
|---|---------------|--------------|---------|-------------|-------|--------------|---------|--------|--------------|
| | G U II |) ////////// | 115.000 | / FUI 11033 | 5 101 | manuchona | | alesi | innormation. |

OMB No. 1545-2294

Name(s) shown on return AMIT & RUCHI AGRAWAL Your taxpayer identification number 211-77-0840

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

| 1 | (a) Trade, business, or aggregation name | (b) Taxpayer identification number | | Qualified business income or (loss) |
|----------|--|------------------------------------|----|-------------------------------------|
| i | | | | |
| ii | | | | |
| iii | | | | |
| iv | | | | |
| v | | | | |
| 2 | Total qualified business income or (loss). Combine lines 1i through 1v, column (c) | 2 | | |
| 3 4 | Qualified business net (loss) carryforward from the prior year | 3 () 4 | | |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | 5 | |
| 6 | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) | 6 18. | | |
| 7 | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year | 7 () | | |
| 8 | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 18. | | |
| 9 | REIT and PTP component. Multiply line 8 by 20% (0.20) | | 9 | 4. |
| 10 | Qualified business income deduction before the income limitation. Add lines 5 and | 1 | 10 | 4. |
| 11 12 | Taxable income before qualified business income deduction | 1191,889.121,193. | | |
| 12 | Subtract line 12 from line 11. If zero or less, enter -0 | 1 | | |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 14 | 18,139. |
| 15 | Qualified business income deduction. Enter the lesser of line 10 or line 14. Also the applicable line of your return | enter this amount on | 15 | 4. |
| 16 | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than | | 16 | (0.) |
| 17 | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0 | nd 7. If greater than | 17 | (0.) |
| For Pri | | 23/21 PRO | | Form 8995 (2020) |

| Form 88667 Department of the Treasury Internal Revenue Service | | Paid Preparer's Due Diligence Checklist | OMB | 5-0074 | | |
|---|---|--|--|-------------------|-------------------|------------------|
| | | Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC) Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing S | and | 2 | 02 | 0 |
| | | To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040- Go to www.irs.gov/Form8867 for instructions and the latest information | PR, or 1040-SS. | Attach Seque | nment ence No. | 70 |
| Taxpay | er name(s) shown or | n return | Taxpayer identi | fication n | umber | |
| AMI | T & RUCHI A | AGRAWAL | 211-77-0 | 840 | | |
| Enter pr | reparer's name and | PTIN | | | | |
| | SMANIKUMARA | | P0209033 | 2 | | |
| Part | | igence Requirements | | | | |
| | | propriate box for the credit(s) and/or HOH filing status claimed on the return ned (check all that apply). | | e the rel AOTC | | arts I–V HOH |
| 1 | Did you com | olete the return based on information for tax year 2020 provided by the | e taxpayer or | Yes | No | N/A |
| | reasonably ob | tained by you? | | X | | |
| 2 | | 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 instruction | | | | |
| | | eet found in the Form 8863 instructions, or your own worksheet(s) that provi | des the same | | | |
| | | nd all related forms and schedules for each credit claimed? | | X | | |
| 3 | the following. | y the knowledge requirement? To meet the knowledge requirement, you mu | | | | |
| | | e taxpayer, ask questions, and contemporaneously document the taxpayer's nat the taxpayer is eligible to claim the credit(s) and/or HOH filing status. | responses to | | | |
| | | mation to determine that the taxpayer is eligible to claim the credit(s) and/ o figure the amount(s) of any credit(s) | • | X | | |
| 4 | information re | mation provided by the taxpayer or a third party for use in preparing t asonably known to you, appear to be incorrect, incomplete, or inconsiste ons 4a and 4b. If " No ," go to question 5.) | nt? (If "Yes," | | X | |
| а | • | reasonable inquiries to determine the correct, complete, and consistent info | | | | |
| b | • | emporaneously document your inquiries? (Documentation should include t | | | | |
| IJ | you asked, wh | nom you asked, when you asked, the information that was provided, and the one your preparation of the return.) | ne impact the | | | |
| 5 | keep a copy applicable wo 8867 and any taxpayer that | y the record retention requirement? To meet the record retention requirement of your documentation referenced in 4b, a copy of this Form 8867, a rksheet(s), a record of how, when, and from whom the information used to applicable worksheet(s) was obtained, and a copy of any document(s) pro- you relied on to determine eligibility for the credit(s) and/or HOH filing statu- of the credit(s) | copy of any prepare Form ovided by the | X | | |
| | () | uments provided by the taxpayer, if any, that you relied on: | | | | |
| 6 | Did you ask th | ne taxpayer whether he/she could provide documentation to substantiate eli | aibility for the | | | |
| J | credit(s) and/o | or HOH filing status and the amount(s) of any credit(s) claimed on the related for audit? | turn if his/her | X | | |
| 7 | Did you ask th | e taxpayer if any of these credits were disallowed or reduced in a previous y | ear? | × | | |
| | • | re disallowed or reduced, go to question 7a; if not, go to question 8.) | | | | |
| а | | lete the required recertification Form 8862? | | | | |
| 8 | If the taxpayer | r is reporting self-employment income, did you ask questions to prepare a due C (Form 1040)? | complete and | | | |
| For Pa | | ion Act Notice, see separate instructions. REV 03/23/21 PRO | | F | orm 886 | 67 (2020) |

