

FEDERAL TAX RETURN SUMMARY 2020

	Year 2020	Year 2019	Change(\$)
Income			
Wages, salaries, tips, etc.:	\$332,430	\$329,560	\$2,870
Interest income:	\$129	\$51	\$78
Ordinary dividend income:	\$0	\$0	\$0
Refunds of state and local taxes:	\$0	\$0	\$0
Business income or (loss) (Schedule C):	\$0	\$0	\$0
Capital gain or (loss) (Schedule D):	\$0	(\$1,350)	\$1,350
Other gains or (losses) (Form 4797):	\$0	\$0	\$0
IRA distributions and pension income:	\$0	\$0	\$0
Rental real estate, partnerships, estates, etc. (Schedule E):	\$0	\$0	\$0
Farm income or (loss) (Schedule F):	\$0	\$0	\$0
Unemployment compensation:	\$0	\$0	\$0
Taxable social security income:	\$0	\$0	\$0
Other income:	\$0	\$0	\$0
Total income:	\$332,559	\$328,261	\$4,298
Adjustments			
Student loan interest deduction:	\$0	\$0	\$0
Domestic production activities deduction:	\$0	\$0	\$0
IRA contributions:	\$0	\$0	\$0
Deductible part of self-employment tax:	\$0	\$0	\$0
Self-employed health insurance:	\$0	\$0	\$0
Self-employed SEP, SIMPLE, and qualified plans:	\$0	\$0	\$0
Other adjustments:	\$0	\$0	\$0
Charitable contributions if taking standard deduction:	\$0	N/A	\$0
Total Adjustments:	\$0	\$0	\$0
Adjusted Gross Income (AGI)			
This is your total income less total adjustments:	\$332,559	\$328,261	\$4,298
Deductions			
Itemized/Standard Deductions:	\$24,800	\$24,400	\$400
Medical and dental expenses:	\$0	\$0	\$0
Taxes paid:	\$10,000	\$0	\$10,000
Interest paid:	\$0	\$0	\$0
Gifts to charity:	\$0	\$0	\$0
Casualty and theft losses:	\$0	\$0	\$0
Other miscellaneous deductions:	\$0	\$0	\$0
Qualified business income deduction:	\$0	\$0	\$0
Tax Computation			
Tax:	\$62,021	\$61,276	\$0
Alternative minimum tax:	\$0	\$0	\$0
Excess Advance Premium Tax Credit Repayment:	\$0	\$0	\$0
Other Taxes			
Self-employment tax:	\$0	\$0	\$0
Other Taxes:	\$922	\$887	\$35
Total Taxes:	\$60,943	\$62,163	(\$1,220)

Credits

We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit hrblock.com to schedule an appointment.

Child and other dependents tax credit:	\$0	\$0	\$0
Foreign tax credit:	\$0	\$0	\$0
Child Care Credit:	\$0	\$0	\$0
Other Credits:	\$0	\$0	\$0
Total Credits:	\$0	\$0	\$0

Payments

Federal income tax withheld:	\$42,041	\$55,664	(\$13,623)
Estimated payments:	\$0	\$0	\$0
Earned Income Credit:	\$0	\$0	\$0
Recovery rebate credit:	\$0	N/A	\$0
Qualified sick and family leave credit:	\$0	N/A	\$0
Deferral for certain Schedule H or Schedule SE filers:	\$0	N/A	\$0
Other Payments:	\$7,298	\$0	\$7,298
Total Payments:	\$71,233	\$55,664	\$15,569

Balance Due

Amount overpaid:	\$0	\$0	\$0
Overpayment applied to next year:	\$0	\$0	\$0
Refund:	\$0	\$0	\$0
Amount Due:	\$11,604	\$6,499	\$5,105
Penalty:	\$0	\$0	\$0

Other Computations

Marginal tax bracket:	24%
Effective tax Rate:	19%
Filing Status:	MFJ

Married Filing Jointly	Tax Bracket
\$0 - \$19,750	10%
\$19,750 - \$80,250	12%
\$80,250 - \$171,050	22%
\$171,050 - \$326,600	24%
\$326,600 - \$414,700	32%
\$414,700 - \$622,050	35%
\$622,050 or greater	37%

--\$19,750 of your income was taxed at 10%
 --\$60,500 of your income was taxed at 12%
 --\$90,800 of your income was taxed at 22%
 --\$136,709 of your income was taxed at 24%

Your effective tax rate is 19%
 You paid \$62,021 in federal income taxes

We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit hrblock.com to schedule an appointment.

The H&R Block Advantage document provides information that could help you improve your tax and financial situation, but your actual tax situation may change materially depending on future changes to the law and changes in your personal and financial circumstances. If your circumstances do change, we suggest that you review the change with your tax professional.

We stand behind our work.



Maximum Refund Guarantee¹

We'll get you the largest refund to which you're entitled or your tax preparation is free. No one can get you a bigger refund than H&R Block - guaranteed.



100% Accuracy Guarantee

If we make an error on your return, we'll pay any penalties and interest due to our error.



Tax Notice Services²

If we made an error on your tax return, we'll address the resulting letter at no additional cost.

24/7 access to your info

Log in to your personalized MyBlock account anytime, anywhere, to:

- Check your e-file return status
- View your tax returns
- Review your tax checklist
- Share tax docs with your Tax Pro
- Access your Emerald Card[®]
- Go paperless with digital docs

hrblock.com/myblock

We're here all year.

Our experienced tax pros are available by appointment to help in person all year long.

Call 800-HRBLOCK
(800-472-5625) or visit
hrblock.com to schedule
an appointment.

¹ Refund claims must be made during the calendar year in which the return was prepared. Amendment included at no additional charge.

² H&R Block will explain the position taken by the IRS or other taxing authority and assist you in preparing an audit response. Does not include in person Audit Representation.

Samir and Parita!

Here are your personalized tax tips to consider:

Optimize your withholdings to meet your financial needs

Most tax refunds occur when taxes withheld and estimated taxes paid during the year exceed your actual tax liability. A balance due is the opposite – your tax liability was more than what you paid during the year through withholding or estimated tax payments. If you expect the balance due on your 2021 tax return to be more than \$1,000 make sure you withhold at least 90% of your 2021 tax liability (or 100% of your 2020 tax liability) to avoid a penalty. You may prefer getting a bigger refund back or using that money during the year, but either result can be controlled by completing a new W-4 with your employer.

Optimize your withholdings to meet your financial needs

Most tax refunds occur when taxes withheld and estimated taxes paid during the year exceed your actual tax liability. A balance due occurs when your tax liability was more than what you paid during the year through withholding or estimated tax payments. If you expect the balance due on your 2021 tax return to be more than \$1,000 make sure you withhold at least 90% of your 2021 tax liability (or 100% of your 2020 tax liability) to avoid a penalty.

Save for college with a 529 plan

Anyone can contribute to a 529 plan for your child, including grandparents or family friends. Contributions grow and remain tax-free when used to pay for qualified educational expenses such as room and board, books and supplies. Although there is no annual limit to what you can contribute, giving more than \$15,000 to a single person has gift tax reporting implications.



Secure access to your tax documents, Emerald Card™, and much more...

- Track receipts, donations, and other tax-related items year round.
- Utilize tax tools to estimate your refund or how much you owe.
- View a personalized tax checklist to know what you'll need when it's time to file.

2021 INCOME TAX ESTIMATOR/PLANNER

SAMIR V AND PARITA S SONI
687-10-1759

Keep for Your Records

	Current 2020	Adjustments 2021	Estimated 2021
Filing status	MFJ		MFJ
INCOME:			
Wages, salaries, tips, etc.	332,430		332,430
Interest income	129		129
Ordinary dividend income (excluding Qualified Dividends)			
IRA distributions and pension income			
Taxable social security income			
Capital gain or (loss) (Schedule D) (including Qual Dividends)			
Schedule 1 Income			
Refunds of state and local taxes			
Alimony received from divorces finalized before 1/1/2020			
Business income or (loss) (Schedule C)			
Other gains or (losses) (Form 4797)			
Rental real estate, partnerships, estates, etc. (Schedule E)			
Farm income or (loss) (Schedule F)			
Unemployment compensation			
Other income			
Total income	332,559		332,559
ADJUSTMENTS:			
Schedule 1 Adjustments			
Educator expenses			
Certain business expenses of reservists, performing artist, and fee-basis government officials			
Health savings account deduction (Form 8889)			
Qualified moving expenses			
Deductible part of self-employment tax (Schedule SE)			
Self-employed SEP, SIMPLE and qualified plans deduction ..			
Self-employed health insurance			
Penalty on early withdrawal of savings			
Alimony paid on divorces finalized before 1/1/2020			
IRA deduction			
Student loan interest deduction			
Other adjustments			
Total adjustments			
ADJUSTED GROSS INCOME:	332,559		332,559
DEDUCTIONS:			
Standard deduction	24800	300	25,100
Itemized deductions:			
Medical and dental expenses			
Sales, income, and other taxes paid	10,000		10,000
Interest paid			
Gifts to charity			
Casualty and theft losses			
Other miscellaneous deductions			
Total itemized deductions	10,000		10,000
Deduction actually claimed	24,800	300	25,100
Qualified business income deduction			

2021 INCOME TAX ESTIMATOR/PLANNER

SAMIR V AND PARITA S SONI
687-10-1759

Keep for Your Records

	Current 2020	Adjustments 2021	Estimated 2021
TAX COMPUTATION (BEFORE CREDITS):			
Taxable income	307,759	-300	307,459
Tax	62,021	-189	61,832
Schedule 2 - Taxes			
Alternative minimum tax	_____	_____	_____
Excess advance premium tax credit repayment	_____	_____	_____
Tax rate	24%	_____	24%
CREDITS:			
Child and other dependents tax credit	2,000	_____	2,000
Schedule 3 - Nonrefundable Credits			
Foreign tax credit	_____	_____	_____
Child care credit	_____	_____	_____
Education credit	_____	_____	_____
Retirement savings contribution credit	_____	_____	_____
Other credits	_____	_____	_____
Total credits	2,000	_____	2,000
OTHER TAXES:			
Schedule 2 - Other Taxes			
Self-employment tax	_____	_____	_____
Additional tax on IRAs	_____	_____	_____
Health Care (Individual Responsibility) (repealed after 2018)	_____	_____	Not Applicable
Other taxes	922	_____	922
Total other taxes	922	_____	922
PAYMENTS:			
Federal income tax withheld	42,041	_____	42,041
Earned income credit	_____	_____	_____
Additional child tax credit	_____	_____	_____
Schedule 3 - Refundable Credits and Payments			
Estimated payments	_____	_____	_____
American opportunity credit	_____	_____	_____
ACA premium tax credit	_____	_____	_____
Other payments	7,298	_____	7,298
Total payments	49,339	_____	49,339
AMOUNT DUE / REFUND:			
Amount overpaid	_____	_____	_____
Overpayment applied to next year	_____	_____	_____
Refund	_____	_____	_____
Amount due	11,604	-189	11,415

Note: These amounts and calculations are for estimating purposes only and should not be assumed to be your final refund or liability for 2020 taxes. State implications have not been considered in these calculations. Be sure to schedule a tax appointment to have your 2020 tax return prepared using the actual 2020 tax forms issued by the Internal Revenue Service and your actual 2020 source documents.

ADDITIONAL DISCLOSURES:

THE STATE AND LOCAL TAX DEDUCTION IS LIMITED TO \$10,000 (\$5,000 MFS).
 # SUBJECT TO AN ADJUSTED WITHHOLDING ENTRY, THE 2020 WITHHOLDING IS BEING USED TO CALCULATE THE 2021 ESTIMATED TAX REFUND OR BALANCE DUE. BEGINNING IN JANUARY 2021 THE IRS HAS CHANGED THE WAY W4 SHOULD BE PREPARED REPORTING EXTRA INCOME, DEDUCTIONS AND CREDITS RATHER THAN EXEMPTION COUNTS. THESE CHANGES MIGHT CAUSE SOME CHANGE IN WITHHOLDING. ADVISE CLIENT THAT EMPLOYERS MAY REQUIRE A NEW W4 BE FILED UNDER THE NEW FORMAT.

H AND R BLOCK
4727 E BELL RD
PHOENIX AZ 85032
6029710200

04-30-2021

SAMIR SONI
PARITA SONI

INSTRUCTIONS FOR FILING 2020 FEDERAL FORM 1040/1040-SR

- .Your return has a balance due of \$11,604.00.
 - .You have elected to file your Federal return ELECTRONICALLY.
 - .You have entered a PIN for your signature.
 - .You have elected EFW from your bank account on 04-30-2021.
 - .DO NOT MAIL A PAPER COPY OF YOUR RETURN TO THE IRS.
-

INSTRUCTIONS FOR FILING 2020 ARIZONA 140PY

- .You will receive a refund of \$637.00.
 - .You have elected to file your State return ELECTRONICALLY.
 - .Both you and your spouse must sign form AZ-8879.
 - .DO NOT MAIL A PAPER COPY OF YOUR RETURN TO ARIZONA.
-

INSTRUCTIONS FOR FILING 2020 NEW JERSEY FORM NJ-1040NR

- .Your return has a balance due of \$493.00.
- .You have elected to file your State return ELECTRONICALLY.
- .No signature is required.
- .You have elected EFW from your bank account on 04/30/2021.
- .DO NOT MAIL A PAPER COPY OF YOUR STATE RETURN.

