

Filing Status 1 Single 4 Head of hshld. If qual person a child but not your dependent, child's name: _____

2 Married filing jointly (even if only one had income) Married filing separately (MFS) Qual widow(er) (QW)

3 Married filing separately (MFS) Spouse name Qual widow(er) (QW)

Your Name: 1st Name, MI: SUNDARAM Last Name: KANNAN Jr: _____ SSN: 625-13-1674

Spouse Name: TINA VAS 624-21-6796

Street, No: Drongo, SJR Watermark, Haralur Roac 1103 Make sure

City,ST,ZIP: Bangalore SSNs correct

Foreign Address Foreign country name: India Foreign province/county: Karnataka Foreign postal code: 560102

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any interest in any virtual currency? Yes No

Someone can claim you as a dependent.

You born before Jan 2, 1956 Blind ... 0

Someone can claim your spouse as a dependent.

Sp born before Jan 2, 1956 Blind

MINI-WORKSHEET FOR MFS/DUAL-STATUS ALIEN

a. Married, filing separately and spouse itemizes

b. Are you a dual-status alien

Sp itemizes on sep rtn/dual-status alien

Presidential Elec Campaign Note: Checking a box below won't change your tax or refund. Check if you/spouse want \$3 to go to fund You Spouse

c Dependents:

(1) First Last Name	(2) SSN	(3) Relationship	(4) CTC CFOD
Anoushka Kannan	618-33-7794	Daughter	<input type="checkbox"/> <input checked="" type="checkbox"/>
Aadi Kannan	612-57-4909	Son	<input checked="" type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>

MINI-WORKSHEET FOR LINE 1, WAGES

a. Wages not on W-2 Self: _____ Spouse: _____

b. Total from line a _____ 0

Note: Line b includes spouse amounts only if you are married filing a joint return.

c. Wages from W-2's _____ 0

d. Total for line 1 _____ 0

Income

1	Wages, etc.		
2a	Exempt interest	2a _____ 0	2b _____ 45
3a	Qual divs	3a _____ 0	
3b	Ordinary dividends		3b _____ 0
4a	IRA distributions	a _____ b Taxable	4b _____ 0
5a	Pensions and annuities	a _____ b Taxable	5b _____ 0

STATE-ONLY TAXABLE RETIREMENT DISTRIBUTIONS MINI-WORKSHEET

a. Taxable IRA Self: _____ 0 Spouse: _____ 0

b. Taxable pension and annuities Self: _____ 0 Spouse: _____ 0

6a	Soc Sec benefits	6a _____ b Taxable ..	6b _____
7	Capital gain/loss		7 _____ 129,271
8	Other income from Schedule 1, line 9		8 _____ -208,321
9	Total income. Lns 1, 2b, 3b, 4b, 5b, 6b, 7, and 8		9 _____ -79,005
10	Adjustments to income:		
a	Adj to income from Schedule 1, line 22		10a _____ 0
b	Charitable contributions if you take the standard deduction. See instructions		10b _____
c	Sum of lines 10a and 10b. These are your total adjustments to income		10c _____ 0
11	Adjusted gross income. Line 9 - line 10c		11 _____ -79,005

copy B

MINI-WORKSHEET FOR LINE 12,
STANDARD VS ITEMIZED DEDUCTION

- a. Your standard deduction 24,800
- b. Itemized deductions (from Schedule A) 0
- c. You are required to itemize
- d. You want to itemize, even if lower deduction
- e. You are married filing separately and claiming
the standard deduction
- f. Line a or line b. To line 12 24,800

Note: Line f is line b when lines c or d are checked.
Line f is line a when line e is checked.

Note: We take line 10b into account when we compare
the standard deduction to the itemized deduction.

12	Itemized deductions or standard deduction	12	24,800
	Check here if you itemized <input type="checkbox"/>	<input type="checkbox"/>	
13	Qualified business income deduction (see instr.)	13	0
14	Add lines 12 and 13	14	24,800
15	Taxable income. Ln 11 - 14. (not less than 0)	15	0

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FOREIGN EARNED INCOME TAX WORKSHEET

- a. Form 1040 or 1040-SR, line 11b
- b. Form 2555, line 45 and 50
- c. Total amount of itemized deductions or exclusions you couldn't claim because they are related to excluded income
- d. Line b minus line c. If zero or less, enter 0
- e. Combine lines a and d
- f. Tax on line e
- g. Tax on line d
- h. Line f minus line g. If zero or less, enter 0

16 Tax. See instr. Check if total includes tax from 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0
17 Amount from Schedule 2, line 3	17	0
18 Sum of lines 16 and 17	18	0
19 Child tax credit or credit for other dependents	19	0
20 Amount from Schedule 3, line 7	20	0
21 Sum of lines 19 and 20	21	0
22 Line 18 - line 21. If zero or less enter -0-	22	0
23 Other taxes, incl SE tax, from Schedule 2, ln 10	23	0
24 Total tax. Sum of lines 22 and 23	24	0

**MINI-WORKSHEET FOR LINE 25,
FEDERAL TAX WITHHELD**

- a. Backup withholding (Bkgd Wks, 1099-DIV, 1099-INT/OID, 1099-MISC, 1099-NEC, 1099-B, 1099-K, K-1) 0
- b. Oth fed inc tax w/h (W-2, W-2G, 1099-G, 1099-R, SSA-1099, RRB-1099) 0
- c. Add'l Medicare tax withholding from Form 8959 0
- d. Total federal tax withheld (to line 25) 0

25 Federal income tax withheld from:			
a Form(s) W-2	25a	0	
b Form(s) 1099	25b	0	
c Other forms (see instructions)	25c	0	
d Federal income tax withheld	25d	0	
26 2020 est tax pmts + amt from 19 return	26	0	
27 EIC NO	27		
28 Schedule 8812	28		
29 Form 8863	29	1,000	