| Form 8867 (2020) Page 2 | | | | | | | |
|-------------------------|--|-----------|------------|---------|--|--|--|
| Part | Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go | | 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 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? | × | | | | | |
| Part | IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC | | Part V | /.) | | | |
| 13 | Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC? | alified | Yes | No | | | |
| Part | | s, go t | o Part ' | VI.) | | | |
| 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 | OH filir | ng | | | |
| | 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 checkl credit(s) claimed and HOH filing status, if claimed; | ist for a | iny app | licable | | | |
| | C. Submit Form 8867 in the manner required; and | | | | | | |
| | D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention. | 67 instr | uctions | under | | | |
| | 1. A copy of this Form 8867. | | | | | | |
| | 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed. | | | | | | |
| | Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s). | 's eligit | oility for | the | | | |
| | A record of how, when, and from whom the information used to prepare this form and the applica obtained. | ble wor | ksheet(| s) was | | | |
| | 5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount 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 taxpayer's eligibility for taxpayer's eligibility for taxpayer's eligibility for taxpayer's eligibility for taxpayer's eligibili | | | | | | |
| | 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 | | | |

X Form 8867 (2020)

REV 03/23/21 PRO

Arizona Form

E-file Signature Authorization

2020

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

| Your First Name and Initial | Last Name | | Your Social Security Number* | | | |
|---|-----------|-----------------|-------------------------------|--|--|--|
| AMIT | AGRAWAL | Enter | 211 77 0840 | | | |
| Your Spouse's First Name and Initial (if filed joint) | Last Name | your SSN(s). | Spouse's Social Security No.* | | | |
| RUCHI | AGRAWAL | 0011(3). | 884 63 7904 | | | |
| *Do Not Truncate | | | | | | |

PART 1 – PURPOSE

• To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.

• To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

| PART 2 – TAX RETURN INFO | RMATION | | PART 3 – FINANCIAL IN | NSTITUTION INFORMATION |
|---|-------------------------|-------|---------------------------|-------------------------------------|
| | | | Must be present when rec | questing direct debit or deposit. |
| 1 Arizona Adjusted Gross Income | 116,689 <mark>00</mark> | | Foreign Account Depo | osit/Debit: See instructions below. |
| 2 Balance Of Tax | 2,460 00 | | TYPE OF ACCOUNT | |
| 3 Arizona Income Tax Withheld | 2,448 00 | | 🔲 Checking 🔲 Saving | gs |
| Check box 4 <u>or</u> box 5: | | | ACCOUNT NUMBER | |
| 4 REFUND: Enter the amount of | ^r refund | 00 | | |
| 5 AMOUNT YOU OWE: Enter the amount owed | | 12 00 | DIRECT DEBIT REQUEST DATE | \$ |

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, *you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.*