H AND R BLOCK
4727 E BELL RD
PHOENIX AZ 85032
6029710200

04-30-2021

SAMIR SONI
PARITA SONI

INSTRUCTIONS FOR FILING 2020 NEW YORK IT-203

- .Your return has a balance due of \$405.00.
- .You have elected to file your State return ELECTRONICALLY.
- .You have elected EFW from your bank account on 04/30/2021.
- .DO NOT MAIL A PAPER COPY OF YOUR STATE RETURN.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the
 one box. qualifying person is a child but not your dependent ▶

Your first name and middle initial SAMIR V		Last name SONI	Your social security number 687-10-1759	
If joint return, spouse's first name and middle initial PARITA S		Last name SONI	Spouse's social security number 280-91-6390	
Home address (number and street). If you have a P.O. box, see instructions. 950 49TH ST APT 4B			Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. BROOKLYN		State NY	ZIP code 11219	
Foreign country name		Foreign province/state/county	Foreign postal code	

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 **Someone can claim:** You as a dependent Your spouse as a dependent
 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 to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
				Child tax credit	Credit for other dependents
KIARA	SONI	668-91-9024	DAUGHTER	<input checked="" type="checkbox"/>	

If more than than four dependents, see instructions and check here

1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . BOX 1 - D . . . \$808		1	332,430
2a Tax-exempt interest	2a	2b Taxable interest	2b 129
3a Qualified dividends	3a	3b Ordinary dividends	3b
4a IRA distributions	4a	4b Taxable amount	4b
5a Pensions and annuities	5a	5b Taxable amount	5b
6a Social security benefits	6a	6b Taxable amount	6b
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		7	
8 Other income from Schedule 1, line 9		8	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	332,559
10 Adjustments to income:			
a From Schedule 1, line 22	10a		
b Charitable contributions if you take the standard deduction. See instructions	10b		
c Add lines 10a and 10b. These are your total adjustments to income	10c		
11 Subtract line 10c from line 9. This is your adjusted gross income		11	332,559
12 Standard deduction or itemized deductions (from Schedule A)		12	24,800
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
14 Add lines 12 and 13		14	24,800
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	307,759

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2020)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	62,021
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	62,021
19	Child tax credit or credit for other dependents	19	2,000
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	2,000
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	60,021
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	922
24	Add lines 22 and 23. This is your total tax .	24	60,943
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	42,010
b	Form(s) 1099	25b	31
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	42,041
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	7,298
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	7,298
33	Add lines 25d, 26, and 32. These are your total payments	33	49,339

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instrs.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
b	Routing number _____	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number _____		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Direct deposit? See instructions.

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe now . Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	11,604
38	Estimated tax penalty (see instructions)	38	

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name **H AND R BLOCK** Phone no. **602-971-0200** Personal identification number (PIN) **97672**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE ENGR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation PHYSICIAN	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. 919-449-7542	Email address SAMIR.SONI@DATACORESYSTEMS.COM		

Paid Preparer Use Only

Preparer's name HB SINGH	Preparer's signature HB SINGH	Date 04-30-2021	PTIN P00717922	Check if: <input type="checkbox"/> Self-employed
Firm's name H AND R BLOCK	Phone no. 602-971-0200			
Firm's address 4727 E BELL RD PHOENIX AZ 85032	Firm's EIN 452460841			

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

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ **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. **02**

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

SAMIR V AND PARITA S SONI

Your social security number

687-10-1759

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	922
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	922

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

Schedule 2 (Form 1040) 2020

SCHEDULE 3

(Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

2020

Attachment
Sequence No. **03**

Department of the Treasury
Internal Revenue Service

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

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

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

SAMIR V AND PARITA S SONI

Your social security number

687-10-1759

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credit. Attach Form 5695	5	
6	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040, 1040-SR, or 1040-NR, line 20	7	

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	7,298
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other:	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	7,298

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

Schedule 3 (Form 1040) 2020

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

2020

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99)

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

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

Name(s) shown on return

SAMIR V AND PARITA S SONI

Your social security number

687-10-1759

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, 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 Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)
A 3053 E SUNRISE PL CHANDLER AZ 85286
B
C

Table with columns: 1b Type of Property, 2 Fair Rental Days, Personal Use Days, QJV. Row 1: 1 Single Family Residence, 24,133, 1, 1, 1.

Type of Property:

- 1 Single Family Residence, 2 Multi-Family Residence, 3 Vacation/Short-Term Rental, 4 Commercial, 5 Land, 6 Royalties, 7 Self-Rental, 8 Other (describe)

Main income/expense table with columns: Income, Properties, A, B, C. Rows include Rents received (24,133), Expenses (Total 29,138), and Total income/loss (24).

For Paperwork Reduction Act Notice, see the separate instructions.

Nondeductible IRAs

▶ Go to www.irs.gov/Form8606 for instructions and the latest information.
▶ For coronavirus-related distributions, see the instructions.
▶ Attach to 2020 Form 1040, 1040-SR, or 1040-NR.

Name. If married, file a separate form for each spouse required to file 2020 Form 8606. See instructions.

Your social security number
687-10-1759

SAMIR V SONI

Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return

Home address (number and street, or P.O. box if mail is not delivered to your home)		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).		
Foreign country name	Foreign province/state/county	Foreign postal code

Part I Nondeductible Contributions to Traditional IRAs & Distributions From Traditional, SEP, & SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2020.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2020 and you made nondeductible contributions to a traditional IRA in 2020 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2020 Forms 8915-C, 8915-D, and 8915-E)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2020 and you made nondeductible contributions to a traditional IRA in 2020 or an earlier year.

1 Enter your nondeductible contributions to traditional IRAs for 2020, including those made for 2020 from January 1, 2021, through May 17, 2021. See instructions	1	6,000
2 Enter your total basis in traditional IRAs. See instructions	2	28,000
3 Add lines 1 and 2	3	34,000

<p>In 2020, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</p>	<p style="text-align: center;">No → Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</p>
<p style="text-align: center;">Yes → Go to line 4.</p>	

4 Enter those contributions included on line 1 that were made from January 1, 2021, through May 17, 2021	4	
5 Subtract line 4 from line 3	5	
6 Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2020, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions (see 2020 Forms 8915-C, 8915-D, and 8915-E)	6	
7 Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2020. Do not include rollovers (other than repayments of qualified disaster distributions (see 2020 Forms 8915-C, 8915-D, and 8915-E)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions)	7	
8 Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2020. Also enter this amount on line 16	8	
9 Add lines 6, 7, and 8	9	
10 Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	X
11 Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17	11	
12 Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA	12	
13 Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	
14 Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2020 and earlier years	14	34,000
15a Subtract line 12 from line 7	15a	
b Enter the amount on line 15a attributable to qualified disaster distributions from 2020 Forms 8915-C, 8915-D, and 8915-E (see instructions). Also, enter this amount on 2020 Form 8915-C, line 23; 2020 Form 8915-D, line 22; or 2020 Form 8915-E, line 13, as applicable	15b	
c Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2020 Form 1040, 1040-SR, or 1040-NR, line 4b	15c	

Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.

Nondeductible IRAs

▶ Go to www.irs.gov/Form8606 for instructions and the latest information.
▶ For coronavirus-related distributions, see the instructions.
▶ Attach to 2020 Form 1040, 1040-SR, or 1040-NR.

Name. If married, file a separate form for each spouse required to file 2020 Form 8606. See instructions.

Your social security number
280-91-6390

PARITA S SONI

Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return

Home address (number and street, or P.O. box if mail is not delivered to your home)		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).		
Foreign country name	Foreign province/state/county	Foreign postal code

Part I Nondeductible Contributions to Traditional IRAs & Distributions From Traditional, SEP, & SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2020.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2020 and you made nondeductible contributions to a traditional IRA in 2020 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2020 Forms 8915-C, 8915-D, and 8915-E)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2020 and you made nondeductible contributions to a traditional IRA in 2020 or an earlier year.

1 Enter your nondeductible contributions to traditional IRAs for 2020, including those made for 2020 from January 1, 2021, through May 17, 2021. See instructions	1	6,000
2 Enter your total basis in traditional IRAs. See instructions	2	28,000
3 Add lines 1 and 2	3	34,000

<p>In 2020, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?</p>	<p>No</p>	<p>Yes</p>	<p>Enter the amount from line 3 on line 14. Do not complete the rest of Part I.</p> <p>Go to line 4.</p>
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4 Enter those contributions included on line 1 that were made from January 1, 2021, through May 17, 2021	4	
5 Subtract line 4 from line 3	5	
6 Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2020, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions (see 2020 Forms 8915-C, 8915-D, and 8915-E)	6	
7 Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2020. Do not include rollovers (other than repayments of qualified disaster distributions (see 2020 Forms 8915-C, 8915-D, and 8915-E)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions)	7	
8 Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2020. Also enter this amount on line 16	8	
9 Add lines 6, 7, and 8	9	
10 Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	X
11 Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17	11	
12 Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA	12	
13 Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	
14 Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2020 and earlier years	14	34,000
15a Subtract line 12 from line 7	15a	
b Enter the amount on line 15a attributable to qualified disaster distributions from 2020 Forms 8915-C, 8915-D, and 8915-E (see instructions). Also, enter this amount on 2020 Form 8915-C, line 23; 2020 Form 8915-D, line 22; or 2020 Form 8915-E, line 13, as applicable	15b	
c Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2020 Form 1040, 1040-SR, or 1040-NR, line 4b	15c	

Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.

**Qualified Business Income Deduction
Simplified Computation**

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment
Sequence No. **55**

▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return <u>SAMIR V AND PARITA S SONI</u>	Your taxpayer identification number <u>687-10-1759</u>
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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	(c) Qualified business income or (loss)
i	RENTAL REAL ESTATE	687-10-1759	-5,005
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . .	2 -5,005	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	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	
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	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10
11	Taxable income before qualified business income deduction	11 307,759	
12	Net capital gain (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 307,759	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 61,552
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶		15
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (5,005)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 ()

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

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

2020

Attachment
Sequence No. **70**

Department of the Treasury
Internal Revenue Service

Taxpayer name(s) shown on return SAMIR V AND PARITA S SONI	Taxpayer identification number 687-10-1759
Enter preparer's name and PTIN HB SINGH P00717922	

Part I Due Diligence Requirements

Please check the appropriate box for the credits(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).

EIC
 CTC/ACTC/ODC
 AOTC
 HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List those documents provided by the taxpayer, if any, that you relied on: <u>HEALTH CARE PROVIDER STATEMENT</u> _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
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.)	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
c 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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing 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 checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under Document Retention.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
- ▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Medicare Tax

Department of the Treasury
Internal Revenue Service

- ▶ If any line does not apply to you, leave it blank. See separate instructions.
- ▶ Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
- ▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

2020

Attachment
Sequence No. **71**

Name(s) shown on return **SAMIR V AND PARITA S SONI** Your social security number **687-10-1759**

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	351,930	
2 Unreported tips from Form 4137, line 6	2		
3 Wages from Form 8919, line 6	3		
4 Add lines 1 through 3	4	351,930	
5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000	
6 Subtract line 5 from line 4. If zero or less, enter -0-	6		101,930
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		917

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8		
9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000	
10 Enter the amount from line 4	10	351,930	
11 Subtract line 10 from line 9. If zero or less, enter -0-	11		
12 Subtract line 11 from line 8. If zero or less, enter -0-	12		
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15	250,000	
16 Subtract line 15 from line 14. If zero or less, enter -0-	16		
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 8 (check box a) (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V	18		917
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Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	5,103	
20 Enter the amount from line 1	20	351,930	
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	5,103	
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions)	24		

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

**Net Investment Income Tax --
Individuals, Estates, and Trusts**

2020

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **Go to www.irs.gov/Form8960 for instructions and the latest information.**

Attachment
Sequence No. **72**

Name(s) shown on your tax return: **SAMIR V AND PARITA S SONI** Your social security number or EIN: **687-10-1759**

Part I Investment Income			
		Section 6013(g) election (see instructions)	
		Section 6013(h) election (see instructions)	
		Regulations section 1.1411-10(g) election (see instructions)	
1	Taxable interest (see instructions)	1	129
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	129

Part II Investment Expenses Allocable to Investment Income and Modifications			
9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	

Part III Tax Computation			
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-	12	129
Individuals:			
13	Modified adjusted gross income (see instructions)	13	332,559
14	Threshold based on filing status (see instructions)	14	250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	82,559
16	Enter the smaller of line 12 or line 15	16	129
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	5
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

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

Depreciation and Amortization (Including Information on Listed Property)

2020

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**
▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

Attachment
Sequence No. **179**

Name(s) shown on return SAMIR V AND PARITA S SONI	Business or activity to which this form relates FOR SCHEDULE E #1	Identifying number 687-10-1759
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2020	17	15,355
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B -- Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	15,355
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Passive Activity Loss Limitations

▶ See separate instructions.

