Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taxpayer's name

er s name	Social security number
HAL BHARATKUMAR PATEL	898-30-2716
's name	Spouse's social security number
AM KISHORE NAIDU	405-81-2210
Tax Return Information – Tax Year Ending December 31, 2020 (Ente	r year you are authorizing.)
whole dollars only on lines 1 through 5.	
Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
Adjusted gross income	1 79,498.
Total tax	2 6,148.
Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 9,112.
Amount you want refunded to you	4 5,905.
Amount you owe	5
	HAL BHARATKUMAR PATEL 's name AM KISHORE NAIDU I Tax Return Information — Tax Year Ending December 31, 2020 (Enter whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income

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

				FBO firm name	5 ,	E
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

	0 2 7 1 6							
	as							

1 2

2

Enter five digits, but don't enter all zeros

1

0

as mv

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

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 🕨	
	Returns Only—continue below	
Part III Certification and Authentication – Practition	er PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-	digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9	

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

ERO's signature >	Date 🕨	
	This Form — See Instructions to the IRS Unless Requested To Do So	
E. D		E 9970 (D 01 0001)

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

Date

to enter or generate my PIN

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes X No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name Immber Immber <td< th=""><th>E104(</th><th></th><th>artment of the Treasury—Internal Revenue Servi S. Individual Income Ta></th><th></th><th>⁽⁹⁹⁾ 20</th><th>20</th><th>OMB No. 1545</th><th>-0074</th><th>IRS Use Only-</th><th>—Do not v</th><th>write or staple</th><th>in this space.</th></td<>	E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		⁽⁹⁹⁾ 20	20	OMB No. 1545	-0074	IRS Use Only-	—Do not v	write or staple	in this space.	
VISHAL BHARATKUMAR PATEL 898-30-2716 If joint return, spouse's first name and middle initial Last name Spouse's social security numl SONAM KISHORE NAIDU 405-81-2210 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campa 4730 FAIRMOUNT STREET Int 8 Check here if you, or your Cht, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code DALLAS TX 75219 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse itemizes on a separate return or you were a dual-status alien Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind If more than four tan true If rax-exempt interest	Check only	lf yc	ou checked the MFS box, enter the n	ame of									
If joint return, spouse's first name and middle initial Last name Spouse's social security numi SONAM KISHORE NAIDU 405-81-2210 Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 1118 4730 FAIRMOUNT STREET 1118 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code DALLAS Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse it filling jointly, ward 5 Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse is first or (see instructions): If periodents (see instructions): (2) Social security (3) Relationship (4) €/ if qualifies for (see instructions): If more Interest Interest Interest Interest Interest Attach 2a Tax-exempt interest 2a Social se	Your first name	e and m	iddle initial	Last na	me					Your so	ocial securi	ty number	
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Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 1118 4730 FAIRMOUNT STREET 1118 Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code rspouse if filling jouintly, wart Stog to this fund. Checking box below will not change your tax or refund. DALLAS Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Debutction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Age/Blindness You: Spouse (2) Social security (3) Relationship (4) If qualifies for (see instructions): Credit for other dependent If more 11 Wages, salaries, tips, etc. Attach Form(s) W-2 Immeter Immeter Immeter Immeter Attach 2a Tax-exempt interest 2a b Taxable interest 2b <	If joint return, s	spouse's	s first name and middle initial	Last na	me					Spouse	's social se	curity number	
4730 FAIRMOUNT STREET 1118 Check here if you, or your spouse if filing jointly, want 3 to go to this fund. Checking box below. City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code DALLAS TX 75219 to go to this fund. Checking box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Yes No Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents, see instructions): (1) First name Last name (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): Image: the see instructions) If more (1) First name Last name Image: the see instructions) Image: the see instructions) Image: the see instructions) If more (1) First name Last name Image: the see instructions Image: the see i	SONAM K	ISHO	RE	NAID	U					405-	81-221	0	
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code spouse if filing jointly, wart \$ DALLAS TX 75219 by does below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes X No Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien	Home address	s (numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	vpt. no.	Preside	ential Electi	on Campaign	