**MINI-WORKSHEET FOR LINE 30,
RECOVERY REBATE CREDIT**

- a. Can you be claimed as a dependent on another's return?
If you're married filing jointly, go to line b.
 No. Go to line b.
 Yes. Stop. You can't take the credit.
- b. Does your tax return include a valid SSN for you (and your spouse if married filing jointly)?
 Yes. Skip lines c and d and go to line e.
 No. Go to line c.
- c. Are you filing a joint return for 2020?
 Yes. Go to line d.
 No. Stop. You can't take the credit.
- d. Were you and/or your spouse a member of the U.S. Armed Forces at any time during 2020?
 Yes. Your credit is not limited. Go to line f.
 No. Go to line e.
Were you and/or your spouse 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?
 Yes. Your credit is not limited. Go to line f.
 No. Go to line e.
- e. Does one of you have a valid Social Security number?
 Yes. Your credit is limited. Go to line f.
 No. Stop. You can't take the credit.
- f. Enter \$1200 (\$2400 if you're married filing jointly and (1) you both have a valid SSN or (2) at least one of you was in the U.S. Armed Forces and at least one of you has a valid SSN)

valid SSN) 2,400

g. \$500 x number of qualifying children 500

h. Sum of lines f and g 2,900

i. Enter \$600 (\$1200 if you're married filing jointly and (1) you both have a valid SSN or (2) at least one of you was in the U.S. Armed Forces and at least one of you has a valid SSN) 1,200

j. \$600 x number of qualifying children 600

k. Sum of lines i and j 1,800

l. Amount from line 11 of Form 1040/1040-SR -79,005

m. Enter:
 \$150,000 if married filing jointly or qualifying widow(er)
 \$112,500 if head of household
 \$75,000 if single or married filing separately 150,000

n. Is the amount on line l more than the amount on line m?
 No. Skip line o. Enter line h amount on line p and line k amount on line s.
 Yes. Line l minus line m

o. Line n x 5% (0.05) 0

p. Line h minus line o. If zero or less, enter -0- 2,900

q. Did you get an EIP 1 stimulus payment in 2020?
 Yes. Enter an amount on line q.
 No. Leave the line q amount blank.
 Amount, if any, of the economic stimulus payment you received (before offset) as shown on Notice 1444. If you're filing a joint return, include your spouse's payment as shown on your spouse's Notice 1444. If you filed a joint return for 2019 and received an economic impact payment, you and your spouse are each treated as having received half of the payment

r. Line p minus line q. If zero or less, enter -0- 2,900

s. Line k minus line o. If zero or less, enter -0- 1,800

t. Did you get an EIP 2 stimulus payment in 2020?
 Yes. Enter an amount on line t.
 No. Leave the line t amount blank.
 Amount, if any, of the EIP 2 stimulus payment you received (before offset) as shown on Notice 1444-B. If you're filing a joint return, include your spouse's payment as shown on your spouse's Notice 1444-B. If you filed a joint return for 2019 and received an economic impact payment, you and your spouse are each treated as having received half of the payment

u. Line s minus line t. If zero or less, enter -0- 1,800
Note: If line t > line s, you don't have to pay back the difference.

v. Recovery rebate credit. Sum of lines r and u. If zero or less, enter -0-. To line 30 4,700
 Check if you (and/or your spouse if married filing jointly) were residents of American Samoa, Guam, Puerto Rico, the U.S. Virgin Islands, or the Northern Mariana Islands in 2020.
 Note: If the box is checked you won't receive the rebate on your federal return. We blank out the line 30 amount.

	30 Recovery rebate credit. See instructions	30	4,700
	31 Amount from Schedule 3, line 13	31	0
	32 Lns 27 - 31. Total other pmnts/refundable crdts	32	5,700
	33 Sum of lines 25d, 26, and 32. Total payments	33	5,700
Refund Direct	34 If line 33 is larger than line 24, amt overpaid	34	5,700
	35a Amount of line 34 you want refunded to you. Check if Form 8888 is attached: <input type="checkbox"/>	35a	0
deposit? See instr.	b Routing number XXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number XXXXXXXXXXXXXXXXXXXX		
	36 Amt to apply to 2021 estimated tax 36		5,700
Amount	37 Amount you owe (including Form 2210 penalty)	37	
	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.		
You Owe	38 Amount of penalty on Form 2210 38		
Third Party	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		

Designee Designee name _____ Phone _____ PIN _____

Note: If you are signing for your child, sign his or her name, and write "By" and then your name, and then, "parent for minor child."

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign here	Signature: _____	Date _____	Your occupation Information Technolog	IP PIN _____
	Spouse's sig (if jt.) _____	Date _____	Spouse's occupation Human Resources	IP PIN _____
Phone No. (domestic) _____ (foreign) 919880811550		Email kannansun@gmail.com		

Keep copy for your records.	Preparer name _____	Preparer signature _____	Date _____	PTIN _____
	Firm's name _____	Firm's Ph _____		
	Firm's address _____	EIN _____		
Check if: <input type="checkbox"/> Self-employed				

SUNDARAM KANNAN

SSN: 625-13-1674

Part I Additional Income

MINI-WORKSHEET FOR LINE 1, TAXABLE REFUNDS
OF STATE AND LOCAL INCOME TAXES

Note: This mini-worksheet requires certain information from your 2019 income tax return. If you did not create this tax return using last year's tax data, complete the Last Year's Data Worksheet before continuing.

- a. Sum of "special case" amounts from Forms 1099-G (based on Pub. 525) a. 0
(If so, see IRS Pub. 525 and enter your taxable refunds manually on line 1.)
b. Amount of refunds (up to diff betw deds):
i. Refunds received (Form 1099-G) 0
Check to use amount on line i [X]
Check to calculate limit on taxable amt []

Limitation on Taxable Amount

H&R Block load last year users who calculated (but did not use) sales tax deduction in 2019:

- 1. Sales tax you could have deducted in 2019

Line 1 comes from the Last Year's Data Worksheet. We blank out lines 2 - 9 if line 1 is calculated.

Others:

- 2. 2019 family size
3. 2019 adjusted gross income
4. 2019 nontaxable income
5. 2019 total available income
6. 2019 states of residence:
(1) 2019 state at year-end
2019 locality
2019 state general sales tax rate %
CA and NV: Enter your 2019 combined state and local general sales tax rate on the following line.
2019 local general sales tax rate %
(2) 2019 other state
2019 dates of residence in other state:
From to
2019 locality
2019 state general sales tax rate %
CA and NV: Enter your 2019 combined state and local general sales tax rate on the following line.
2019 Local general sales tax rate %
7. 2019 total from tables
8. 2019 sales tax for major purchases
9. 2019 state and local sales tax (line 7 + line 8)
10. 2019 state and local income tax
11. Ln 10 minus Ln 9 (or line 1, if applicable)
12. Smaller of lines b(i) and 11

- ii. Line b(i) or 12 b. 0

Note: We carry line 12 to line b if you indicate that you want to calculate the difference between your 2019 income and sales tax deductions. Otherwise we carry line b(i) to line b.