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

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

2020

Attachment
Sequence No. **858**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

SAMIR V AND PARITA S SONI

Identifying number
687-10-1759

Part I 2020 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(5,005)
1c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	(10,177)
1d	Combine lines 1a, 1b, and 1c	1d	-15,182
Commercial Revitalization Deductions From Rental Real Estate Activities			
2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	()
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()
2c	Add lines 2a and 2b	2c	()
All Other Passive Activities			
3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	()
3c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()
3d	Combine lines 3a, 3b, and 3c	3d	
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used If line 4 is a loss and: ● Line 1d is a loss, go to Part II. ● Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. ● Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.	4	-15,182

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4	5	15,182
6	Enter \$150,000. If married filing separately, see instructions	6	150,000
7	Enter modified adjusted gross income, but not less than zero. See instructions Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7	332,559
8	Subtract line 7 from line 6	8	
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10	Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10	0

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	
16	Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	0

For Paperwork Reduction Act Notice, see instructions.

2020 FORM 8582 WORKSHEET 4 (Use this wksht if an amount is shown on Form 8582, line 10 and 14 – See instr.)

SAMIR V AND PARITA S SONI
687-10-1759

Caution: The worksheets must be filed with your tax return.
Keep a copy of the worksheets for your records.

Instructions for Worksheet 4

Use Worksheet 4 to allocate the special allowance on line 10 or line 14 of Form 8582 among your rental real estate activities.

Column (a): Enter the overall loss from column (e) of Worksheet 1 or column (c) of Worksheet 2 for each activity.

Column (b): Divide each of the individual losses shown in column (a) by the total of all the losses in column (a) and enter this ratio for each activity in column (b). The total of all the ratios in column (b) must equal 1.00.

Column (c): Multiply each ratio in column (b) by the amount on line 10 or line 14 of Form 8582, and enter the results in column (c). The total of column (c) must be the same as line 10 or line 14 of Form 8582.

Column (c) total is the same as column (a) total: If the total losses in column (c) are the same as those in column (a), the losses in Worksheet 1 and 2 are allowed in full and are not carried over to Worksheet 5. Report all amounts in columns (a), (b), and (c) of Worksheet 1 and columns (a) and (b) of Worksheet 2 on the proper forms and schedules.

Column (c) total is less than column (a) total: If the total losses in column (c) are less than the total losses in column (a), complete column (d).

Column (d): Subtract column (c) from column (a) and enter the results in column (d). Also enter the amounts from column (d) of Worksheet 4 in column (a) of Worksheet 5.

Name of Activity	Form or Schedule and Line Number to be Reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract Col (c) From Column (a)
RENTAL REAL ESTATE	SCH E PT 1	15,182	1		15,182
	Total ▶	15,182	1.00		15,182

2020 FORM 8582 WORKSHEET 5 FOR ALLOCATION OF UNALLOWED LOSSES (See instructions)

SAMIR V AND PARITA S SONI

687-10-1759

Caution: The worksheets must be filed with your tax return.

Keep a copy of the worksheets for your records.

Instructions for Worksheet 5

On Worksheet 5, enter the name of each activity and the form or schedule and line number on which the loss will be reported. Identify any deduction from Worksheet 2 on a separate line (even if the amount is from an activity also shown on Worksheet 1 or 3) and add "CRD" after the name of the activity.

Column (a): Enter the amounts, if any, from column (d) of Worksheet 4 (from column (e) of Worksheet 1 or column (c) of Worksheet 2 if you did not have to complete Worksheet 4). Also enter the losses, if any, from column (e) of Worksheet 3.

Column (b): Divide each of the individual losses shown in column (a) by the total of all the losses in column (a) and enter this ratio for each activity in column (b). The total of all the ratios must equal 1.00.

Column (c): Complete the following computation:

A. Enter as a positive amount line 4 of Form 8582	15,182
B. Add lines 10 and 14 of Form 8582	_____
C. Subtract line B from line A	15,182

Multiply each ratio in column (b) by the amount on line C above, and enter the result in column (c).

Name of Activity	Form or Schedule and Line Number to be Reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
RENTAL REAL ESTATE	SCH E PT 1	15,182	1.00000	15,182
Total		15,182	1.00	15,182

Limitation on Business Interest Expense Under Section 163(j)

▶ **Attach to your tax return.**

▶ **Go to www.irs.gov/Form8990 for instructions and the latest information.**

Taxpayer name(s) shown on return SAMIR V AND PARITA S SONI	Identification number 687-10-1759
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If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:

Name of foreign entity ▶ _____

Employer identification number, if any ▶ _____

Reference ID number ▶ _____

Part 1 Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to 163(j).

Section I—Business Interest Expense

1 Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	1	7,210		
2 Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2			
3 Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3			
4 Floor plan financing interest expense. See instructions	4			
5 Total business interest expense. Add lines 1 through 4 ▶	5			7,210

Section II—Adjusted Taxable Income

Taxable Income

6 Taxable income. See instructions	6			307,759
---	---	--	--	---------

Additions (adjustments to be made if amounts are taken into account on line 6)

7 Any item of loss or deduction which is not properly allocable to a trade or business of the taxpayer. See instructions	7			
8 Any business interest expense not from a pass-through entity. See instructions	8	7,210		
9 Amount of any net operating loss deduction under section 172	9			
10 Amount of any qualified business income deduction allowed under section 199A	10			
11 Deduction allowable for depreciation, amortization, or depletion attributable to a trade or business. See instructions	11			
12 Amount of any loss or deduction items from a pass-through entity. See instructions	12			
13 Other additions. See instructions	13			
14 Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14			
15 Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15			
16 Total. Add lines 7 through 15 ▶	16			7,210

Reductions (adjustments to be made if amounts are taken into account on line 6)

17 Any item of income or gain which is not properly allocable to a trade or business of the taxpayer. See instructions	17	()		
18 Any business interest income not from a pass-through entity. See instructions	18	()		
19 Amount of any income or gain items from a pass-through entity. See instructions	19	()		
20 Other reductions. See instructions	20	()		
21 Total. Combine lines 17 through 20 ▶	21	()		
22 Adjusted taxable income. Combine lines 6, 16, and 21. (If zero or less, enter -0-.) ▶	22			314,969

For Paperwork Reduction Act Notice, see the instructions.

Section III--Business Interest Income

23	Current year business interest income. See instructions	23		
24	Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	24		
25	Total. Add lines 23 and 24			25

Section IV--163(j) Limitation Calculations

Limitation on Business Interest Expense

26	Multiply adjusted taxable income (line 22) by the applicable percentage. See instructions	26	157,485	
27	Business interest income (line 25)	27		
28	Floor plan financing interest expense (line 4)	28		
29	Total. Add lines 26, 27, and 28			29 157,485

Allowable Business Interest Expense

30	Total current year business interest expense deduction. See instructions	30		7,210
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Carryforward

31	Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0-.)	31		
-----------	--	-----------	--	--

Part II Partnership Pass -Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

32	Excess business interest expense. Enter amount from line 31	32		
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Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	33		
34	Subtract line 33 from line 26. (If zero or less, enter -0-.)	34		
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	35		
36	Excess taxable income. Multiply line 35 by line 22	36		

Excess Business Interest Income

37	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	37		
-----------	---	-----------	--	--

Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	38		
39	Subtract line 38 from line 26. (If zero or less, enter -0-.)	39		
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	40		
41	Excess taxable income. Multiply line 40 by line 22	41		

Excess Business Interest Income

42	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	42		
-----------	---	-----------	--	--

SCHEDULE A Summary of Partner's Section 163(j) Excess Items

Any taxpayer that owns an interest in a partnership subject to section 163(j) should complete Schedule A before completing Part I.

(a) Name of partnership	(b) EIN	Excess Business Interest Expense			(f) Current year excess taxable income	(g) Current year excess business interest income	(h) Excess business interest expense treated as paid or accrued (see instructions)	(i) Current year excess business interest expense carryforward ((e) minus (h))
		(c) Current year	(d) Prior year carryforward	(e) Total ((c) plus (d))				
43								
44 Total ▶								

SCHEDULE B Summary of S Corporation Shareholder's Excess Taxable Income and Excess Business Interest Income

Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.

(a) Name of S corporation	(b) EIN	(c) Current year excess taxable income	(d) Current year excess business interest income
45			
46 Total ▶			

Form 8990, Line 30 – Statement of Business Interest Expense Allocation and Excess Business Interest Income (Continued)

SAMIR V AND PARITA S SONI
687-10-1759

(a) Business Interest Expense from:	(b) Line	(c) Total Business Interest Expense including Floor Plan Financing	(d) Deductible Business Interest Expense
SCH E #1 RENTAL REAL ESTATE	12 DIRECT	7,210	7,210

Total: 7,210 7,210

2020 WAGES AND SALARIES SUMMARY ATTACHMENT

SAMIR V AND PARITA S SONI
687-10-1759

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
DATA CORE SYSTEMS INC	23-2535214	T	98,205	9,077	7,298	AZ	98,205	2,650	
MAIMONIDES MEDICAL CENTER	11-1635081	S	94,351	7,883	5,850	NY	94,351	4,714	3,234
HORIZON HEALTHCARE SERVICES	22-0999690	T	139,066	25,050	8,537	NJ	139,066	6,578	
TOTAL			331,622	42,010	21,685		331,622	13,942	3,234

2020 MISCELLANEOUS/NEC INCOME SUMMARY ATTACHMENT

Payer Name	Payer's Federal ID Number	T or S	Form	Activity	Rent (Box 1)	Royalties (Box 2)	Other Income (Box 3)	NonEmp Comp (NEC Box 1)	Federal Tax Withheld (Box 4)	State	State Income (Box 18)	State Tax Withheld (Box 16)
PRS PROPERTY	MA03-0444161	T	MISC	SCH E	24,133							
TOTAL					24,133							

2020 FEDERAL TAX WITHHOLDINGS ATTACHMENT

SAMIR V AND PARITA S SONI
687-10-1759

W-2	DATA CORE SYSTEMS INC	9,077
W-2	MAIMONIDES MEDICAL CENTER	7,883
W-2	HORIZON HEALTHCARE SERVICES INC	25,050
1099-INT	WITHHOLDINGS	31
TOTAL TO FORM 1040/1040-SR LINE 25D		42,041

2020 RECOVERY REBATE CREDIT WORKSHEET – LINE 30

SAMIR V AND PARITA S SONI
687-10-1759

Before you begin: ✓ See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.
 ✓ If you received Notice 1444 and Notice 1444-B, have them available.
 Don't include on line 16 or 19 any amount you received but later returned to the IRS.

1. Can you be claimed as a dependent on another person's 2020 return? If filing a joint return, go to line 2.
 No. Go to line 2.
 Yes. **STOP** You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
2. Does your 2020 return include a valid social security number (defined under Valid social security number in the instructions) for you and, if filing a joint return, your spouse?
 Yes. Skip lines 3 and 4, and go to line 5.
 No. If you are filing a joint return, go to line 3. If you aren't filing a joint return, **STOP** you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
3. Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under Valid social security number in the instructions)?
 Yes. Your credit is not limited. Go to line 5.
 No. Go to line 4.
4. Does one of you have a valid social security number (defined under Valid social security number in the instructions)?
 Yes. Your credit is limited. Go to line 5.
 No. **STOP** You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.
5. If your EIP 1 was \$1,200 (\$2,400 if married filing jointly) plus \$500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter:
 - \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or
 - \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3

	5.	2,400
--	----	-------
6. Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number

	6.	500
--	----	-----
7. Add lines 5 and 6

	7.	2,900
--	----	-------
8. If your EIP 2 was \$600 (\$1,200 if married filing jointly) plus \$600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter:
 - \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or
 - \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3

	8.	1,200
--	----	-------
9. Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number

	9.	600
--	----	-----
10. Add lines 8 and 9

	10.	1,800
--	-----	-------
11. Enter the amount from line 11 of Form 1040 or 1040-SR

	11.	332,559
--	-----	---------
12. Enter the amount shown below for your filing status:

<ul style="list-style-type: none"> • \$150,000 if married filing jointly or qualifying widower • \$112,500 if head of household • \$75,000 if single or married filing separately 	}	150,000
--	---	---------
13. Is the amount on line 11 more than the amount on line 12?
 No. Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.
 Yes. Subtract line 12 from line 11

	13.	182,559
--	-----	---------
14. Multiply line 13 by 5% (0.05)

	14.	9,128
--	-----	-------
15. Subtract line 14 from line 7. If zero or less, enter -0-

	15.	0
--	-----	---
16. Enter the amount, if any, of EIP 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here

	16.	0
--	-----	---
17. Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15, you don't have to pay back the difference

	17.	0
--	-----	---
18. Subtract line 14 from line 10. If zero or less, enter -0-

	18.	0
--	-----	---
19. Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here

	19.	0
--	-----	---
20. Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18, you don't have to pay back the difference

	20.	0
--	-----	---
21. **Recovery rebate credit.** Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR

	21.	0
--	-----	---

2020 IRA RECORD WORKSHEET

SAMIR V SONI
687-10-1759

Year	Basis in Contributions	Nontaxable Distributions from Prior Years	Current Year Nontaxable Distributions	Cumulative Basis	FMV on 12/31 (as reported on Form 5498)
2016	5,500			5,500	
2018	5,500			11,000	
2019	6,000			17,000	
2020	6,000			23,000	

2020 IRA RECORD WORKSHEET

PARITA S SONI
280-91-6390

Year	Basis in Contributions	Nontaxable Distributions from Prior Years	Current Year Nontaxable Distributions	Cumulative Basis	FMV on 12/31 (as reported on Form 5498)
2016	5,500			5,500	
2018	5,500			11,000	
2019	6,000			17,000	
2020	6,000			23,000	

2020 IRA DEDUCTION WORKSHEET – SCHEDULE 1, LINE 19

SAMIR V AND PARITA S SONI
687-10-1759

Keep for Your Records

Before you begin:

- ✓ If you are excluding unemployment compensation from your income, complete the Unemployment Compensation Exclusion Worksheet – Schedule 1, line 8, before completing this worksheet.
- ✓ Be sure you have read the 10-item list in the instructions. You may not be able to use this worksheet.
- ✓ Figure any write-in adjustments to be entered on the dotted line next to Schedule 1, line 22 (see the instructions for Schedule 1, line 22).
- ✓ If you are married filing separately and you lived apart from your spouse for all of 2020, enter "D" on the dotted line next to Schedule 1, line 19. If you don't, you may get a math error notice from the IRS.