City, town, or post olice. If you have a idreigh address, also complete spaces below. State ZP dode to go to this fund. Checking box below will not change your tax or refund. DALLLAS Foreign country name Foreign province/state/county Foreign postal code you is to this fund. Checking box below will not change your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes X No Standard Someone can claim: You as a dependent Your spouse as a dependent Dependents (see instructions): (2) Social security number (3) Relationship (4) If qualifies for (see instructions): If more (1) First name Last name number (3) Relationship (4) If qualifies for (see instructions): If more (1) First name Last name Image of the point dependent Image of the point dependent see instructions Image of the point interest Image of the point dependent Image of the point dependent see instructions Image of the point interest Image of the point dependent Image of the point dependent Attach 2a Tax-exempt interest Image of the point dependent Image of the point dependent Sch. B if	4730 FA	IRMO	UNT STREET					1	118				
DALLAS TX 75219 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes X No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) ✔ if qualifies for (see instructions): Credit for other dependent if more (1) First name Last name Image: see instructions) if more 1 Wages, salaries, tips, etc. Attach Form(s) W-2 Image: see instructions) Image:	City, town, or p	post offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode				
Foreign country name Foreign province/state/county Foreign postal code your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes X No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you Child tax credit Credit for other dependent dependents, see instructions): If more (1) First name Last name Image: Credit for other dependents, see instructions Image: Credit for other dependents, see instructions Image: Credit for other dependents, see instructions Attach Za Tax-exempt interest Image: Credit for other dependents Image: Credit for other dependents Attach Za Tax-exempt interest Image: Credit for other dependents Image: Credit for other dependents Attach Za Tax-exempt interest Image: Credit for other dependents Image: Credit for other dependents Image: Credit for other dependents	DALLAS					T	Х	752	19	•		0	
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Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions and check here ▶ 1 Last name 1 Credit for other dependents, see instructions and check here ▶ 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 90, 734 Attach Sch. B if required. 3a 139. b Taxable interest 3b 139. b Taxable amount. 3b 139. b Taxable amount. 3b 139.											You	Spouse	
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions and check here ▶ 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 90, 734 Attach 2a Tax-exempt interest 2a 2a 2a 2b 2c 2c 2b 2c 2b 2c 2c 2b 2c 2b 2c 2b 2c 2b 2c 2c 2b	At any time du	uring 20	020, did you receive, sell, send, excl	nange, c	or otherwise acqu	ire any	financial intere	est in a	ny virtual cu	rrency?	Yes	X No	
If more than four dependents, see instructions and check here ▶ (1) First name Last name number to you Child tax credit Credit for other dependents 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 90,734 Attach Sch. B if required. 3a 139. b Taxable interest 2b 22 4a IRA distributions 4a 139. b Taxable amount 3b 139.	Deduction		Spouse itemizes on a separate retur	n or you	ı were a dual-stat	us alier	n	rn befo	ore January 2	2, 1956	Is b	lind	
If more than four dependents, see instructions and check here ▶ (1) First name Last name number to you Child tax credit Credit for other dependents Attach 3a Tax-exempt interest 2a 1 90,734 Attach 3a 139. b Taxable interest 2b 22 b Ordinary dividends 3b 139. b Taxable amount 3b 139.	Dependent	s (see	instructions):		(2) Social secu	ritv			-		or (see instru	uctions):	
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Attach Sch. B if required.2aDescription													
Attach Sch. B if required.2aDescription		1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2		·			. 1		90,734.	
required. 3a Qualified dividends 3a 1.39. b Ordinary dividends 3b 1.39 4a IRA distributions 4a b 4b		2a	Tax-exempt interest	2a		b٦	Faxable interes	t.		2t	2	2.	
4a IRA distributions 4a b Taxable amount 4b		3a	Qualified dividends	3a	139.	b	Ordinary divide	nds .		. 3t	2	139.	
5a Pensions and annuities 5a 2,173. b Taxable amount ROLLOVER 5b 0	required.	- 4a	IRA distributions	4a			,			. 4k	2		
		5a	Pensions and annuities	5a	2,173.	b٦	raxable amoun	t	ROLLOV	ER 5k	2	0.	
Standard 6a Social security benefits 6a b Taxable amount . . 6b	Standard	6a	Social security benefits	6a		b٦	Faxable amoun	t		. 6k	5		
Deduction for 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		7	Capital gain or (loss). Attach Sche	dule D if	f required. If not re	equirec	l, check here		🕨 🗌	7		1,563.	
• Single or Married filing 8 Other income from Schedule 1, line 9	Married filing	8	Other income from Schedule 1, lin	e9.						. 8	-	12,940.	
separately, \$12,400 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total i	ncome	•)	9		79,498.	
Married filing 10 Adjustments to income:		10	Adjustments to income:										
jointly or Qualifying a From Schedule 1, line 22		a	From Schedule 1, line 22				10	а					
widow(er), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b	widow(er),	b	Charitable contributions if you take	the star	ndard deduction. S	See inst	tructions 10	b					
Head of C Add lines 10a and 10b. These are your total adjustments to income		с	Add lines 10a and 10b. These are	your tot	al adjustments t	o inco	me)	▶ 10	с		
household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income		11	Subtract line 10c from line 9. This	is your a	adjusted gross ir	ncome)	► <u>1</u> 1		79,498.	
• If you checked 12 Standard deduction or itemized deductions (from Schedule A)	 If you checked 	12	Standard deduction or itemized	deduct	ions (from Sched	ule A)				. 12	2	24,800.	
any box under Standard 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	Qualified business income deduction	ion. Atta	ach Form 8995 or	Form 8	3995-A			. 13	3		
		14									1	24,800.	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		[/] 15	Taxable income. Subtract line 14	from lin	e 11. If zero or les	s, ente	er-0			. 15	5	54,698.	