- c. 2019 total state tax - limit (not < 0) c.
d. Line b minus line c d.
Note: If line b is not more than line c, none of your refund is taxable. We blank line m.
e. Itemized deductions allowed in 2019 e.
f. 2019 filing status f.
If line f is "3", "X" if itemizing []
g. 2019 minimum standard deduction g.

g.	2019 standard deduction	g.	_____
h.	Number of boxes x'd near the top of page 1 of 2019 Form 1040 or 1040-SR	h.	_____
i.	Ln h x \$1300 (\$1650 if Ln f is 1 or 4)	i.	_____
j.	2019 standard deduction (Ln g + Ln i)	j.	_____
Note: We blank line j if line f is X'd.			
k.	Carry from line j	k.	_____
l.	Line e - line k (not < 0)	l.	_____
m.	Smaller of line d or line l	m.	_____
n.	Sum of lines a and m (to line 1)	n.	_____ 0

1	Taxable refunds of state and local income taxes	1	_____ 0
2a	Alimony received	2a	_____
	Alimony received under a post-2018 agreement		_____
b	Orig divorce/separation agreement date		_____
	2nd divorce/separation agreement date		_____
	3rd divorce/separation agreement date		_____
3	Business income or loss. Attach Sched C	3	_____ 0
4	Other gains or losses. Attach Form 4797	4	_____
5	Rent, royalty, partnership, S corp, trust (Sch E)	5	_____ -25,000
6	Farm income or loss. Attach Schedule F	6	_____ 0
7	Unemploy compensation	7	_____
8	Other income (type and amt) FORM 2555	8	_____ -183,321
9	Combine lines 1 - 8. To 1040 or 1040-SR, line 8	9	_____ -208,321

Part II Adjustments to Income

10	Educator expenses	10	_____ 0
11	Certain bus expenses of reservists, artists, fee-basis gov't officials	11	_____ 0
12	Health savings acct ded (Fm 8889)	12	_____ 0
13	Moving exps (Form 3903)	13	_____ 0
14	Deductible self-empl tax (Sch SE)	14	_____ 0
15	SE SEP/SIMPLE/qualified plans	15	_____ 0
16	Self-employed health ins deduction	16	_____ 0
17	Penalty on early w/drawal of svgs	17	_____ 0
18a	Alimony paid	18a	_____
b	Recip SSN		_____
c	Orig divorce/separation agreement date		_____

MINI-WORKSHEET FOR LINE 19, IRA DEDUCTION

a. Your IRA deduction _____

b. Your spouse's IRA deduction _____

c. Total (to line 19) _____ 0

19	IRA deduction (see instr)	19	_____ 0
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MINI-WORKSHEET FOR LINE 20, STUDENT LOAN INTEREST DEDUCTION

Note: If you are claimed as a dependent on someone else's return, or if you are married filing a separate return, you are not eligible for this deduction.

a. Qualifying interest _____

b. Maximum interest deduction _____

c. Eligible interest. Smaller line a or b _____

d. Total income (Form 1040/1040-SR, line 9) _____

e. Total of amounts from 1040/1040-SR, line 10b, Schedule 1, lines 10 through 19, and amount to left of Schedule 1, line 22 _____

f. Foreign earned income and housing deduction _____

g. Income excluded from Puerto Rico, Guam, American Samoa, or N. Mariana Islands _____

h. Modified AGI. Ln d - Ln e + Lns f and g _____

i. Phaseout threshold (\$70,000; \$140,000 jnt) _____

j. Line h - line i _____

k. Reduction amount (line c times line j divided by \$15,000 if not joint, \$30,000 joint) _____

l. Deduction (line c - line k). To line 20 _____

20	Student loan interest deduction	20	_____ 0
21	Tuition and fees. Attach Form 8917	21	_____ 0
22	Sum of lines 10 - 21. Adjustments to income.	22	_____ 0

SUNDARAM KANNAN

SSN: 625-13-1674

Part I	Tax		
1	Alternative minimum tax. (Form 6251)	1	0
2	Excess adv prem tax cr repmt. Attach Form 8962	2	
3	Sum of lines 1 and 2. To F1040/1040-SR, In 17	3	0
Part II Other Taxes			
4	Self-employment tax. (Sched SE)	4	0
5	Unreported tax from: a <input type="checkbox"/> Fm 4137 b <input type="checkbox"/> Fm 8919	5	0
6	Tax on IRAs, qualified plans, etc. (Form 5329)	6	0
7a	Household employment taxes from Schedule H	7a	0
b	First-time homebuyer credit repayment. Form 5405	7b	0
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code	8	0
9	Section 965 net tax liability installment from Form 965-A	9	
10	Sum of lines 4 through 8. These are your total other taxes . To Form 1040 or 1040-SR, In 23	10	0

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SUNDARAM KANNAN

SSN: 625-13-1674

Part I Nonrefundable Credits

**MINI-WORKSHEET FOR LINE 1,
FOREIGN TAX CREDIT**

a. Foreign tax credit from Form(s) 1099-DIV, 1099-INT, 1099-MISC, and Schedule(s) K-1 (partnerships/S corps) 0
Note: We blank line a if you use Form(s) 1116.

b. Smaller of line a or 1040 or 1040-SR, line 16 plus
Schedule 2, line 2 0

c. Foreign tax credit from Form(s) 1116 0

d. Line b + line c. To line 1 0

1	Foreign tax credit (1116 if req'd)	1	0
2	Child care credit (Form 2441)	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings credit (Fm 8880)	4	0
5	Residential energy credit (Form 5695)	5	
6	Other credits. Check: a <input type="checkbox"/> Fm 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> Specify	6	0
7	Sum of lns 1 - 6. To 1040 or 1040-SR, ln 20	7	0

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amt paid with extension request (see instr)	9	