	Your IRA	Spouse's IRA
1a. Were you covered by a retirement plan (see instructions)?	1a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1b. If married filing jointly, was your spouse covered by a retirement plan?		1b. Yes <input checked="" type="checkbox"/> No

Next: If you checked "No" on line 1a (and "No" on line 1b if married filing jointly), skip lines 2 through 6, enter the applicable amount below on line 7a (and line 7b if applicable), and go to line 8.

- \$6,000, if under age 50 at the end of 2020.
- \$7,000, if age 50 or older at the end of 2020.

Otherwise, go to line 2.

2. Enter the amount shown below that applies to you.

- Single, head of household, or married filing separately and you **lived apart** from your spouse for all of 2020, enter \$75,000.
- Qualifying widow(er), enter \$124,000.
- Married filing jointly, enter \$124,000 in both columns. But if you checked "No" on line 1a or 1b, enter \$206,000 for the person who wasn't covered by a plan.
- Married filing separately and you lived with your spouse at any time in 2020, enter \$10,000.

	2a. <u>124,000</u>	2b. <u>206,000</u>
--	--------------------	--------------------

3. ● If you are not excluding unemployment compensation from income, enter the amount from Form 1040 or 1040-SR, line 9.

- If you are excluding unemployment compensation from income, combine the amounts from Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 5b, 6b, 7, Schedule 1, lines 1 through 7, and line 3 of the Unemployment Compensation Exclusion Worksheet

3. 332,559

4. Enter the total of the amounts from Form 1040 or 1040-SR, line 10b, Schedule 1, lines 10 through 18a, plus any write-in adjustments you entered on the dotted line next to Schedule 1, line 22

4. _____

5. Subtract line 4 from line 3. If married filing jointly, enter the result in both columns

	5a. <u>332,559</u>	5b. <u>332,559</u>
--	--------------------	--------------------

6. Is the amount on line 5 less than the amount on line 2?

No. STOP None of your IRA contributions are deductible. For details on nondeductible IRA contributions, see Form 8606.

	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No
--	--	--

Yes. Subtract line 5 from line 2 in each column. Follow the instruction below that applies to you.

- If single, head of household, or married filing separately, and the result is \$10,000 or more, enter the applicable amount below on line 7 for that column and go to line 8:

- i. \$6,000, if under age 50 at the end of 2020.
- ii. \$7,000, if age 50 or older at the end of 2020.

If the result is less than \$10,000, go to line 7.

- If married filing jointly or qualifying widow(er), and the result is \$20,000 or more (\$10,000 or more in the column for the IRA of a person who wasn't covered by a retirement plan), enter the applicable amount below on line 7 for that column and go to line 8.

- i. \$6,000, if under age 50 at the end of 2020.
- ii. \$7,000 if age 50 or older at the end of 2020.

Otherwise, go to line 7.

	6a. _____	6b. _____
--	-----------	-----------

2020 IRA DEDUCTION WORKSHEET – LINE 19 CONTINUED

SAMIR V AND PARITA S SONI
687-10-1759

Keep for Your Records

Your IRA

Spouse's IRA

7. Multiply lines 6a and 6b by the percentage below that applies to you. If the result isn't a multiple of \$10, increase it to the next multiple of \$10 (for example, increase \$490.30 to \$500). If the result is \$200 or more, enter the result. But if it is less than \$200, enter \$200.

- Single, head of household, or married filing separately, multiply by 60% (0.60) (or by 70% (0.70) in the column for the IRA of a person who is age 50 or older at the end of 2020).
- Married filing jointly or qualifying widow(er), multiply by 30% (0.30) (or by 35% (0.35) in the column for the IRA of a person who is age 50 or older at the end of 2020). But if you checked "No" on either line 1a or 1b, then in the column for the IRA of the person who was not covered by a retirement plan, multiply by 60% (0.60) (or by 70% (0.70) if age 50 or older at the end of 2020).

7a. _____	7b. _____
-----------	-----------

8. Enter the total of your (and your spouse's if filing jointly):

- Wages, salaries, tips, etc. Generally, this is the amount reported in box 1 of Form W-2. Exceptions are explained earlier in these instructions for line 19.
- Alimony and separate maintenance payments reported on Schedule 1, line 2a.
- Nontaxable combat pay. This amount should be reported in box 12 of Form W-2 with code Q.

8. _____

9. Enter the earned income you (and spouse if filing jointly) received as a self-employed individual or a partner. Generally, this is your (and your spouse's if filing jointly) net earnings from self-employment if your personal services were a material income-producing factor, minus any deductions on Schedule 1, lines 14 and 15. If zero or less, enter -0-.

For more details, see Pub 590-A. 9. _____ 0

10. Add lines 8 and 9 10. _____

! Caution If married filing jointly and line 10 is less than \$12,000 (\$13,000 if one spouse is age 50 or older at the end of 2020; \$14,000 if both spouses are age 50 or older at the end of 2020, **stop here** and use the worksheet in Pub. 590-A to figure your IRA deduction.

11. Enter traditional IRA contributions made, or that will be made by the due date of your 2020 return not counting extensions (May 17, 2021 for most people), for 2020 to your IRA on line 11a and to your spouses's IRA on line 11b

11a. _____	11b. _____
------------	------------

12. On line 12a, enter the **smallest** of line 7a, 10, or 11a. On line 12b, enter the **smallest** of line 7b, 10, or 11b. This is the most you can deduct. Add the amounts on lines 12a and 12b and enter the total on Schedule 1, line 19. Or, if you want, you can deduct a smaller amount and treat the rest as a nondeductible contribution (see Form 8606)

12a.* _____	12b. _____
-------------	------------

*LIMITED BY KAY BAILEY HUTCHISON SPOUSAL IRA LIMIT

2020 CHILD TAX CREDIT AND CREDIT FOR OTHER DEPENDENTS WORKSHEET – LINE 19

SAMIR V AND PARITA S SONI
687-10-1759

Keep for Your Records

CAUTION!

1. To be a qualifying child for the child tax credit, the child must be your dependent, **under age 17** at the end of 2020, and meet all the conditions in Steps 1 through 3 in the instructions for line 19. Make sure you checked the "child tax credit" box in column 4 of the **Dependents** section on Form 1040 or 1040–SR for each qualifying child.
 2. If you don't have a qualifying child, you can't claim the child tax credit; but you may be able to claim the credit for other dependents for that child, see Step 3 under **Who Qualifies as Your Dependent** in the instructions.
 3. To see if your qualifying relative qualifies you to take the credit for other dependents, see Step 5 under **Who Qualifies As Your Dependent** in the instructions.
 4. Be sure to see **Social security number** under **Who Qualifies as Your Dependent** in the instructions.
 5. Do **not** use this worksheet, but use Pub. 972 instead, if:
 - a. You are claiming the adoption credit, mortgage interest credit, District of Columbia first-time homebuyer credit, or a residential energy efficient property credit*;
 - b. You are excluding income from Puerto Rico; or
 - c. You are filing Form 2555 or 4563.
- * If applicable.

PART 1

1.	Number of qualifying children under age 17 with the required social security number: <u> 1 </u> x \$2,000. Enter the result.	1	2,000
2.	Number of other dependents, including qualifying children without the required social security number: _____ x \$500. Enter the result.	2	
<p>Caution. Don't include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, don't include anyone you included on line 1.</p>			
3.	Add lines 1 and 2	3	2,000
4.	Enter the amount from Form 1040 or 1040–SR, line 11	4	332,559
5.	Enter the amount shown below for your filing status.		
	<ul style="list-style-type: none"> ● Married filing jointly – \$400,000 ● All other filing statuses – \$200,000 	5	400,000
6.	Is the amount on line 4 more than the amount on line 5?		
	<input checked="" type="checkbox"/> No. Leave line 6 blank. Enter –0– on line 7, and go to line 8.	6	
	<input type="checkbox"/> Yes. Subtract line 5 from line 4		
	If the result isn't a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.		
7.	Multiply the amount on line 6 by 5% (0.05). Enter the result	7	0
8.	Is the amount on line 3 more than the amount on line 7?		
	<input type="checkbox"/> No. STOP		
	You can't take the child tax credit on Form 1040 or 1040–SR, line 19. You also can't take the additional child tax credit on Form 1040 or 1040–SR, line 28. Complete the rest of your Form 1040 or 1040–SR.		
	<input checked="" type="checkbox"/> Yes. Subtract line 7 from line 3. Enter the result.		
	Go to Part 2 on page 2 of this worksheet	8	2,000

2020 CHILD TAX CREDIT AND CREDIT FOR OTHER DEPENDENTS WORKSHEET, PAGE 2

SAMIR V AND PARITA S SONI
687-10-1759

Keep for Your Records

Before you begin Part 2: Figure the amount of any credits you are claiming on Schedule 3; Form 5695, Part II*; Form 8910; Form 8936; or Schedule R.

9. Enter the amount from Form 1040 or 1040-SR, line 18 9 62,021

10. Add any amounts from:

- Schedule 3, Line 1 _____
- Schedule 3, Line 2 + _____
- Schedule 3, Line 3 + _____
- Schedule 3, Line 4 + _____
- Form 5695, line 30* + _____
- Form 8910, line 15* + _____
- Form 8936, line 23 + _____
- Schedule R, line 22 + _____

Enter the total 10 _____

11. Are the amounts on lines 9 and 10 the same?

- Yes. STOP**
You can't take this credit because there is no tax to reduce. However, you may be able to take the **additional child tax credit** if line 1 is more than zero. See the **TIP** below.
- No. Subtract line 10 from line 9.**

11 62,021

12. Is the amount on line 8 more than the amount on line 11?

- Yes.** Enter the amount from line 11. Also, you may be able to take the **additional child tax credit** if line 1 is more than zero. See the **TIP** below.
- No.** Enter the amount from line 8.

This is your child tax credit and credit for other dependents.

12 2,000

Enter this amount on Form 1040 or 1040-SR line 19.

TIP You may be able to take the **additional child tax credit** on Form 1040 or 1040-SR, line 28, if you answered "Yes" on line 11 **or** line 12 above.

- First, complete your Form 1040/1040-SR through line 27 (also complete Schedule 3, line 10).
- Then, use Schedule 8812 to figure any additional child tax credit.

CAUTION! If your child tax credit or additional child tax credit for a year after 2015 was reduced or disallowed, see Form 8862, who must file to find out if you must file Form 8862 to take the credit for 2020.

* If applicable.