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- **6a** I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- **6b** I do not want direct deposit of my refund or I am not receiving a refund.
- **6c** I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2021, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2020. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

| ERE | → | | |
|--------------|---|--------------------------------|------|
| SE SIGN HERE | → | YOUR PEN AND INK SIGNATURE | DATE |
| PLEASE | | SPOUSE'S PEN AND INK SIGNATURE | DATE |

| THE RETURN. | | | Arizona Form 140 | Resident | | | | | FOR CALENDAR | - | |
|---|----------------|------------------------------------|---|---|----------------|--------------------------------------|--------------------|---------------------------------------|------------------------|--|--|
| RE | 82F | | Check box 82F f filing under extensio | n OR FISCAL YEAR BEG | SINNING | | 2,0,2,0 | | G | | 66F |
| 퓓 | _ | Your First Name and Middle Initial | | | | ist Name | | Ent | er | r Social Secur | ity Number |
| 2 | 1 | AMI | | | | GRAWAL | | you | 2 | <u>11 77 </u> | 0840 |
| IS 1 | 1 | • | | e Initial (if box 4 or 6 checked) | | ist Name | | SSI | N(S). | use's Social S | • |
| N N N | | RUC | CHI nt Home Address - numbe | r and street rural route | AC | GRAWAL | Apt. No. | Da | | $\frac{34}{63}$ 63 e (with area c | 7904 ode) |
| ΥIT | 2 | | 29 W YORKSHIRE D | , | | | 1001 | | (443)57 | | 540) |
| ANY ITEMS TO | | | Fown or Post Office | State | | ZIP Code | | | | ur Prior Year(s) | (if different) |
| | 3 | PHO | DENIX | AZ | | 85027 | | | | | 97 |
| DO NOT STAPLE | FILINGSTATUS | 4 5 | Married filing joint re Head of household. | turn 4a Injured Spouse Enter name of qualifying child or o | | | verpayment | REVENUE USE | E ONLY. DO N | IOT MARK IN T | HIS AREA. |
| DO N | FILIN | 6 7 | Married filing separaSingle | te return. Enter spouse's name a | and Social | Security Numb | per above. | | | | |
| | | | | laimed. Do not put a check | mark. | | | | | | |
| | ٩ | 8 | Age 65 or over (you | | | nd 11a, also con and 10b, also co | | 81 PM | | 80 RCVD | |
| | and 10b | 9 10a | Blind (you and/or sp 2 Dependents: Under | ouse) | | s: Age 17 and | | 01 | | 00 | |
| | | 11a | Qualifying parents a | | | | | | | | |
| | ts 1 | | (Box 10a and 10b): De | pendent Information. See inst | tructions. | For more s | pace, check t | he box 🗌 an | d complete | page 4, Part | 1. |