**MINI-WORKSHEET FOR LINE 10,
EXCESS SOC SEC AND RRTA**

(Fill in W-2's first; leave blank unless 2 or more employers.)

a. "X" if more than 1 employer. Self: Spouse:

b. Eligible Soc Sec tax paid. Self: _____ Spouse: _____

c. Eligible RRTA tax paid. Self: _____ Spouse: _____

d. Uncollected SS/RRTA on tips or
group term life insurance. Self: _____ Spouse: _____

e. Sum of lines b, c, and d. Self: 0 Spouse: 0

f. If a="X", amount on line e minus
\$8,537.40 Self: 0 Spouse: 0

g. Total on line f. Carry to ln 10 TOTAL: 0

10	Excess Soc Sec & tier 1 tax withheld	10	0
11	Credit for fed tax on fuels (Form 4136)	11	

**MINI-WORKSHEET FOR LINE 12,
MISCELLANEOUS CREDITS**

Credit for repayment of amounts you included in
income in an earlier year because it appeared
you had a right to the income

12a	Form 2439	12a	0
b	Qual sick/fam lv crs from Sch H/Form 7202	12b	0
c	Health coverage tax credit from Form F8885	12c	0
d	Other:	12d	

**MINI-WORKSHEET FOR LINE 12e,
SCHEDULE H/SCHEDULE SE DEFERRAL**

1a. Amounts from Form 1040 or 1040-SR, ln 25d - 30 5,700

b. Amount from Schedule 3, lines 8 - 12d 0

c. Sum of lines 1a and 1b 5,700

2. Amount from Form 1040 or 1040-SR, line 24 0

3a. Amount from Schedule H, line 8b 0

b. Amount from Schedule H, line 8e 0

c. Sum of lines 3a and 3b 0

4. Sum of lines 2 and 3 0

5. Amount from Schedule H, line 8d 0

6. Amount from Schedule SE, line 26 0

7. Sum of lines 5 and 6 0

8. Line 4 minus line 7 0

9. Line 1c minus line 8. If zero or less, enter 0 5,700

10. Line 7 minus line 9 0

You can defer payment on up to the amount on line 10 until
12/31/2021 or 12/31/2022 by reporting the amount on line 10
above (or a smaller amount) on line 12e of Schedule 3

above (or a smaller amount) on line 12e of Schedule 3 (Form 1040). See instructions.

11. Portion of line 10 above that you want to defer payment on. To line 12e below	0
12. One-half of the amount on line 7 above	0
13. Smaller of line 11 or line 12. You must pay this amount by 12/31/2022	0
14. Line 11 minus line 13. You must pay this amount by 12/31/2021	0
e Certain Sch H/SE filer deferral (see instr)	12e 0
f Sum of lines 12a through 12e	12f 0
13 Sum of lines 8 through 12f. To Form 1040 or 1040-SR, line 31	13 0

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END OF FORM

**MINI-WORKSHEET FOR PART III
FOREIGN ACCOUNTS AND TRUSTS**

**Not
For
Filing**

During 2020, did you have a financial interest in or signature authority over a financial account located in a foreign country or ownership or authority over foreign financial assets? **Y** **N**

7a. At any time during 2020, did you have a financial interest in or signature authority over a financial account, such as a bank account, securities account, or brokerage account located in a foreign country? See instructions **Y** **N**

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements **Y** **N**

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

b. If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located.

Name of country ▶ India

Name of country ▶ _____

Name of country ▶ _____

During 2020, did you have ownership or authority over foreign financial assets worth \$50,000 or more? **Y** **N**

Note: If you check Yes, you must file Form 8938 with your return.

8. During 2020, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520 **Y** **N**

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Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjust to gain/loss from Fm 8949, Pt I, ln 2(g)	(h) Gain or (loss) (d) - (e) and combine (g)
1a Short-term totals from Form 1099-B for which basis was reported to IRS and for which you have no adjustments (see instructions)	0	0		0
1b Totals from all transx on Form 8949 with Box A checked	11	8	0	3
2 Totals from all transx on Form 8949 with Box B checked	0	0	0	0
3 Totals from all transx on Form 8949 with Box C checked	0	0	0	0

**MINI-WORKSHEET FOR LINE 4,
SHORT-TERM GAIN/LOSS FROM OTHER FORMS**

a. Short-term gain from Form 6252	0
b. Short-term gain/loss from Form 4684	
c. Short-term gain/loss from Form 6781	
d. Short-term gain/loss from Form 8824	
e. Total short-term gain/loss from other forms	0

4 Short-term gain/loss from other forms **4** 0

Note: Line 5 includes capital loss carryovers from K-1 (Est/Tr), line 11, code C.

5 Net sht-term gain/loss, p'ship, S corp, fiduciary **5**

Note: We carry the amount on line 6 from the Last Year's Data Worksheet.

6 Short-term capital loss carryover **6** 0

7 Net short-term gain/loss. Combine lns 1a-6, col h **7** 3

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

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjust to gain/loss from Fm 8949, Pt II, l 2(g)	(h) Gain or (loss) (d) - (e) and combine (g)
8a Long-term totals from Form 1099-B for which basis was reported to IRS and for which you have no adjustments (see instructions)	0	0		0
8b Totals from all transx on Form 8949 with Box D checked	0	0	0	0
9 Totals from all transx on Form 8949 with Box E checked	130,005	737	0	129,268
10 Totals from all transx on Form 8949 with Box F checked	0	0	0	0

**MINI-WORKSHEET FOR LINE 11,
LONG-TERM GAIN/LOSS FROM OTHER FORMS**

Gain/Loss
Whole Year

	Whole Year
a. Gain from Form 4797, Part I	_____
b. Long-term gain from Form 2439	0
c. Long-term gain from Form 6252	0
d. Long-term gain/loss from Form 4684	_____
e. Long-term gain/loss from Form 6781	_____
f. Long-term gain/loss from Form 8824	_____
g. Total long-term gain/loss from other forms	0

11 Long-term gain/loss from other forms **11** | _____ 0

Note: Line 12 includes capital loss carryovers from K-1 (Est/Tr), line 11, code D.

12 Net long-term gain/loss, p'ship, S corp, fiduciary **12** _____

Note: We enter any capital gain distributions from Form 8814 next to ln 13.

13 Capital gn distrib **13** _____ 0

Note: We carry the amount on line 14 from the Last Year's Data Worksheet.