2020 FORM 8960 MAGI WORKSHEET

SAMIR V AND PARITA S SONI
687-10-1759

Keep for Your Records

1. Enter your adjusted gross income 1. 332,559

2. Foreign earned income exclusion:
 - (a) Enter your foreign earned income exclusion (from line 42 of Form 2555) 2(a). _____
 - (b) Enter the deductions reported on line 44 of Form 2555 allocable to your foreign earned income exclusion (b). (_____)
 - (c) Combine lines 2(a) and 2(b) 2. _____

3. Adjustments for certain CFCs and certain PFICs 3. _____

4. Enter the sum of line 1, line 2(c), and line 3. (Enter this amount on Form 8960, line 13) 4. 332,559

2020 FEDERAL DEPRECIATION SCHEDULE

SAMIR V AND PARITA S SONI
687-10-1759

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
SCHEDULE E #001												
RENTAL REAL EAS	06-08-18	S/L-27.5	427307	0	0	0	0	422307	23674	15355	39029	383278
1 ASSETS		TOTALS:	427307	0	0	0	0	422307	23674	15355	39029	383278

2020 FEDERAL AMT DEPRECIATION SCHEDULE

SAMIR V AND PARITA S SONI
687-10-1759

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
SCHEDULE E #001												
RENTAL REAL EAS	06-08-18	S/L-27.5	427307	0	0	0	0	422307	23674	15355	39029	383278
1 ASSETS		TOTALS:	427307	0	0	0	0	422307	23674	15355	39029	383278

**2020 QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET
DETAIL BY BUSINESS**

SAMIR V AND PARITA S SONI

687-10-1759

Schedule/Form	SCH E #1
Business Name	RENTAL R
EIN/SSN	687-10-1759
Business Type	SPECIFIE
Included in Aggregation #	
PTP Income	NO
Qualified Business Income (QBI)	
1. Specified Business Income/Loss from Sch/Form	-5005
2. Non-Specified Business Income/Loss from Sch/Form Less applicable adjustments from 1040 Schedule 1 (includes SE Tax, SEHIN, & Qual Retirement plans)	
3. QBID Qualified Losses and ST Gains from Asset Disposition	
4. Net Qualified Business Income (QBI) (sum L1 - L3)	-5005
Qualified Other Income (QOI)	
5. Qualified REIT Sec 199A Dividends from 1099-DIV and K-1s	
6. Qualified Other Income from PTPs	
7. QOI Qualified Losses and ST Gains from Disposition incl Sale of PTP	
8. Net Qualified Other Income (QOI) (L5 + L6 + L7)	
9. Net QBI and QOI (L4 + L8)	-5005

2021 CARRYFORWARD INFORMATION

SAMIR V AND PARITA S SONI
687-10-1759

Keep for Your Records

Itemized Returns Only – 2020 state and local tax refund (this amount may not be taxable in 2021)	_____
Charitable contributions carryover to 2021	_____
Estimated short-term capital loss carryover	_____
Estimated long-term capital loss carryover	_____
2020 tax liability (for 2021 Form 2210 purposes)	60,943
Form 8839: 2020 carryover of unqualified expenses	_____
Refund amount applied to 2021	_____
Disallowed investment interest in 2020	_____
Additional state taxes paid	898
Form 8396: Mortgage interest credit from 2018	_____
Mortgage interest credit from 2019	_____
Mortgage interest credit from 2020	_____
Form 8801: Minimum tax credit carryforward	_____
Potential 2021 IRA contribution from 2020 tax refund	_____

NOL carryforward:		Regular Tax		AMT Tax			
from 2000	_____	from 2010	_____	from 2000	_____	from 2010	_____
from 2001	_____	from 2011	_____	from 2001	_____	from 2011	_____
from 2002	_____	from 2012	_____	from 2002	_____	from 2012	_____
from 2003	_____	from 2013	_____	from 2003	_____	from 2013	_____
from 2004	_____	from 2014	_____	from 2004	_____	from 2014	_____
from 2005	_____	from 2015	_____	from 2005	_____	from 2015	_____
from 2006	_____	from 2016	_____	from 2006	_____	from 2016	_____
from 2007	_____	from 2017	_____	from 2007	_____	from 2017	_____
from 2008	_____	from 2018	_____	from 2008	_____	from 2018	_____
from 2009	_____	from 2019	_____	from 2009	_____	from 2019	_____
Gross NOL generated in 2020	_____	Gross AMT NOL generated in 2020	_____				
To be absorbed in carryback period	_____	To be absorbed in carryback period	_____				
Net carryforward from 2020	_____	Net carryforward from 2020	_____				
Total carryforward to 2021	_____	Total carryforward to 2021	_____				

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2021
- General Business Credit carryforward to 2021
- First-Time Homebuyer Credit Repayment carryforward to 2021
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2021.

AZ REFUND LESS EXCISE CREDIT AND PROPERTY TAX CRED	637
2020 AZ TAX FOR 2021 AZ UNDERPMT PENALTY FORM.....	2,013
NJ INCOME TAX DUE ON 2020 RETURN PAYABLE IN 2021..	493
NJ 2020 TAX FOR 2021 UNDERPMT PENALTY FORM.....	7,071
NJ 2020 LOSS CARRYFORWARD TO 2021.....	5,005
NY INCOME TAX DUE ON 2020 RETURN PAYABLE IN 2021..	405
NY 2020 NY TAX FOR 2021 UNDERPMT PENALTY FORM.....	8,517
NY 2020 AGI FOR 2021 UNDERPMT PENALTY FORM CALCULA	332,559

2020 FEDERAL WAGES SUPPORTING SCHEDULE

SAMIR V AND PARITA S SONI
687-10-1759

FORM 1040, PAGE 2
LINE 1 - MARGINAL ENTRIES

Description	Amount
EXCESS DEFERRALS (BOX12-D)	808

2020 ARIZONA TWO YEAR COMPARISON

SAMIR V AND PARITA S SONI
687-10-1759

Keep for Your Records

	Tax Year 2020	Tax Year 2019	Difference
Filing status	MFJ	MFJ	
Residency status	PT-YR RES	NONRESIDENT	
Number of exemptions claimed	3	2	
State Base Form Filed	AZ140PY	AZ140NR	

INCOME, DEDUCTIONS AND ADJUSTMENTS:

Federal Adjusted Gross Income	332,559	328,261	4,298
Additions to Federal Income	15,355		15,355
Subtractions from Federal Income			
Arizona Income	98,205	244,101	-145,896
Itemized/Standard Deduction	24,800	18,154	6,646
Exemption Amount (Allowance) / Personal Exemptions			
Taxable Income	73,405	225,947	-152,542

TAX, CREDIT AND PAYMENTS:

Arizona Tax	2,043	8,145	-6,102
Credit for Taxes Paid to Another State			
Other Credits			
Net Tax	2,013	8,145	-6,132
Income Tax Withheld	2,650	6,590	-3,940
Estimated Tax Payments			
Amount Paid with Extension			
Other payments including refundable credits			
Total Payments	2,650	6,590	-3,940

REFUND OR BALANCE DUE

Balance Due		1,555	-1,555
Underpayment Penalty		23	-23
Other Penalties and Interests			
Amount You Owe		1,578	-1,578
Overpayment	637		637
Overpayment Applied to Estimated Payments			
Amount to be Refunded	637		637

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2020 AND ENDING 20 66F

1 Your First Name and Middle Initial SAMIR V Last Name SONI Enter your Social Security Number 687-10-1759
 1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) PARITA S Last Name SONI Spouse's Social Security No. 280-91-6390
 2 Current Home Address - number and street, rural route 950 49TH ST APT 4B Apt. No. 94 Daytime Phone (with area code) 919-449-7542
 3 City, Town or Post Office BROOKLYN State NY ZIP Code 11219 Last Names Used in Last Four Prior Year(s) (if different) 97

4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
 5 Head of household: Enter name of qualifying child or dependent on next line: 88R
 6 Married filing separate return: Enter spouse's name and Social Security Number above.
 7 Single

Enter the number claimed. Do not put a check mark.
 8 Age 65 or over (you and/or spouse) If completing lines 8, 9, and 11a, also complete lines 46, 47, and 49. For lines 10a and 10b, also complete line 59. 81P PM 80R RCVD
 9 Blind (you and/or spouse)
 10a 1 Dependents: Under age of 17. 10b Dependents: Age 17 and over.
 11a Qualifying parents and grandparents
 12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military 13 Part-Year Resident Active Military

(Box 10a and 10b): Dependent Information: See instructions. For more space, check the box and complete page 4, Part 1.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020	(e) Dependent Age included in:		(f) if you did not claim this person on your federal return due to educational credits
					1 (Box 10a)	2 (Box 10b)	
10c	KIARA SONI	668-91-9024	DAUGHTER	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10d					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Box 11a): Qualifying parents and grandparents. See instructions. For more space, check and complete page 4, Part 2.

	(a) FIRST AND LAST NAME (Do not list yourself or spouse.)	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020	(e) IF AGE 65 OR OVER	(f) IF DIED IN 2020
11b					<input type="checkbox"/>	<input type="checkbox"/>
11c					<input type="checkbox"/>	<input type="checkbox"/>

14 Dates of Arizona residency: From 01-01-2020 to 12-31-2020
 List other state(s) of residency: NY

	2020 FEDERAL Amount from Federal Return	2020 ARIZONA Amount Only
15 Wages, salaries, tips, etc.	15 332,430 00	98,205 00
16 Interest	16 129 00	00
17 Dividends	17 00	00
18 Arizona income tax refunds	18 00	00
19 Business income (or loss) from federal Schedule C	19 00	00
20 Gains (or losses) from federal Schedule D. See instructions for ARIZONA column	20 00	00
21 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	21 00	00
22 Other income reported on your federal return: Include your own schedule	22 00	00
23 Total income: Add lines 15 through 22	23 332,559 00	98,205 00
24 Other federal adjustments: Include your own schedule	24 0 00	0 00
25 Federal adjusted gross income: Subtract line 24 from line 23 in the FEDERAL column.	25 332,559 00	
26 Arizona gross income: Subtract line 24 from line 23 in the ARIZONA column	26	98,205 00
27 Arizona income ratio : Divide line 26 by line 25, and enter the result (not over 1.000)	27	0.295

This box may be blank or may contain a printed barcode of data from your return.

28 Total depreciation included in Arizona gross income ..	28	15,355 00
29 Net capital loss from exchange of legal tender	29	00
30 Other Additions to Income	30	00
31 Subtotal: Add lines 26, 28, 29 and 30	31	113,560 00
32 AZ gain/loss line 20 ..	32	0 00
33 AZ Short-term gain/loss ..	33	0 00
34 Long-term gain/loss.	34	0 00
35 Net long-term gain	35	0 00
36 Multiply line 35 by 25% (.25)	36	00
37 Net capital gain from qualified small business	37	00
38 Net capital gain from exchange of legal tender	38	00
39 Subtract line 31 - (lines 36, 37, and 38)	39	113,560 00

DO NOT STAPLE ANY ITEMS TO THE RETURN. Place any required federal and AZ schedules or other documents after Form 140PY.

Your Name (as shown on page 1) **SAMIR V AND PARITA S SONI** Your Social Security Number **687-10-1759**

Subtractions cont. from page 1	40	Recalculated Arizona depreciation	40	15,355	00	
	41	Contributions to 529 College Savings Plans	41		00	
	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	42		00	
	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	43		00	
	44	Other Subtractions from Income. See instructions for completing the schedule on page 5	44		00	
Exemptions	45	Subtract lines 40 through 44 from line 39	45	98,205	00	
	46	Age 65 or over: Multiply the number in box 8 by \$2,100	46		00	
	47	Blind: Multiply the number in box 9 by \$1,500	47		00	
	48	Other Exemptions. See instructions. 48E <input type="checkbox"/> Multiply the number in box 48E by \$2,300	48		00	
	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	49		00	
Balance of Tax	50	Add lines 46 through 49	50		00	
	51	Multiply line 50 by the Arizona income ratio on line 27	51		00	
	52	Arizona adjusted gross income: Subtract line 51 from line 45. If less than zero, enter "0"	52	98,205	00	
	53	Deductions: Check box and enter amount. See instructions. 53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD	53	24,800	00	
	54	If you checked box 53S and claim charitable deductions check 54C <input type="checkbox"/> Complete page 3. See instructions.	54		00	
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"	55	73,405	00	
	56	Compute the tax using amount from line 55 and Tax Table X or Y	56	2,043	00	
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	57		00	
	58	Subtotal of tax: Add lines 56 and 57 and enter the total	58	2,043	00	
	59	Dependent Tax Credit. See instructions	59	30	00	
Total Payments and Refundable Credits	60	Family income tax credit (from the worksheet - see instructions)	60		00	
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 61	61		00	
	62	Balance of tax: Subtract lines 59, 60, and 61 from line 58. If the sum of lines 59, 60, and 61 is more than line 58, enter "0"	62	2,013	00	
	63	2020 AZ income tax withheld	63	2,650	00	
	64	2020 AZ estimated tax payments. 64a <input type="text"/> 00 Claim of Right 64b <input type="text"/> 00 Add 64a and 64b. 64c	64		00	
	65	2020 AZ extension payment (Form 204)	65		00	
	66	Increased Excise Tax Credit (from the worksheet - see instructions)	66		00	
	67	Other refundable credits: Check the box(es) and enter the total amount 671 <input type="checkbox"/> 308-I 672 <input type="checkbox"/> 349	67		00	
Tax Due or Overpayment	68	Total payments and refundable credits: Add lines 63 through 67 and enter the total	68	2,650	00	
	69	TAX DUE: If line 62 is larger than line 68, subtract line 68 from line 62, and enter amount of tax due. Skip lines 70, 71 and 72	69		00	
	70	OVERPAYMENT: If line 68 is larger than line 62, subtract line 62 from line 68, and enter amount of overpayment	70	637	00	
	71	Amount of line 70 to be applied to 2021 estimated tax	71		00	
Voluntary Gifts	72	Balance of overpayment: Subtract line 71 from line 70	72	637	00	
	73 - 83	Voluntary Gifts to:				
		Solutions Teams Assigned to Schools 73 <input type="text"/> 00 Arizona Wildlife 74 <input type="text"/> 00				
		Child Abuse Prevention 75 <input type="text"/> 00 Domestic Violence Services 76 <input type="text"/> 00 Political Gift 77 <input type="text"/> 00				
		Neighbors Helping 78 <input type="text"/> 00 Special Olympics 79 <input type="text"/> 00 Veterans' Donations Fund 80 <input type="text"/> 00				
		Neighbors 78 <input type="text"/> 00 Sustainable State Parks and Road Fund 82 <input type="text"/> 00 Spay/Neuter of Animals 83 <input type="text"/> 00				
		I Didn't Pay Enough Fund 81 <input type="text"/> 00				
	84	Political Party (if amount is entered on line 77 - check only one): 841 <input type="checkbox"/> Democratic 842 <input type="checkbox"/> Libertarian 843 <input type="checkbox"/> Republican				
	Penalty	85	Estimated payment penalty	85		00
		86	861 <input type="checkbox"/> Annualized/Other 862 <input type="checkbox"/> Farmer or Fisherman 863 <input type="checkbox"/> Form 221 included			
87		Add lines 73 through 83 and 85; enter the total	87		00	
Refund or Amount Owed	88	REFUND: Subtract line 87 from line 72. If less than zero, enter amount owed on line 89	88	637	00	
	89	Direct Deposit of Refund: Check box 88A if your deposit will be ultimately placed in a foreign account; see instructions. 88A <input type="checkbox"/> C <input checked="" type="checkbox"/> Checking or ROUTING NUMBER ACCOUNT NUMBER <input type="checkbox"/> Savings 053000196 237006423247	89		00	