| | Dependents 10a | | | (a) D LAST NAME ourself or spouse.) | SOCIALS | (b) SECURITY NO. | (c) RELATIONSHI | (d) P NO. OF MONTI LIVED IN YOU | | d in: this pe | (f) ou did not claim erson on your |
| | | | (, | | | | | HOME IN 202 | 0 1 (Box 10a) (| 2 educa | l return due to tional credits |
| | 11a | 10c | ATHARV | AGRAWAL | 934-9 | 0-6461 | Son | 12 | X | | |
| | and | 10d | VIRAT | AGRAWAL | 067-5 | 7-8298 | Son | 12 | | | |
| | 8, 9, | 10e | | | | | | | | | |
| after Form 140. | Exemptions | | FIRSTAN | arents and grandparents. See (a) D LAST NAME ourself or spouse.) | | ons. For Mol (b) SECURITY NO. | (c) RELATIONSHI | (d) | HS IF AGE IR OVI | 65 OR 🖌 I | (f) F DIED IN 2020 |
| ter | | 11b | | | | | | | | | |
| saf | | 11c | | | | | | | | 110 | |
| ents | | | | income (from your federal re | | | | | | 116, | .689 <u>00</u> 00 |
| m | s | | | terest tment. See instructions | | | | | | | 00 |
| 001 | Additions | | | | | | | | | | 00 |
| èr d | Adc | 16 | Net capital (loss) derived | from the exchange of legal ter | nder: See | instructions | | | 16 | | 00 |
| the | | | | e: Complete Adjustments to A | | | | - | | | 00 |
| oro | _ | | | bugh 17 and enter the total | | | | | <u>18</u> 2,781 00 | | 689 00 |
| es | | | | oss). See instructionsal gain or (loss). See instructions | | | | | 2,339 00 | 1 | |
| qul | | | | gain or (loss). See instructions | | | | | 442 00 | 1 | |
| che | | | | from assets acquired after De | | | | | 0 00 | | |
| Z S(| | | | 25) and enter the result | | | | | | | 0 00 |
| ЧP | | 24 This b | <u>Net capital gain derived fr</u> box may be blank or may cont | om investment in qualified sm ain a printed barcode of data from | all busine | | | | | | 00 |
| an | su | | er fan Sen Ser Kenter fan Sen ser | ensing kanalarahan kanalar | <u>ékina</u> i | | apital yain ex | change of lega | | | 00 |
| ral | Subtractions | | | | | | | na depreciatio e adjustment | | | 00 |
| ede | ubtra | l i i | | | 的制度 | | | ligations | | | 00 |
| d fe | งิ | | | , | î rint I | | | tate or local govt. | | | 00 |
| lire | | | | | REBACI | | | ervices retired/reta | | | 00 |
| equ | | | | | | | | r Railroad Retire | | | 00 |
| л r | | | | | NKK I | | - | merican Indiar | | | 00 |
| an | | | | | | | | an active service adjustment | | | 00 |
| Place any required federal and AZ schedules or other docume | | | אין איז | an ar ann ann ann tar thr thrù aibh dhiùt 'a Palbh | | | | College Savings | | | 00 |
| P | | 400- | 2 40 440 (00) | | | 35 Subtr | act lines 23 thro | ugh 34 from line | 18 35 | 116, | 689 00 |
| | | ADOR | ^{R 10413 (20)} 1555 | | AZI | Form 140 (20 | i∠U) | REV | 03/17/21 PRO | | Page 1 of 5 |