14 Long-term capital loss carryover **14** _____ 0

15 Net long-term gain/loss. Combine lns 8a-14, col h **15** 129,268

SUNDARAM KANNAN

SSN: 625-13-1674

PART III Summary

16 Combine lines 7 and 15... **16** 129,271

- If line 16 is a **gain**, enter the amount from line 16 on Form 1040 or 1040-SR, line 7. Then go to line 17 below.
- If line 16 is a **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- **If line 16 is zero**, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 7. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

- Yes.** Go to line 18.
- No.** Skip lines 18 - 21, and go to line 22.

**MINI-WORKSHEET FOR LINE 18,
 28% RATE GAIN/LOSS**

- a. Collectibles gain or (loss) from Capital Gains and Losses Worksheet 0
- b. Section 1202 gain from Capital Gains and Losses Worksheet that is **not** excluded from income 0
- c. Other Section 1202 gain (e.g., from Form 1099-DIV or 2439) that is **not** excluded from income
You might need to modify line b. or c. above if you have gain reported on Form 6252. See the Schedule D instructions for more information.
- d. Collectibles gain or (loss) from:
 - i. Form 4684, line 4 (but only if the difference between Form 4684, line 14, and Form 4684, line 13, is more than zero).....
 - ii. Form 6252 0
 - iii. Form 6781, Part II 0
 - iv. Form 8824
- e. Collectibles gain reported to you on:
 - i. Form 1099-DIV, box 2d 0
 - ii. Form 2439, box 1d 0
 - iii. Schedule K-1 from a partnership, S corporation, estate, or trust 0
- f. 28% rate gain from charitable gift annuity on Form 1099-R 0
- g. Gain (but not loss) from the sale or exchange of an interest in a partnership, S corporation, or trust held for more than 1 year and attributable to unrealized appreciation of collectibles, if not already included on lines a - f. Attach required statement
- h. Long-term capital loss carryover from Schedule D, ln 14, and Sch K-1 (Form 1041), box 11, code D..... 0
- i. Loss, if any, from Schedule D, line 7 0
- j. Combine lines a - i (not less than zero) 0

18 28% rate gain **18** 0

**MINI-WORKSHEET FOR LINE 19,
 UNRECAPTURED SECTION 1250 GAIN**

- | | Gain/Loss |
|--|-----------|
| a. Unrecaptured gain from Form 4797, Part III | 0 |
| Note: Line a doesn't include unrecaptured gain from installment sales. | |
| b. Unrecaptured gain from Form(s) 6252 for trade or business property held more than one year | 0 |
| c. Unrecaptured gain from Schedules K-1 (P/S) | 0 |
| d. Line a + line b + line c | 0 |
| e. Smaller of line d and Form 4797, line 7 | 0 |
| f. Form 4797, line 8 | 0 |
| g. Line e minus line f | 0 |
| h. Unrecaptured gain from Form(s) 6252 for property held more than one year not reported on line b | 0 |
| i. Unrecaptured gain from the sale or exchange of an interest in a partnership attributable to section 1250 gain, reported | 0 |

on a Schedule K-1 0

j. Unrecaptured gain from the sale or exchange of an interest in a partnership attributable to section 1250 gain, **not** reported on a Schedule K-1 0

k. Other unrecaptured section 1250 gain from the sale or disposition of section 1250 property.

(1) From sale of residence 0

(2) From other 1250 property 0

 Total other unrecaptured 1250 gain 0

l. Unrecaptured gain from Form(s) 2439 0

m. Unrecaptured gain from Schedule K-1 (E/T), REIT or mutual fund not reported on Form 2439 0

n. Lines g through m 0

o. Lines a - g of Mini-Worksheet for Line 18 0

p. Loss, if any, from Schedule D, line 7 0

q. Long-term capital loss carryover from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code D 0

r. Combine lines o - q. If a loss, enter as a positive amount. If zero or a gain, enter 0 0

s. Unrecaptured section 1250 gain. Line n minus line r (not less than zero) 0

19 Unrecaptured section 1250 gain **19** 0

Note: The program incorporates the Qualified Dividends and Capital Gain Tax Worksheet referred to on lines 20 and 22 into the Schedule D Tax Worksheet shown below.

20 Are lines 18 and 19 **both** zero or blank and you are not filing Form 4952?

Yes. Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the 1040 or 1040-SR instructions for Line 16. Do not complete lines 21 and 22 below.

No. Complete the Schedule D Tax Worksheet. Do not complete lines 21 and 22 below.

21 If ln 16 is a loss, enter here and on Form 1040 or 1040-SR, line 7, the **smaller** of:

- The loss on line 16
- \$3,000 (\$1,500 if married filing separately)

21 | _____

22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a?

Yes. Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the 1040 or 1040-SR instructions.

No. Complete the rest of Form 1040 or 1040-SR.

SCHEDULE D TAX WORKSHEET

1 Taxable income from Form 1040 or 1040-SR, line 15 0

2 Qualified dividends - F1040 or 1040-SR, line 3a 0

3 Form 4952, line 4g 0

4 Form 4952, line 4e (or write-in amount, if smaller) 0

5 Line 3 - line 4 (not less than zero) 0

6 Line 2 - line 5 (not less than zero) 0

7 Smaller of ln 15 or ln 16 of Sched D 129,268

8 Smaller of line 3 or line 4 0

9 Line 7 - line 8 (not less than zero) 129,268

10 Line 6 + line 9 129,268

11 Sched D, line 18 + Sched D, line 19 0

12 Smaller of line 9 or line 11 0

13 Line 10 - line 12 129,268

14 Line 1 - line 13 (not less than zero) 0

15 Enter:

- \$40,000 if single or married filing separately } _____
- \$80,000 if married filing jtly or qualifying widow(er); or } 80,000
- \$53,600 if head of household } _____

16 Smaller of line 1 or line 15 0

17 Smaller of line 14 or line 16 0

18 Line 1 - line 10 (not less than zero) 0

19 Enter the smaller of line 1 or \$163,300 (\$163,300 if Head of Household) 0

or \$326,600 if married filing jointly or qualifying widow(er)) 0

20 Enter the smaller of line 14 or line 19 0

21 Larger of line 18 or 20 0

22 Line 16 - line 17. This amount is taxed at 0% 0

If lines 1 and 16 are the same, skip lines 23 - 43 and go to line 44. Otherwise, go to line 23.