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	n(s): 1 🗌 881	4 2 4972	3 🗌			16	6,148.
	17	Amount from Schedule 2, lir	ne3						17	
	18	Add lines 16 and 17							18	6,148.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lir	ne7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	6,148.
	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	6,148.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	9,	112.		
	b	Form(s) 1099				25b				
	с	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	9,112.
• If you have a	26	2020 estimated tax payment							26	
qualifying child,	27	Earned income credit (EIC)			. No .	27				
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	3, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30	2,	941.		
	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 cre	edits	. 🕨	32	2,941.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	12,053.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	int you c	overpaid		34	5,905.
neiunu	35a	Amount of line 34 you want			is attached, che	eck here			35a	5,905.
Direct deposit?	►b	Routing number 0 7 1	9 2 1 8	9 1	► c Type: 🛛	Check	ting 🗌 S	avings		
See instructions.	►d	Account number 4 6 5	6 8 5 5	6 3 2						
	36	Amount of line 34 you want	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								
For details on how to pay, see		2020. See Schedule 3, line 1								
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS	? See				
Designee	ins	structions	· · · · ·			. 🕨 [Yes. Co	mplete k	oelow.	🗙 No
		signee's		Phone				nal identi		
		me 🕨		no. 🕨				er (PIN) 🖡		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here		ur signature		Date	1,2,7				• •	nt you an Identity
	. 10			Date						IN, enter it here
Joint return?			SOFTWARE ENGINEER			(see	(see inst.)			
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date Spouse's occupation						nt your spouse an
Keep a copy for your records.	,								tity Prote inst.) ►	ection PIN, enter it here
,					HOMEMAKER			(566	iiist.)	
		one no.	Drenera de star	Email address		D-+-		DTIN		Charletite
Paid		eparer's name	Preparer's signat			Date	C / 0001	PTIN	0000	Check if:
Preparer		SSMANIKUMARAPPANA	RVSSMANIK	UMARAPPA	NA	03/1	6/2021	P0209		Self-employed
Use Only		m's name ► GLOBAL TA		'	a					646)727-7157
		m's address ► 2530 Pebb		n Cummin	-			Firm	's EIN ▶	
Go to www.irs.go	ov/Form	m1040 for instructions and the late	st information.		BAA	REV	03/06/21 PRO			Form 1040 (2020

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SCHEDULE 1	Δ
(Form 1040)	
Department of the Treasury	

Internal Revenue Service

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Additional Income and Adjustments to Income

OMB No. 1545-0074

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

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

Sequence No. 01 ial security number
Attachment
2020

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security
VISHAL BHARATKUMAR PATEL & SONAM KISHORE NAIDU	898-30-2716

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Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
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	-12,940.
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	-12,940.
Par	line 8	5	-12,940.
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		
For Po	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	e 1 (Form 1040) 2020
u		Joneant	

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

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.

2020 Attachment Sequence No. 12

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

VISHAL BHARATKUMAR PATEL & SONAM KISHORE NAIDU

Your social security number

898-30-2716

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

Gain or (loss) (act column (e) (column (d) and (bine the result (b) column (g)
1,513.
)
1,513.