| | Your | Name (as shown on page 1) | Your Social Security Nu | umber | | |
|--|------|--|--------------------------------|--------------|--------------------|-----|
| | АМІ | T & RUCHI AGRAWAL | 211-77-0840 | | | |
| | | | | a a [| | 00 |
| | 36 | Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on | | | 116 600 | 00 |
| | 37 | Subtract line 36 from line 35 and enter the difference | | | 116,689 | |
| ons | 38 | Age 65 or over: Multiply the number in box 8 by \$2,100 | | | | 00 |
| Exemptions | 39 | Blind: Multiply the number in box 9 by \$1,500 | | | | 00 |
| xen | 40 | Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300 | | | 00 | |
| ш | 41 | Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000 | | | 116 600 | 00 |
| | 42 | Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0" | | | 116,689 | - |
| | 43 | Deductions: Check box and enter amount. See instructions | | | 24,800 | |
| | 44 | If you checked box 43 S and claim charitable deductions, check 44 C Complete page 3. See inst | | | 01 000 | 00 |
| | 45 | Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0" | | | 91,889 | 1 |
| of Tax | 46 | Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables | | | 2,660 | |
| e of | 47 | Tax from recapture of credits from Arizona Form 301, Part 2, line 31 | | | 0.660 | 00 |
| Balance | 48 | Subtotal of tax: Add lines 46 and 47 and enter the total | | | 2,660 | 1 |
| Bal | 49 | Dependent Tax Credit. See instructions | | | 200 | |
| | 50 | Family income tax credit (from the worksheet - see instructions) | | | | 00 |
| | 51 | Nonrefundable Credits from Arizona Form 301, Part 2, line 61 | | | 0.460 | 00 |
| | 52 | Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than | | | 2,460 | 1 |
| T (0 | 53 | 2020 AZ income tax withheld | | | 2,448 | 1 |
| Total Payments and Refundable Credits | 54 | 2020 AZ estimated tax payments 54a 00 Claim of Right 54b | | | | 00 |
| e Cr | 55 | 2020 AZ extension payment (Form 204) | | | | 00 |
| ayn | 56 | Increased Excise Tax Credit (from the worksheet - see instructions) | | | | 00 |
| efun | 57 | Property Tax Credit from Arizona Form 140PTC | | | | 00 |
| μĸ | 58 | Other refundable credits: Check the box(es) and enter the total amount | | | 2 440 | 00 |
| | 59 | Total payments and refundable credits: Add lines 53 through 58 and enter the total | | | 2,448 | |
| Tax Due or Overpayment | 60 | TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip lin | | | 12 | 1 |
| Tax Due or Verpaymen | 61 | OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpare | | | | 00 |
| Dver | 62 | Amount of line 61 to be applied to 2021 estimated tax | | | | 00 |
| | 63 | Balance of overpayment: Subtract line 62 from line 61 and enter the difference | | | | 00 |
| Voluntary Gifts | 64 | - 74 Voluntary Gifts to: Assigned to Schools | | 1 | | |
| ≧ | | Child Abuse Prevention | | - | | |
| unte | | Neighbors Helping Neighbors 69 00 Special Olympics 70 00 Veterans' Donations I Didn't Pay Enough Fund | | 1 | | |
| Noli | | | _ | | | |
| ~ | | Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian | 753 Republican | | | 00 |
| enalty | | Estimated payment penalty | | . 76 | | 00 |
| Pel | 77 | 771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included | | | | 00 |
| | | Add lines 64 through 74 and 76; enter the total | | . 78 | | 00 |
| ed | 79 | REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80 Direct Deposit of Refund: <i>Check box 79A</i> if your deposit will be ultimately placed in a foreign account ; see | | . 79 | | 00 |
| 0 M | | C Checking or ROUTING NUMBER ACCOUNT NUMBER | | | | |
| efur | | 98 S Savings | | | | |
| Refund or Amount Owed | 80 | AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write | your SSN on payment; | | | |
| | | and include with your return | | 80 | 12 | 00 |
| | | Under penalties of perjury, I declare that I have read this return and any documents with it, and to | the best of my know | wledge | and belief, they a | are |
| | | true, correct and complete. Declaration of preparer (other than taxpayer) is based on all informat | | | | |
| ш | → | | | | | |
| HERE | L | | OFTWARE ENGI | NEER | - | |
| Ī | | YOUR SIGNATURE DATE O | CCUPATION | | | |
| Z | € | TT | | | | |
| SIGN | | | OMEMAKER POUSE'S OCCUPATION | | | — |
| ш | | RVSSMANIKUMARAPPANA 03272021 GLOBAL TAXES LI | | | | |
| EASE | | PAID PREPARER'S SIGNATURE DATE GLOBAL TAXES L. | | | | — |
| E | | 2530 Pebble Creek Ln | 30-1017 | 196 | | |
| Ч | | PAID PREPARER'S STREET ADDRESS | PAID PREPAR | | 1 | — |
| | (| Cumming GA 30041 | (646)72 | 27-72 | 157 | |
| | | PAID PREPARER'S CITY STATE ZIP CODE | | | ONE NUMBER | — |
| | _ | | | | | |