23 Smaller of line 1 or line 13

24 Amount from line 22

25 Line 23 - line 24 (not less than zero)

26 Enter:

- \$441,450 if single or }
• \$248,300 if married filing }
separately }
- \$496,600 if married filing jtly }
or qualifying widow(er); or }
- \$469,050 if head of household }

27 Smaller of line 1 or line 26

28 Line 21 + line 22

29 Line 27 - line 28 (not less than zero)

30 Smaller of line 25 or line 29

31 Line 30 times 15% (.15)

32 Line 24 + line 30

If lines 1 and 32 are the same, skip lines 33 - 43 and go to line 44. Otherwise, go to line 33.

33 Line 23 minus line 32

34 Line 33 times 20% (.20)

35 Smaller line 9 or Schedule D, line 19

36 Line 10 plus line 21

37 Amount from line 1

38 Line 36 - line 37 (not less than 0)

39 Line 35 - line 38 (not less than 0)

40 Line 39 times 25% (.25)

If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.

41 Lines 21, 22, 30, 33, and 39

42 Line 1 minus line 41

43 Line 42 times 28% (.28)

44 Tax on line 21 amount using Tax Tables or Tax Comp Wksht 0

45 Lines 31, 34, 40, 43, and 44 0

46 Tax on line 1 amount 0

47 Tax on all taxable income. Smaller of line 45 or 46. To Form 1040 or 1040-SR, line 16 0

CAPITAL LOSS CARRYOVER WORKSHEET

You may deduct capital losses up to the amount of your capital gains plus \$3,000 (\$1,500 if married filing separate returns). Capital losses that exceed this amount are carried forward to later years.

Use this worksheet to figure your capital loss carryovers from 2020 to 2021 if line 21 is a loss and (a) that loss is smaller than the loss on line 16 or (b) Form 1040 or 1040-SR, line 15, is less than zero.

1 Amount on 2020 1040 or 1040-SR Line 15 (not less than 0)	1		-103,805
2 Amount of the loss from line 21, as a positive amount	2		
3 Combine lines 1 and 2 (not less than 0)	3		0
4 Smaller of line 2 or 3	4		0
<i>Note: If line 7 of Schedule D is a loss, go to line 5; otherwise, enter 0 on line 5 and go to line 9.</i>			
5 Loss from Schedule D, line 7, as a positive amount	5		0
6 Gain, if any, from Schedule D, line 15	6	129,268	
7 Line 4 plus line 6	7		129,268
8 Short-term capital loss carryover to 2021. Line 5 minus line 7, but not less than zero	8		0
<i>Note: If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.</i>			
9 Loss from Schedule D, line 15, as a positive amount	9		0
10 Gain, if any, from Schedule D, line 7	10	3	
11 Line 4 minus line 5, but not less than zero	11		0
12 Line 10 plus line 11	12		3
13 Long-term capital loss carryover to 2021. Line 9 minus line 12, but not less than zero	13		0

SUNDARAM KANNAN

SSN: 625-13-1674

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Note: Use the Capital Gains and Losses Worksheets to enter your capital transactions. Information will carry to Form 8949 from the worksheets. Please note that in some cases the description of the transaction that carries from the Capital Gains and Losses Worksheet may be truncated when it appears below. The full description will appear on the copy of Form 8949 that prints out with your paper return.

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

PART I Short-Term. Transactions involving capital assets you held one year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

- [X] (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
[B] (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
[C] (C) Short-term transactions not reported to you on Form 1099-B

Table with 6 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed, (d) Proceeds (sales price), (e) Cost or other basis, (f) Adjustment if any to gain or loss (Code(s)), (g) Adjustment if any to gain or loss (Amt of adj), (h) Gain or loss (d) - (e) + (g). Rows include EVOFEM and LENSAR.

0

0

2 Totals. Add amounts in cols (d), (e), (g), and (h) (subtract negative amounts). Enter here and include on Sched D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked).

▶2

11

8

0

3

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

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

PART II Long-Term. Transactions involving capital assets you held more than one year are generally long-term (see instructions). For short-term transactions, see page 1. Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(F) Long-term transactions not reported to you on Form 1099-B

Table with 6 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed, (d) Proceeds (sales price), (e) Cost or other basis, and (h) Gain or loss (d) - (e) + (g). Rows include MORGAN STANLEY and TESLA.

2 Totals. Add amounts in cols (d), (e), (g), and (h) (subtract negative amounts). Enter here and include on Sched D, line 8b (if

Box D above is checked), line 9 (if
Box E above is checked), or line 10
(if Box F above is checked).

▶4	130,005	737	0
			<u>129,268</u>

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

SUNDARAM KANNAN

Note: Before filling out this form, fill out the Rents & Royalties Worksheets and Schedule(s) K-1. All rental and partnership entries for Schedule E, including passive activities, carry from those forms.

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 instr). Schedule E deals with rental real estate. Report farm rental income or loss from Form 4835 on line 40.

- A** Did you make any payments in 2020 that would require you to file Form(s) 1099? (see instr) Yes No
B If "Yes," did you or will you file all required Forms 1099? Yes No

1a. Physical address of each property (street, city, state, zip code)

A 2098 HOOVER DR SANTA CLARA CA 95051
 Country _____ Province _____ Postal Code _____

B _____
 Country _____ Province _____ Postal Code _____

C _____
 Country _____ Province _____ Postal Code _____

1b. Type of Property (from list below)	2 For each rental above, report fair rental and personal use days. Check QJV only if you meet requirements for qualified joint venture. See instructions.	Fair Rental Days	Pers Use Days	QJV
A 1 _____		A 366	0	<input type="checkbox"/>
B _____		B _____	_____	<input type="checkbox"/>
C _____		C _____	_____	<input type="checkbox"/>

Type of Property:

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

Income:		Properties		
		A	B	C
3. Rents received	3	48,000	_____	_____
4. Royalties received	4	0	0	0

Expenses:

5. Advertising	5	0	_____	_____
6. Auto and Travel	6	0	_____	_____
7. Cleaning & maintenance	7	1,200	_____	_____
8. Commissions	8	0	_____	_____
9. Insurance	9	4,000	_____	_____
10. Legal & professional	10	80	_____	_____
11. Management fees	11	0	_____	_____
12. Mortgage interest to banks, etc	12	35,916	_____	_____
13. Other interest	13	0	_____	_____
14. Repairs	14	1,225	_____	_____
15. Supplies	15	0	_____	_____
16. Taxes	16	12,000	_____	_____
17. Utilities	17	0	_____	_____
18. Depreciation/depletion	18	26,182	_____	_____
19. Other (list)	19	0	_____	_____
20. Expenses, Lns 5 - 19	20	80,603	0	0
21. Inc/loss, Ln 3 or 4-20	21	-32,603	0	0
22. Deductible rental loss	22	25,000	_____	_____

CAUTION: Your rental loss may be limited. Line 22 is calculated on, and automatically carries from, the relevant Rents & Royalties Worksheet. If line 21 is negative, you may have to file **Form 6198**. See IRS instructions.

Note: Real estate professionals must complete line 43.

23a. Total amounts on line 3 for rentals	23a	48,000		
23b. Total amounts on line 4 for royalties	23b	0		
23c. Total amounts on line 12 for all props	23c	35,916		
23d. Total amounts on line 18 for all props	23d	26,182		
23e. Total amounts on line 20 for all props	23e	80,603		
24. Income. Add positive amounts shown on line 21	24			0

<i>Income:</i> Add positive amounts shown on line 21		
25. Losses. Royalty losses (line 21) + rental losses (ln 22)	25	25,000
26. Net inc/loss (ln 24 - 25)	26	-25,000

Note: Lines 24 - 26 also include totals from Sch E Pt I Attachment. The text immediately to the left of line 26 says "Worksheet Att." in that case.

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END OF PAGE 1

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SSN: 625-13-1674

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

PART II INCOME OR LOSS FROM PARTNERSHIPS AND S CORPORATIONS

If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instr).

Note: This part is filled in automatically from the K-1 Worksheets.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses?..... **Yes** **No**
 If you answered Yes, see the IRS instructions before completing this section.

Column headings: (a) Name; (b) P for partnership, S for S Corp; (c) "X" if Foreign partnership. (d) Employer ID No. (e) "X" if any amount is not at risk.

28. (a) Name	(b) P/S	(c) Frgn	(d) EIN	(e) Basis comp	(f) Not at risk reqd
A _____	—	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
B _____	—	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
C _____	—	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
D _____	—	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Passive Activities		Nonpassive Activities		
(g) Pass. loss	(h) Pass. Inc	(i) Nonpass. loss	(j) Sec 179	(k) Nonpass. inc
A _____	_____	_____	_____	_____
B _____	_____	_____	_____	_____
C _____	_____	_____	_____	_____
D _____	_____	_____	_____	_____
29a. _____	_____ 0	_____	_____	_____ 0
29b. _____ 0	_____	_____ 0	_____ 0	_____

30. Add amounts in columns (h) and (k), line 29a	30	_____ 0
31. Add amounts in columns (g), (i), and (j), line 29b	31	_____ 0
Note: If there is an "x" in line 28 column (f) you need to complete Form 6198, and you may need to override one or more amount on line 28 columns (g) through (k) to make sure the "At-Risk" rules are applied before the "Passive Activity" rules. The "At-Risk" rules must be applied or you may overstate your losses.		
32. Total Partnership,S corp inc/loss, ln 30-ln 31	32	_____ 0

Note: Line 32 includes totals from Sch E Pt II Attachment. The text to the left of line 32 says, "See Attached" in this case.

PART III INCOME OR LOSS FROM ESTATES AND TRUSTS

Note: If you have estimated taxes paid by a trust and credited to you, write "ES Payment claimed" and the dollar amount next to line 37, below.

33. (a) Name	(b) Employer ID Number
A _____	_____
B _____	_____

Passive Activities		Nonpassive Activities	
(c) Passive loss	(d) Passive income	(e) Nonpassive loss	(f) Nonpassive income
A _____	_____	_____	_____
B _____	_____	_____	_____
34a. _____	_____ 0	_____	_____ 0
34b. _____ 0	_____	_____ 0	_____

35. Add amounts in columns (d) and (f), line 34a	35	_____ 0
36. Add amounts in columns (c) and (e), line 34b	36	_____ 0
37. Total income/loss. Ln 35-36	37	_____ 0

Note: Line 37 includes totals from Sch E Pt III Attachment. The text to the left of line 37 says, "See Attached" in this case.

PART IV INCOME/LOSS FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS (REMICS)

Line references in the chart below are to Schedule Q.

See IRS instrucs.

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MINI-WORKSHEET FOR REMIC INCOME

	From K-1's +	Other Schedule Q's =	Total
Schedule Q Line 1(b)	0		0
Schedule Q Line 2(c)	0		0
Schedule Q Line 3(b)	0		0

38. (a) Name	(b) EIN	(c) Line 2c	(d) Line 1b	(e) Line 3b
		0	0	0
39. Columns (d) and (e)				39 0

PART V SUMMARY

40. Net farm rental income/loss from Form 4835	40	0
41. Total income/loss. To Schedule 1, line 5	41	

Note: Line 41 is the sum of lines 26, 32, 37, 39, and 40.

42. Farmers/fishermen , gross farming/fishing income	42	
---	----	--

Note: You should report on line 42 your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions. You will need to complete line 42 MANUALLY.

MINI-WORKSHEET FOR LINE 43, REAL ESTATE PROFESSIONALS

a. Amounts from Rentals & Royalties Worksheets	0
<i>These amounts carry from column 6 of the Passive Activity Computation chart on those Rentals & Royalties Worksheets on which you indicated that you were a real estate professional.</i>	
b. Other amounts (e.g., K-1's, Form 4797)	
<i>Please enter here manually those amounts that we have not included on line a.</i>	
c. Total (line a + line b). Carries to line 43	0

43. Real estate professionals , net income/loss	43	0
--	----	---

Note: If you were a real estate professional, line 43 is for the net income or loss you reported anywhere on Form 1040/1040SR from all rental real estate activities in which you materially participated under the passive activity loss rules.

SUNDARAM KANNAN

SSN: 625-13-1674

For Use by U.S. Citizens and Resident Aliens Only

PART I General Information

Use your foreign address.