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE _____ DATE _____ SOFTWARE ENGR
OCCUPATION
SPOUSE'S SIGNATURE _____ DATE _____ PHYSICIAN
SPOUSE'S OCCUPATION
HB SINGH 04-30-2021 H AND R BLOCK
PAID PREPARER'S SIGNATURE _____ DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
4727 E BELL RD P00717922
PAID PREPARER'S STREET ADDRESS
PHOENIX AZ 85032 6029710200
PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

Include with your return.

For the calendar year 2020 or fiscal year beginning 2020 and ending _____.

Your Name as shown on Form 140, 140PY, 140NR or 140X SAMIR V SONI	Your Social Security Number 687-10-1759
Spouse's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint return) PARITA SONI	Spouse's Social Security Number 280-91-6390

Part 1 Nonrefundable Individual Tax Credits Available: Enter total available tax credits.

	(a) Current Year Credit	(b) Available Carryover	(c) Total Available Credit (a) + (b)
1 Military Reuse Zone Credit Form 306 ▶			00
2 Credit for Increased Research Activities – Individuals Form 308-I ▶			00
3 Credit for Taxes Paid to Another State or Country Form 309 ▶			00
4 Credit for Solar Energy Devices Form 310 ▶			00
5 Agricultural Water Conservation System Credit Form 312 ▶			00
6 Pollution Control Credit Form 315 ▶			00
7 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets Form 319 ▶			00
8 Credit for Employment of TANF Recipients Form 320 ▶			00
9 Credit for Contributions to Qualifying Charitable Organizations Form 321 ▶			00
10 Credit for Contributions Made or Fees Paid to Public Schools Form 322 ▶			00
11 Credit for Contributions to Private School Tuition Organizations Form 323 ▶			00
12 Agricultural Pollution Control Equipment Credit Form 325 ▶			00
13 Credit for Donation of School Site Form 331 ▶			00
14 Credit for Employment by Healthy Forest Enterprises Form 332 ▶			00
15 Credit for Employing National Guard Members Form 333 ▶			00
16 Credit for Business Contributions by an S Corporation to School Tuition Organization – Individual Form 335-I ▶			00
17 Credit for Solar Energy Devices – Commercial and Industrial Applications Form 336 ▶			00
18 Credit for Investment in Qualified Small Businesses Form 338 ▶			00
19 Credit for Donations to the Military Family Relief Fund Form 340 ▶			00
20 Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities – Individual Form 341-I ▶			00
21 Renewable Energy Production Tax Credit Form 343 ▶			00
22 Credit for New Employment Form 345 ▶			00
23 Additional Credit for Increased Research Activities for Basic Research Payments Form 346 ▶			00
24 Credit for Contributions to Certified School Tuition Organization (for contributions that exceed the allowable credit on Arizona Form 323). Form 348 ▶			00
25 Credit for Contributions to Qualifying Foster Care Charitable Organizations Form 352 ▶			00
26 Reserved for future use			
27 Total available nonrefundable tax credits: Add lines 1 through 25			00

Continued on page 2 →



You must include Form 301 and the corresponding credit form(s) for which you computed your credit(s) with your individual income tax return.

Your Name (as shown on page 1) SAMIR V SONI	Your Social Security Number 687-10-1759
--	--

Part 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, and tax credits used this taxable year.				
28	Tax from Form 140, line 46; or Form 140PY, line 56; or Form 140NR, line 56; or Form 140X, line 35			2,043 ⁰⁰
29	Tax from recapture of Credits for Healthy Forest Enterprises from Form 332, Part 9, line 39, and Part 10, line 45	29	00	
30	Tax from recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19	30	00	
31	Recapture Total: Add lines 29 and 30. Enter here and on Form 140, line 47; or Form 140PY, line 57; or Form 140NR, line 57; or Form 140X, line 36	31	00	
32	Subtotal: Add lines 28 and 31	32	2,043	00
33	Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, line 38a; plus Dependent Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 38b	33	30	00
34	Subtract line 33 from line 32. Enter the difference. If less than zero, enter "0"	34	2,013	00

Nonrefundable Tax Credits Used This Taxable Year: Enter amounts actually used from Part 1.

35	Military Reuse Zone Credit	Form 306 ▶	35	00
36	Credit for Increased Research Activities - Individuals	Form 308-I ▶	36	00
37	Credit for Taxes Paid to Another State or Country	Form 309 ▶	37	00
38	Credit for Solar Energy Devices	Form 310 ▶	38	00
39	Agricultural Water Conservation System Credit	Form 312 ▶	39	00
40	Pollution Control Credit	Form 315 ▶	40	00
41	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets	Form 319 ▶	41	00
42	Credit for Employment of TANF Recipients	Form 320 ▶	42	00
43	Credit for Contributions to Qualifying Charitable Organizations	Form 321 ▶	43	00
44	Credit for Contributions Made or Fees Paid to Public Schools	Form 322 ▶	44	00
45	Credit for Contributions to Private School Tuition Organizations	Form 323 ▶	45	00
46	Agricultural Pollution Control Equipment Credit	Form 325 ▶	46	00
47	Credit for Donation of School Site	Form 331 ▶	47	00
48	Credit for Employment by Healthy Forest Enterprises	Form 332 ▶	48	00
49	Credit for Employing National Guard Members	Form 333 ▶	49	00
50	Credit for Business Contribution by an S Corporation to School Tuition Organization - Individual	Form 335-1 ▶	50	00
51	Credit for Solar Energy Devices - Commercial and Industrial Applications	Form 336 ▶	51	00
52	Credit for Investment in Qualified Small Businesses	Form 338 ▶	52	00
53	Credit for Donations to the Military Family Relief Fund: Enter the smaller of Form 301, Part 1, line 19 or Part 2, line 32	Form 340 ▶	53	00
54	Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities - Individual	Form 341-1 ▶	54	00
55	Renewable Energy Production Tax Credit	Form 343 ▶	55	00
56	Credit for New Employment	Form 345 ▶	56	00
57	Additional Credit for Increased Research Activities for Basic Research Payments	Form 346 ▶	57	00
58	Credit for Contributions to Certified School Tuition Organization (for contributions that exceed the maximum allowable credit on Arizona Form 323)	Form 348 ▶	58	00
59	Credit for Contributions to Qualifying Foster Care Charitable Organizations	Form 352 ▶	59	00
60	Reserved for future use		60	00
61	Total Tax Credits Used: Add lines 35 through 59. Total cannot be more than line 34. Enter this amount on Form 140, line 51; or Form 140PY, line 61; or Form 140NR, line 60; or Form 140X, line 39		61	0 ⁰⁰

2020 ARIZONA SPECIAL DEPRECIATION ALLOWANCE ADJUSTMENT

SAMIR V AND PARITA S SONI
687-10-1759

Keep for Your Records

Description	Date Placed in Service	Method	Life	Cost	Current 179 Expense	Current Special Depreciation Allowance	Federal Prior Depreciation	Federal Current Depreciation	Arizona Prior Depreciation	Arizona Current Depreciation	
RENTAL REAL	06-08-2018	S/L	27.5	427307	0	0	23674	15355	23674	15355	
TOTAL					0	0		15355		15355	
					TOTAL FEDERAL DEPRECIATION EXPENSE (0 PLUS 15355) :						15355

* Indicates Asset was disposed of this year.

2020 ARIZONA DEPRECIATION SCHEDULE

SAMIR V AND PARITA S SONI
687-10-1759

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
SCHEDULE E #001												
RENTAL REAL EAS	06-08-18	S/L-27.5	427307	0	0	0	0	422307	23674	15355	39029	383278
1 ASSETS	TOTALS:		427307	0	0	0	0	422307	23674	15355	39029	383278
1 ASSETS	GRAND TOTALS:		427307	0	0	0	0	422307	23674	15355	39029	383278

2020 NEW JERSEY TWO YEAR COMPARISON

SAMIR V AND PARITA S SONI
687-10-1759

Keep for Your Records

	Tax Year 2020	Tax Year 2019	Difference
Filing status	<u>MFJ</u>	<u> </u>	
Residency status	<u>NON-RESIDENT</u>	<u> </u>	
Number of exemptions claimed	<u>3</u>	<u> </u>	
State Base Form Filed	NJ 1040NR		

INCOME, DEDUCTIONS AND ADJUSTMENTS:

New Jersey Income	<u>331,751</u>	<u> </u>	<u>331,751</u>
Itemized/Standard Deduction			
Exemption Amount (Allowance) / Personal Exemptions	<u>3,500</u>	<u> </u>	<u>3,500</u>
Taxable Income	<u>328,251</u>	<u> </u>	<u>328,251</u>

TAX, CREDIT AND PAYMENTS:

New Jersey Tax	<u>7,071</u>	<u> </u>	<u>7,071</u>
Credit for Taxes Paid to Another State			
Other Credits			
Net Tax	<u>7,071</u>	<u> </u>	<u>7,071</u>
Income Tax Withheld	<u>6,578</u>	<u> </u>	<u>6,578</u>
Estimated Tax Payments			
Amount Paid with Extension			
Other payments including refundable credits			
Total Payments	<u>6,578</u>	<u> </u>	<u>6,578</u>

REFUND OR BALANCE DUE

Balance Due	<u>493</u>	<u> </u>	<u>493</u>
Underpayment Penalty			
Other Penalties and Interests			
Amount You Owe	<u>493</u>	<u> </u>	<u>493</u>
Overpayment			
Overpayment Applied to Estimated Payments			
Amount to be Refunded			

2020 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2020
Page 1



For Taxable Year January 1, 2020 – December 31, 2020 or Other Tax Year
Beginning _____, 2020 Ending _____, 2021

2029

Your Social Security Number
687101759

Last Name, First Name, and Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
SONI SAMIR AND PARITA

Spouse's/CU Partner's Social Security Number
280916390

State of Residency (outside NJ)
NY

Home Address (Number and Street, incl. apt. # or rural route)
950 49TH ST APT 4B

Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
D07947460	AZ	BROOKLYN	NY	11219

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the taxable year, give the period of New Jersey residency. From: _____ To: _____

Gubernatorial Elections Fund	Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	<input checked="" type="checkbox"/>	No
		Yes	<input checked="" type="checkbox"/>	No





Name(s) as shown on Form NJ-1040NR
SAMIR V SONI

Your Social Security Number
687101759

2029

Filing Status
(Check only one box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return _____
- 4. Head of Household Name and SSN of Spouse/CU Partner
- 5. Qualifying Widow(er)/Surviving CU Partner

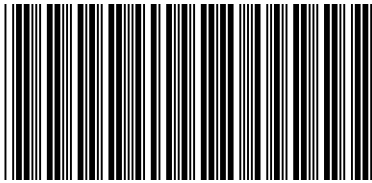
Exemptions

- 6. Regular Self Spouse/CU Partner Domestic Partner 6. 2
- 7. Age 65 or Over Self Spouse/CU Partner 7.
- 8. Blind or Disabled Self Spouse/CU Partner 8.
- 9. Veteran Exemption Self Spouse/CU Partner 9.
- 10. Number of your qualified dependent children 10. 1
- 11. Number of other dependents 11.
- 12. Dependents attending colleges (See Instructions) 12.
- 13. For line 13a - Add lines 6, 7, 8, and 12. For line 13b - Add lines 10 and 11. For line 13c - Enter amount from line 9. 13a. 2 13b. 1 13c.