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

| Your Name (as shown on page 1) | Your Social Security Number |
|--------------------------------|-----------------------------|
| AMIT & RUCHI AGRAWAL | 211-77-0840 |

2020 Form 140 Dependent and Other Exemption Information

Include page 4 with your return if:

• You are listing additional dependents (for box 10a and 10b) from page 1.

• You are listing additional qualifying parents and grandparents (for box 11a) from page 1.

• You are claiming Other Exemptions on page 2, line 40.

Part 1: Dependents (Box 10a and 10b) continued from page 1

Information used to compute your allowable **Dependent Tax Credit** on page 2, line 49. **NOTE:** If you have more than three qualifying dependents, you **must** complete Part 1 and the worksheet in the instructions, to compute your Dependent Tax Credit on line 49.

| [| (a) | (b) | (c) | (d) | (e | e) | (f) |
|-------------|--|-----|-----|--|------------------------------|----------------|---|
| | FIRST AND LAST NAME (Do not list yourself or spouse.) | | | NO. OF MONTHS LIVED IN YOUR HOME IN 2020 | ✓ Dependent Age included in: | | ✓ IF YOU DID NOT CLAIM THIS PERSON ON YOUR FEDERAL RETURN DUE TO |
| | | | | | 1 (Box 10a) | 2 (Box 10b) | EDUCATIONAL |
| 10f | | | | | | | |
| 10g | | | | | | | |
| 10h | | | | | | | |
| 10i | | | | | | | |
| 10j | | | | | | | |
| 10k | | | | | | | |
| 10 | | | | | | | |
| 10m | | | | | | | |
| 10n | | | | | | | |
| 10 ° | | | | | | | |
| 10p | | | | | | | |

Part 2: Qualifying parents and grandparents (Box 11a) continued from page 1

Additional qualifying parents and grandparents information used to compute your allowable exemption on page 2, line 41.

| | | (a) | (b) | (C) | (d) | (e) | (f) | |
|-------------|--|-----|---------------------|--------------|--|------------------------|----------------------|--|
| | FIRST AND LAST NAME (Do not list yourself or spouse.) | | SOCIAL SECURITY NO. | RELATIONSHIP | NO. OF MONTHS LIVED IN YOUR HOME IN 2020 | ✓ IF AGE 65 OR OVER | ✓ IF DIED IN 2020 | |
| 11 d | | | | | | | | |
| 11 e | | | | | | | | |
| 11 f | | | | | | | | |
| 11g | | | | | | | | |
| 11h | | | | | | | | |
| 11 i | | | | | | | | |

Part 3: Other Exemptions

Information used to compute your allowable Other Exemptions on page 2, line 40.

| | (a) | (b) | (c) | | (d) |
|----|--|---------------------|--|--|------------------------------|
| | FIRST AND LAST NAME (Do not list yourself or spouse.) | SOCIAL SECURITY NO. | ✓ AGE 65 OR OVER (see instructions) | | ✓ STILLBORN CHILD IN 2020 |
| | | | C1 C2 | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

Enter the total number of individuals listed in Part 3 in box 40E on page 2, line 40.

Arizona Individual Income Tax Payment Voucher for Electronic Filing

| | Your First Name and Middle Initial | | Last Name | | Your | r Social Security | Number |
|---|--|----------------------------|-----------|----------|----------------------|------------------------------------|------------|
| 1 | AMIT | | AGRAWAL | | | 211 77 0 | 840 |
| | Spouse's First Name and Middle Initial | | Last Name | | your Spo | ouse's Social Se | curity No. |
| 1 | RUCHI | | AGRAWAL | | SSN(s). | 384 63 7 | 904 |
| | Current Home Address - number and stree | t, rural route | | Apt. No. | Daytime Phone | e (with area cod | le) |
| 2 | 2929 W YORKSHIRE DR | | | 1001 | 94 (443)5 | 78-3037 | |
| _ | City, Town or Post Office | State | ZIP Code | | REVENUE USE ONLY. DO | NOT MARK IN T | HIS AREA. |
| 3 | PHOENIX | AZ | 85027 | | 88 | | |
| | ase indicate the filing status be Married filing joint return Head of household: Enter name of qu Married filing separate return: Enter | alifying child or dependen | | above | | | |
| | Single | | | | 81 PM | 80 RCVD | 12.00 |
| | er the amount of payment en | JIUSEU | | | | \$ | 12 00 |

If you are mailing this payment

To ensure proper application of this payment, be sure that you:

- ✓ Do not send cash.
- \checkmark Make your check or money order payable to Arizona Department of Revenue.
- ✓ Write your SSN and "2020 Tax" on your payment.
- \checkmark Include your payment with this form.
- ✓ **Mail to** Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

If you are making an electronic payment

You can make this 140V payment by eCheck or credit card! American Express ♦ Visa ♦ Discover Card ♦ MasterCard

www.AZTaxes.gov

- \checkmark Click on "Make a Payment" and select "140V" as the Payment Type.
- \checkmark Do not mail this form. We will apply this payment to your account.

NOTE: To avoid interest and penalties you must pay the full amount of your tax by April 15, 2021. You will not receive an additional notice from the Arizona Department of Revenue unless an error exists with your return.