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

	instructions for how to figure the amounts to enter on the 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	450.	400.			50.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824		11			
12		. ,	12			
13	Capital gain distributions. See the instructions		13			
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	-	14	()		
15	Net long-term capital gain or (loss). Combine lines 8a				14	/ /
	on the back .				15	50.

Part	III Summary		
16	Combine lines 7 and 15 and enter the result	16	1,563.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains?		
	 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? X 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.		

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Schedule D (Form 1040) 2020

Form 8949	
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Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Internal Revenue Service

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

20 Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification numbe					
VISHAL BHARATKUMAR PATEL & SONAM KISHORE NAIDU	898-30-2716					

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.

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

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

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

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

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

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment		
Robinhood Securities LLC	Various	06/09/20	15,481.	14,809.	W	225.	897.	
Robinhood Crypto LLC	Various	11/27/20	2,054.	1,797.			257.	
Robinhood Securities LLC	Various	07/17/20	1,983.	1,624.			359.	
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 ne 2 (if Box B	19,518.	18,230.		225.	1,513.	

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)		 Attach	iment S	Sequen	ce No.	12A	F	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side VISHAL BHARATKUMAR PATEL & SONAM KISHORE NAIDU

Social security number or taxpayer identification number 898-30-2716

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</i> (e) in the separate instructions	Adjustment, if any, to gain or los If you enter an amount in column (genter a code in column (f). See the separate instructions. (f) (g) Code(s) from instructions Amount of adjustment		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
Robinhood Securities LLC	Various	07/17/20	450.	400.			50.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	lude on your ne 9 (if Box E	450.	400.			50.	

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.

SCHE		Supplemental Income and Loss											OMB No. 1545-0074				
((From	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										2	:02	0		
	ent of the Treasury	 Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. 										Attachment					
	Revenue Service (99) shown on return			0010 00	/w.ii 3.90v										Sequence No. 13		
. ,	AL BHARATK	IIMAR	PATI	ET. & S	омам к	TSHORE N								0-271	-		
Part						state and Ro		s Not	e: If vou	are in th	e business					use	
	Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.																
A Dic	A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions																
	Yes," did you o							· · ·							Yes 🗌		
1a	Physical addr	ess of e	each i	property	(street, c	city, state, ZI	code	e)									
Α	JAWAHAR N								IN 40	0062							
В																	
С																	
1b	Type of Prop		erty 2 For each rental real estate property listed Fair Rental Personal											Use	0	JV	
	(from list be	elow)		above, r	eport the	number of fa	air renta O.IV b	al and			Days		Days	6			
Α	1	low) above, report the number of fa personal use days. Check the if you meet the requirements to						sa	Α]	
В				qualified	l joint ver	nture. See ins	tructio	ns.	В								
C									С]	
	of Property:																
-	gle Family Resid					Term Rental				7 Self-							
2 Mul	ti-Family Reside	ence	4	Comme		Properties:	6 Ro	yalties		8 Othe	er (describe						
	-					•	-		Α	500		В			С		
3	Rents received						3			500.							
	Royalties recei	ived .					4										
Expen 5							5										
6	Auto and trave						6			180.							
7	Cleaning and r						-	7 1,650.									
8	Commissions.						8		,	540.							
9	Insurance						9			510.							
10	Legal and othe						10			425.							
11	Management f						11			1201							
12	Mortgage inter						12										
13	Other interest.						13		3,	500.							
14	Repairs						14		2,	450.							
15	Supplies						15		2,	520.							
16	Taxes						16			350.							
17							17		1,	825.							
18	Depreciation e	expense	e or de	epletion			18										
19	Other (list) ►						19										
20	Total expenses			-			20		13,	440.							
21	Subtract line 2																
	result is a (loss								1 0	040							
00	file Form 6198						21		-12,	940.							
22	Deductible ren on Form 8582						22	(10 (940.)	()	(,	
23a	Total of all am			,						23a	\	5	00.	()	
zsa b	Total of all am									23a		5	00.				
c	Total of all am									23c							
d	Total of all am									23d							
e	Total of all am									23e		13,4	40.				
24	Income. Add												24				
25	Losses. Add ro							-			al losses he	re.	25	(12,9	940.)	
26	Total rental re															,	
	here. If Parts																
	Schedule 1 (Fo												26		-12,	,940.	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020