Dependent Information

- 14. Dependent's Last Name, First Name, Middle Initial Dependent's Social Security Number Birth Year
- a. SONI, KIARA 668919024 2020
- b. _____
- c. _____
- d. _____

	COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE)	COL. B - AMOUNT FROM NEW JERSEY SOURCES
15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 66 through 72	15. 331622	15. 139066
16. Interest	16. 129	
17. Dividends		
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)		
19. Net gains or income from disposition of property (From line 65)		
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)		
21. Net gambling winnings (See instructions)		
22. Pensions, Annuities, and IRA Withdrawals		
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)		
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)		
25. Alimony and separate maintenance payments received		
26. Other - State Nature and Source _____		
27. TOTAL INCOME (Add lines 15 through 26)	27. 331751	27. 139066
28a. Pension Exclusion (See Instructions)		
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)		
28c. Total Exclusion Amount (Add line 28a and line 28b)		
29. Gross Income (Subtract line 28c from line 27)	29. 331751	29. 139066
30. Total Exemption Amount (See Instructions)	30. 3500	
31. Medical Expenses (See Worksheet and Instructions)		
32. Alimony and separate maintenance payments		
33. Qualified Conservation Contribution		
34. Health Enterprise Zone Deduction		
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)		



040NV03200

Name(s) as shown on Form NJ-1040NR
SAMIR V SONI

Your Social Security Number
687101759

2029

36. Organ/Bone Marrow Donation Deduction (See instructions))	36.		
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	3500	
38. TAXABLE INCOME (Subtract line 37 from line 29, Column A)	38.	328251	
39. Tax on amount on line 38 (From Tax Table page 34)	39.	16867	
40. Income Percentage B. (line 29) / A. (line 29) = <u>41.92</u> %			
41. NEW JERSEY TAX (Multiply amount from line 39 by income percentage from line 40)	41.		7071
42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	42.		
43. Gold Star Family Counseling Credit (See Instructions)	43.		
44. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	44.		
45. Total credits (Add lines 42, 43, and 44)	45.		
46. Balance of Tax After Credits (Subtract line 45 from line 41)	46.		7071
47. Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	47.		
48. Total Tax and Penalty (Add line 46 and line 47)	48.		7071
49. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	49.	6578	
50. New Jersey Estimated Tax Payments/Credit from 2019 return	50.		
51. Tax paid on your behalf by Partnership(s)	51.		
52. EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.		
53. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.		
54. EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.		
55. Pass-Through Business Alternative Income Tax Credit (See instructions)	55.		
56. Total Payments/Credits (Add lines 49 through 55)	56.		6578
57. If line 56 is LESS THAN line 48, enter AMOUNT YOU OWE	57.		493
58. If line 56 is MORE THAN line 48, enter OVERPAYMENT	58.		
59. Deductions from Overpayment on line 58 that you elect to credit to:			
(A) Your 2021 Tax	59A.		
(B) N.J. Endangered Wildlife Fund	59B.		
(C) N.J. Children's Trust Fund	59C.		
(D) N.J. Vietnam Veterans' Memorial Fund	59D.		
(E) N.J. Breast Cancer Research Fund	59E.		
(F) U.S.S. N.J. Educational Museum Fund	59F.		
(G) Designated Contribution Code	59G.		
60. Total Deductions From Overpayment (Add lines 59A through 59G)	60.		
61. REFUND (Amount to be sent to you. Subtract line 60 from line 58)	61.		

Also enter on line 50:
 • Payments made in connection with sale of NJ real property
 • Payments by S corporation for nonresident shareholder

NOTE:
 An entry on line 59A, B, C, D, E, F, or G will reduce your tax refund

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 57 in full. Write Social Security number(s) on check or money order and

> 04-30-2021 >
 Your Signature Date

> _____ >
 Spouse's/CU Partner's Sig. (If filing jointly, BOTH must sign)

State of New Jersey -TGI
 Division of Taxation
 Revenue Processing Center
 PO Box 244
 Trenton, NJ 08646-0244

Paid Preparer's Signature

Federal Identification Number

You may also pay by e-check or credit card.

HB SINGH

P00717922

Firm's Name

Firm's Federal Employer Identification Number

H AND R BLOCK

452460841

Name(s) as shown on Form NJ-1040NR SAMIR V AND PARITA S SONI	Social Security Number 687-10-1759
---	---------------------------------------

Schedule NJ-BUS-1
(Form NJ-1040NR)

New Jersey Gross Income Tax
Business Income Summary Schedule

2020

Part I Net Profits From Business		List the net profit (loss) from business(es). See instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter ZERO on line 18, column A.)		4.
Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 - Rental real estate 2 - Royalties 3 - Patents 4 - Copyrights	
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type -- Enter number from list above
1.	3053 E SUNRISE PL CHANDLER	687-10-1759	1
2.			
3.			
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on line 20, Column A. If loss, enter ZERO on line 20, column A.)		4.
Part III Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter ZERO on line 23, column A.)		
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 51.		
Part IV Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add Lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter ZERO on line 24, column A.)		4.

Keep a copy of this schedule for your records

Schedule NJ-BUS-2
(Form NJ-1040NR)

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2020

PART I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.		1b.	
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.		2b.	-5,005
3.	Distributive Share of Partnership Income	3a.		3b.	
4.	Net Pro Rata Share of S Corporation Income	4a.		4b.	
5.	Loss Carryforward From Tax Year 2019			5b. ()
6.	Totals	6a.		6b.	-5,005
PART II Adjustment Calculation					
7.	Total Regular Business Income	7.			
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.			
9.	Business Increment (line 7 minus line 8)	9.			
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.			
PART III Loss Carryforward to Tax Year 2021					
12.	Loss Carryforward to Tax Year 2021			12. (5,005)

Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2019 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2020 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records

2020 NEW JERSEY DEPRECIATION SCHEDULE

SAMIR V AND PARITA S SONI
687-10-1759

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
SCHEDULE E #001												
RENTAL REAL EAS	06-08-18	S/L-27.5	427307	0	0	0	0	422307	23674	15355	39029	383278
1 ASSETS	TOTALS:		427307	0	0	0	0	422307	23674	15355	39029	383278
1 ASSETS	GRAND TOTALS:		427307	0	0	0	0	422307	23674	15355	39029	383278

2020 NEW YORK TWO YEAR COMPARISON

SAMIR V AND PARITA S SONI
687-10-1759

Keep for Your Records

	Tax Year 2020	Tax Year 2019	Difference
Filing status	MFJ	MFJ	
Residency status	PT-YR RES	PT-YR RES	
Number of exemptions claimed	1		
State Base Form Filed	NY IT-203	NY IT-203	

INCOME, DEDUCTIONS AND ADJUSTMENTS:

Federal Adjusted Gross Income	332,559	328,261	4,298
Additions to Federal Income			
Subtractions from Federal Income			
New York Income	332,559	328,261	4,298
Itemized/Standard Deduction	16,050	16,050	
Exemption Amount (Allowance) / Personal Exemptions	1,000		1,000
Taxable Income	315,509	312,211	3,298

TAX, CREDIT AND PAYMENTS:

New York Tax	20,224	20,262	-38
NYC and/or Yonkers Tax	2,779	2,477	302
Credit for Taxes Paid to Another State			
Other Credits			
Net Tax	8,517	7,751	766
Income Tax Withheld	7,948	7,485	463
Estimated Tax Payments			
Other payments including refundable credits			
Total Payments	8,112	7,631	481

REFUND OR BALANCE DUE

Balance Due	405	120	285
Underpayment Penalty			
Other Penalties and Interests			
Amount You Owe	405	120	285
Overpayment			
Overpayment Applied to Estimated Payments			
Amount to be Refunded			



Office of Processing and Taxpayer Services
W A Harriman Campus, Albany NY 12227-0865

New York State requires this income tax return to be filed electronically.

Attention tax return preparer:

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

Preparers who file paper returns are subject to penalties.

Avoid penalties and e-file this return.

Attention taxpayer:

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **Most New Yorkers** enjoy the benefits of e-filing.

Questions?

Visit our website for more information about New York's e-file mandate.



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2020, through December 31, 2020, or fiscal year beginning 20
and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial SAMIR V		Your last name (for a joint return, enter spouse's name on line below) SONI		Your date of birth (mmddyyyy) 10061984		Your Social Security number 687101759	
Spouse's first name and middle initial PARITA S		Spouse's last name SONI		Spouse's date of birth (mmddyyyy) 04141987		Spouse's Social Security number 280916390	
Mailing address (see instructions) (number and street or PO box) 950 49TH ST APT 4B				Apartment number		New York State county of residence KINGS	
City, village, or post office BROOKLYN			State NY	ZIP code 11219	Country (if not United States)		School district name BROOKLYN
Taxpayer's permanent home address (see instr.) (no. and street or rural route)				Apartment no.	City, village, or post office		School district code number
State		ZIP code		Country (if not United States)		Decedent information	Taxpayer's date of death
							Spouse's date of death

A Filing status (mark an X in one box):

- (1) Single
- (2) Married filing joint return (enter both spouses' Social Security numbers above)
- (3) Married filing separate return (enter both spouses' Social Security numbers above)
- (4) Head of household (with qualifying person)
- (5) Qualifying widow(er)

B Did you itemize your deductions on your 2020 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see instructions) Yes No

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see instr.) Yes No

E New York City part-year residents only (see instructions)

- (1) Number of months you lived in NY City in 2020 ... 12
- (2) Number of months your spouse lived in NY City in 2020 ... 12

F Enter your 2-character special condition code(s) if applicable (see instructions) ...

G New York State part-year residents (see instructions)

Enter the date you moved into or out of NYS (mmddyyyy) ... 01012020

On the last day of the tax year (mark an X in one box):

- 1) Lived in NYS ...
- 2) Lived outside NYS; received income from NYS sources during nonresident period ...
- 3) Lived outside NYS; received no income from NYS sources during nonresident period ...

H New York State nonresidents (see instructions)

Did you or your spouse maintain living quarters in NYS in 2020? Yes No
(if Yes, complete Form IT-203-B)



I Dependent information (see instructions)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
KIARA	SONI	DAUGHTER	668919024	01272020

If more than 6 dependents, mark an X in the box.



203001202029

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number
687101759

Federal income and adjustments (see instructions)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

1	Wages, salaries, tips, etc.	1	332430.00	1	94351.00
2	Taxable interest income	2	129.00	2	.00
3	Ordinary dividends	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12	Rental real estate included in line 11 (federal amount) 12. .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16	Other income (see inst.) Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	332559.00	17	94351.00
18	Total federal adjustments to income (see instructions) Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	332559.00	19	94351.00
19a	Recomputed Federal Adjusted Gross Income (see page 25, Line 19a worksheet)	19a	332559.00	19a	94351.00

New York additions (see instructions)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
22	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19a through 22	23	332559.00	23	94351.00

New York subtractions (see instructions)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see instructions)	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15)	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30	Add lines 24 through 29	30	.00	30	.00
31	New York adjusted gross income (subtract line 30 from line 23)	31	332559.00	31	94351.00

32 Enter the amount from line 31, **Federal amount** column 332559.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1 SAMIR V AND PARITA S SONI	Enter your Social Security number 687101759
---	--

Standard deduction or itemized deduction (see page 29)

33 Enter your standard deduction (table on page 29) or your itemized deduction (from Form IT-196).

Mark an X in the appropriate box: Standard -or- Itemized

33	16050.00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	316509.00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 29)	1000.00
36 New York taxable income (subtract line 35 from line 34)	315509.00

Tax computation, credits, and other taxes

37 New York taxable income (from line 36)	37	315509.00
38 New York State tax on line 37 amount (see page 30)	38	20224.00
39 New York State household credit (page 30, table 1, 2, or 3)	39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	20224.00
41 New York State child and dependent care credit (see page 31)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	20224.00
43 New York State earned income credit (see page 31)	43	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 44 20224.00

45 Income percentage (see page 31) New York State amount from line 31 ÷ Federal amount from line 31 = Round result to 4 decimal places 45 0.2837

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	5738.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	5738.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 Total New York State taxes (add lines 48 and 49)	50	5738.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51	2779.00	See instructions on pages 31 and 32 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from 51	52a	2779.00	
52b MCTMT net earnings base	52b	.00	
52c MCTMT	52c	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	2779.00	
56 Sales or use tax (See the instructions on page 33. Do not leave line 56 blank.)	56	0.00	
57 Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00	
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	8517.00	

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number
687101759

59 Enter amount from line 58 59 8517.00

Payments and refundable credits (see instructions)

60	Part-year NYC school tax credit (fixed amt.) (also complete E on page 1)	60	.00	If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see instructions). Do not send federal Form W-2 with your return.
60a	NYC school tax credit (rate reduction amount)	60a	164.00	
61	Other refundable credits (Form IT-203-ATT, line 17)	61	.00	
62	Total New York State tax withheld	62	4714.00	
63	Total New York City tax withheld	63	3234.00	
64	Total Yonkers tax withheld	64	.00	
65	Total estimated tax payments/amount paid with Form IT-370	65	.00	
66	Total payments and refundable credits (add lines 60 through 65)	66	8112.00	

Your refund, amount you owe, and account information (see instructions)

67	Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66; see instructions)	67	.00
68	Amount of line 67 available for refund (subtract line 69 from line 67)	68	.00
68a	Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	68a	.00
68b	Total refund after NYS 529 account deposit (subtract line 68a from line 68)	68b	.00

Mark one refund choice: direct deposit to checking or savings account (fill in line 73) - or - paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

See instructions for payment options.

See instructions for the proper assembly of your return.

69	Amount of line 67 that you want applied to your 2021 estimated tax (see instructions)	69	.00
70	Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input checked="" type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	70	405.00
71	Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see instructions)	71	.00
72	Other penalties and interest (see instructions)	72	.00

73 Account information for direct deposit or electronic funds withdrawal (see instructions). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see instructions)

73a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

73b Routing number 053000196 73c Account number 237006423247

74 Electronic funds withdrawal (see instructions) Date 04302021 Amount 405.00

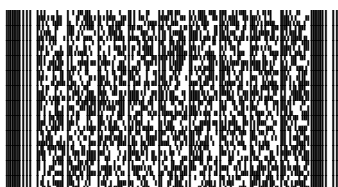
Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name HB SINGH	Designee's phone number 6029710200	Personal identification number (PIN)
Email: HRBTAXPRO@HRBLOCK.COM			

Preparer's NYTPRN (see instructions) 10632079	NYTPRN excl. code
Preparer's signature HB SINGH	Preparer's printed name HB SINGH
Firm's name (or yours, if self-employed) H AND R BLOCK	Preparer's PTIN or SSN P00717922
Address 4727 E BELL RD PHOENIX AZ 85032	Employer identification number 452460841
Email:	Date 04302021

Taxpayer(s) must sign here	
Your signature	
Your occupation SOFTWARE ENGR	
Spouse's signature and occupation (if joint return) PHYSICIAN	
Date 04302021	Daytime phone number 9194497542
Email: SAMIR.SONI@DATACORESYSTEMS	

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Change of City Resident Status

IT-360.1

New York City • Yonkers

Submit this form with Form IT-201 or Form IT-203.

Name(s) as shown on return SONI SAMIR AND PARITA	Social Security number 687101759
---	-------------------------------------

Change of resident status -- If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I, page 1).

- Mark an **X** in only **one** box (A) **New York City change of residence** - Complete Parts 1, 2, 3, and 4.
- (B) **Yonkers change of residence** - Complete Parts 1 and 5.
- (C) **New York City and Yonkers change of residence** - Complete the entire form.

Part 1 -- New York adjusted gross income (see instructions, page 3)	Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc	1 332430.00	94351.00	.00
2 Taxable interest income	2 129.00	.00	.00
3 Ordinary dividends	3 .00	.00	.00
4 Taxable refunds, credits, or offsets of state and local income taxes	4 .00	.00	.00
5 Alimony received	5 .00	.00	.00
6 Business income or loss (submit copy of federal Schedule C, Form 1040)	6 .00	.00	.00
7 Capital gain or loss (submit copy of federal Schedule D, Form 1040)	7 .00	.00	.00
8 Other gains or losses (submit copy of federal Form 4797)	8 .00	.00	.00
9 Taxable amount of IRA distributions . . .	9 .00	.00	.00
10 Taxable amount of pensions and annuities	10 .00	.00	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040).	11 .00	.00	.00
12 Farm income or loss (submit copy of federal Schedule F, Form 1040)	12 .00	.00	.00
13 Unemployment compensation	13 .00	.00	.00
14 Taxable amount of Social Security benefits	14 .00	.00	.00
15 Other income. Identify:	15 .00	.00	.00
16 Total (add lines 1 through 15)	16 332559.00	94351.00	.00
17 Total federal adjustments to income. Identify:	17 .00	.00	.00
18 Federal adjusted gross income (subtract line 17 from line 16)	18 332559.00	94351.00	.00
18a Recomputed federal adjusted gross income (see instructions)	18a 332559.00	94351.00	.00
19 New York modifications (submit schedule)	19 .00	.00	.00
20 New York adjusted gross income (line 18a and add or subtract line 19) . . .	20 332559.00	94351.00	.00

NO HANDWRITTEN ENTRIES ON THIS FORM



360001202029



Part 2 - Itemized deductions for New York City (see instr., page 4)
If you are claiming the standard deduction, do not complete Part 2.

Table with 3 columns: Line number, Column A (Itemized deductions), and Column B (Amount of Column A for New York City resident period). Rows include Medical and dental expenses, Taxes you paid, Interest you paid, Gifts to charity, Casualty and theft losses, Job expenses, etc.

Part 3 - Dependent exemptions (see instructions, page 6)

37 Enter the period you were a New York City resident during 2020; use a two-digit number to represent the month and day (see instructions)

From: month 01 day 01 To: month 12 day 31

Table for dependent exemptions with rows 38-42. Row 38: County where you resided. Row 39: Number of full months (12). Row 40: Prorated value (1000.00). Row 41: Number of exemptions (1). Row 42: Multiplied amount (1000.00).

Part 4 -- Part-year New York City resident tax (see instructions, page 6)

Table for part-year New York City resident tax with rows 43-55. Row 43: Adjusted gross income (94351.00). Row 44: Standard deduction (16050.00). Row 45: Subtracted deduction (78301.00). Row 46: Dependent exemption amount (1000.00). Row 47: Taxable income (77301.00). Row 48: Tax on income (2779.00). Row 49: Household credit (.00). Row 50: Subtracted credit (2779.00). Row 51: Separate tax (.00). Row 52: Resident tax on capital gain (.00). Row 53: Total tax (2779.00). Row 54: Business tax credit (.00). Row 55: Final tax (2779.00).

NO HANDWRITTEN ENTRIES ON THIS FORM





Summary of W-2 Statements

IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

687101759

Box b Employer identification number (EIN)

232535214

Box c Employer's information

Employer's name			
DATA CORE SYSTEMS INC			
Employer's address (number and street)			
1500 JFK BLVD 2 PENN CTR			
City	State	ZIP code	Country (if not United States)
PHILADELPHIA	PA	19102	

Box 1 Wages, tips, other compensation
98205.00

Box 12a Amount
43.00

Code
C

Box 14a Amount
.00

Description

Box 8 Allocated tips
.00

Box 12b Amount
19500.00

Code
D

Box 14b Amount
.00

Description

Box 10 Dependent care benefits
.00

Box 12c Amount
.00

Code

Box 14c Amount
.00

Description

Box 11 Nonqualified plans
.00

Box 12d Amount
.00

Code

Box 14d Amount
.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

Box 16a NYS wages, tips, etc.
.00

Box 17a NYS income tax withheld
.00

Other state information:

Box 15b other state
AZ

Box 16b Other state wages, tips, etc.
98205.00

Box 17b Other state income tax withheld
2650.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

280916390

Box b Employer identification number (EIN)

111635081

Box c Employer's information

Employer's name			
MAIMONIDES MEDICAL CENTER			
Employer's address (number and street)			
4802 TENTH AVENUE			
City	State	ZIP code	Country (if not United States)
BROOKLYN	NY	11219	

Box 1 Wages, tips, other compensation
94351.00

Box 12a Amount
72.00

Code
C

Box 14a Amount
197.00

Description
FLI

Box 8 Allocated tips
.00

Box 12b Amount
.00

Code

Box 14b Amount
31.00

Description
NYSDI

Box 10 Dependent care benefits
.00

Box 12c Amount
.00

Code

Box 14c Amount
.00

Description

Box 11 Nonqualified plans
.00

Box 12d Amount
.00

Code

Box 14d Amount
.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State
NY

Box 16a NYS wages, tips, etc.
94351.00

Box 17a NYS income tax withheld
4714.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.
.00

Box 17b Other state income tax withheld
.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a 94351.00
Locality b .00

Box 19 Local income tax withheld
Locality a 3234.00
Locality b .00

Box 20 Locality name
Locality a NYC
Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001202029





Summary of W-2 Statements

IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

687101759

Box b Employer identification number (EIN)

220999690

Box c Employer's information

Employer's name

HORIZON HEALTHCARE SERVICES INC

Employer's address (number and street)

3 PENN PLAZA EAST

City State ZIP code Country (if not United States)

NEWARK NJ 07105

Box 1 Wages, tips, other compensation

139066.00

Box 12a Amount

290.00

Code

C

Box 14a Amount

216.00

Description

OTHER

Box 8 Allocated tips

.00

Box 12b Amount

808.00

Code

D

Box 14b Amount

150.00

Description

UI

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

NJ

Box 16b Other state wages, tips, etc.

139066.00

Box 17b Other state income tax withheld

6578.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name

Employer's address (number and street)

City State ZIP code Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 12a Amount

.00

Code

Box 14a Amount

.00

Description

Box 8 Allocated tips

.00

Box 12b Amount

.00

Code

Box 14b Amount

.00

Description

Box 10 Dependent care benefits

.00

Box 12c Amount

.00

Code

Box 14c Amount

.00

Description

Box 11 Nonqualified plans

.00

Box 12d Amount

.00

Code

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b



102001202029



NO HANDWRITTEN ENTRIES ON THIS FORM

2020 NEW YORK DEPRECIATION SCHEDULE

SAMIR V AND PARITA S SONI
687-10-1759

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
SCHEDULE E #001												
RENTAL REAL EAS	06-08-18	S/L-27.5	427307	0	0	0	0	422307	23674	15355	39029	383278
1 ASSETS	TOTALS:		427307	0	0	0	0	422307	23674	15355	39029	383278
1 ASSETS	GRAND TOTALS:		427307	0	0	0	0	422307	23674	15355	39029	383278

2020 NEW YORK TAX COMPUTATION WORKSHEETS
FORM IT-203

SAMIR V AND PARITA S SONI
687-10-1759

Keep for Your Records

Married Filing Jointly and Qualifying Widow(er)

TAX COMPUTATION WORKSHEET 1

If the New York AGI (line 32) is more than \$107,650 , but not more than \$2,155,350 , and the taxable income (line 37) is \$161,550 or less, then you must compute the tax using this worksheet.

- | | | |
|---|----|----------------------|
| 1. New York adjusted gross income from line 32 | 1. | _____ |
| 2. Taxable income from line 37 | 2. | _____ |
| 3. Multiply line 2 by 6.09% (.0609) (Stop: If the line 1 amount is \$157,650 or more, skip lines 4 through 8 and enter the line 3 amount on line 9) | 3. | _____ |
| 4. New York State tax on the line 2 amount from the New York State Tax Rate schedule on page 63 | 4. | <input type="text"/> |
| 5. Subtract line 4 from line 3 | 5. | _____ |
| 6. Excess of line 1 over \$107,650 | 6. | _____ |
| 7. Divide line 6 by \$50,000 and round the result to the fourth decimal place | 7. | _____ |
| 8. Multiply line 5 by line 7 | 8. | <input type="text"/> |
| 9. Add lines 4 and 8. Enter here and on line 38 | 9. | _____ |

TAX COMPUTATION WORKSHEET 2

If the New York AGI (line 32) is more than \$161,550 , but not more than \$2,155,350 , and your taxable income (line 37) is more than \$161,550 but not more than \$323,200 , then your must compute the tax using this worksheet.

- | | | |
|---|-----|----------------------------------|
| 1. New York adjusted gross income from line 32 | 1. | <u>332,559.</u> |
| 2. Taxable income from line 37 | 2. | <u>315,509.</u> |
| 3. Multiply line 2 by 6.41% (.0641) (Stop: If the line 1 amount is \$211,550 or more, skip lines 4 through 10 and enter the line 3 amount on line 11) | 3. | <u>20,224.</u> |
| 4. Enter New York State tax on the line 2 amount from the New York State tax rate schedule on page 63 | 4. | <input type="text"/> |
| 5. Subtract line 4 from line 3 | 5. | _____ |
| 6. Enter \$526 on line 6 | 6. | <input type="text" value="577"/> |
| 7. Subtract line 6 from line 5 | 7. | _____ |
| 8. The excess of line 1 over \$161,550 | 8. | _____ |
| 9. Divide line 8 by \$50,000 and round the result to the fourth decimal place | 9. | _____ |
| 10. Multiply line 7 by line 9 | 10. | <input type="text"/> |
| 11. Add lines 4, 6, and 10. Enter here and on line 38 | 11. | <u>20,224.</u> |

2020 NEW YORK CITY DEPRECIATION SCHEDULE

SAMIR V AND PARITA S SONI
687-10-1759

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
SCHEDULE E #001												
RENTAL REAL EAS	06-08-18	S/L-27.5	427307	0	0	0	0	422307	23674	15355	39029	383278
1 ASSETS	TOTALS:		427307	0	0	0	0	422307	23674	15355	39029	383278
1 ASSETS	GRAND TOTALS:		427307	0	0	0	0	422307	23674	15355	39029	383278