1 Street: 1103 Drongo Watermark Haralur Road City: Bangalore
State/Province: Karnataka Postal Code: 560102
Country: INDIA Country Code: IN

2 Occupation: Information Techno

3 Employer name: Mu Sigma Business Solutions

4a Employer U.S. address:
Street:
City: State: ZIP Code:

b Employer foreign address:
Street: 13th Floor, Aviator Building, ITPL City: Bangalore
State/Province: Karnataka Postal Code: 560066
Country: INDIA Country Code: IN

5 Employer is (check any that apply) a [X] foreign entity b [] US company c [] self
d [] fgn affil of US co. e [] other:

6a Enter the last year you claimed an exclusion on Form 2555 or 2555-EZ 2019

b If you did not previously claim exclusion on 2555 or 2555-EZ, 'x' here and go to line 7 now. []

c Have you ever revoked either of the exclusions? [] Yes [X] No

d If "Yes", enter type and year for which effective.

7 Of what country are you a citizen/national? USA

8a Did you maintain a separate residence for your family? [] Yes [X] No
Enter "Yes" only if the separate residence was foreign and if you maintained it because of adverse living conditions at your tax home.

b Location and days maintained:
If you answered "Yes" to 8a, fill in the city and country and the number of days during 2020 you maintained a second household.

9 List your tax home(s) during your tax year and date(s) established.

Description	Date
India	06/10/10

Next, complete either Part II or Part III. If an item does not apply, write "NA." If you do not provide the information asked for, any exclusion or deduction you claim may be disallowed.

Part II Taxpayers Qualifying Under Bona Fide Residence Test

Note: Only U.S. citizens and U.S. resident aliens who are citizens or nationals of a country with which the U.S. has an income tax treaty in effect qualify.

10 Date bona fide residence began 06/10/10 and ended CONTINUE
If residence has not ended, check the box and we'll enter "CONTINUE" [X]

11 Living quarters a [X] bought house b [] rented house/apt c [] rented room
d [] employer-provided

12a Did any of your family live with you abroad during 2020? [] Yes [X] No

b If "Yes", who and for what period?

13a Have you filed a statement with authorities of the country where you claim bona fide residence that you are not a resident? [] Yes [X] No

b Must you pay income tax to that country? [X] Yes [] No

If you answered "Yes" to 13a and "No" to 13b, you do not qualify as a bona fide resident. Do not complete the rest of Part II.

Complete the following chart if you were in the U.S. or its possessions during 2020. Report column (d) income on Form 1040 or 1040-SR, not Part IV.

14(a) Date arr. US	(b) Date left US	(c) Num days US on bus.	(d) Inc. in US on bus. (att.calc.)	(a) Date arr. US	(b) Date left US	(c) Num days US on bus.	(d) Inc. in US on bus. (att.calc.)

Note: if you remained in the U.S. between last arrival here and 12/31/20,
leave the corresponding row of column (b) blank.

- 15a** Contractual terms or other conditions relating to the length of your
employment abroad . . . ▶ PERMANENT EMPLOYMENT
-
- b** Visa type under which you entered the foreign country . . . ▶ U
- c** Did your visa limit the length of your stay or employment? . . . Yes No
If "Yes", explain.
- d** Did you maintain a home in the United States while abroad? . . . Yes No
- e** If "Yes", enter its address, whether it was rented, the names of the occu-
pants, and their relationship to you . . . ▶ 2098 Hoover Dr, Santa Clara, CA Res

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SUNDARAM KANNAN

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Part III Taxpayers Qualifying Under Physical Presence Test

Note: U.S. citizens and all resident aliens can use this test. See instr.

16 The physical presence test is based on _____ through _____
(Enter the first and last dates of the 12-month period on which you are basing the physical presence test, e.g., 5/1/19 through 4/30/20)

17 Enter your principal country of employment during the year _____

18 Enter all travel abroad during the 12-month period shown on line 16.

Did you travel abroad during the 12-month physical presence test period? Yes No

(a) Country (including U.S.)	(b) Date arrived	(c) Date left	(d) # of full days	(e) Days in U.S. on bus.	(f) Income earned in U.S. on bus. (attach computation)

Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, type in column (a) of the chart "Physically present in a foreign country or countries for the entire 12-month period." Report column (f) income on Form 1040 or 1040-SR, not Part IV.

Part IV All Taxpayers

Note: Enter on lines 19 to 23 of this form all income you earned and received in 2020 for services performed in a foreign country. See the IRS instructions if any of the foreign earned income received this year was earned in a prior year or will be earned in a later year. Report amounts in U.S. dollars, converting as of the time of receipt. **If you are a cash basis taxpayer, report on Form 1040 or 1040-SR all income you received in 2020, no matter when you performed the service.**

2020 Foreign Earned Income		Amount (US\$)
19 Wages, salaries, bonuses, commissions, etc	19	75,721
20 Allowable share of income for personal services performed:		
a In a business (including farming) or profession	20a	0
b In a partnership (list name, address, and type of income)	20b	0
21 Noncash income (market value--attach explanation):		
a Home (lodging) _____	21a	
b Meals _____	21b	
c Car _____	21c	
d Other property or facilities. List type and amount	21d	
22 Allowances, reimbursements, expenses paid on your behalf:		
a Cost of living/overseas differential	22a	
b Family	22b	
c Education	22c	
d Home leave	22d	
e Quarters	22e	
f For any other purpose. List type and amount	22f	
g Add lines 22a through 22f	22g	0
23 Other foreign earned income. List type and amount	23	
24 Add lines 19 through 21d, 22g, and 23	24	75,721
25 Excludable meals and lodging on line 24 <i>Exclude meals and lodging only if provided for employer's convenience and on employer's business premises. Acceptance of meals and/or lodging must have been required for job.</i>	25	
26 Foreign Earned Income. Subtract line 25 from line 24	26	75,721

Caution: Please make sure that any income amount entered above is reported as income in our program (e.g., on a W-2, Foreign Wages Not on a W-2, Attachment worksheet, or Schedule C).

END OF PAGE 2

**Not
For
Filing**

Part V All Taxpayers

27 Enter the amount from line 26 27 75,721
 Are you claiming the housing exclusion or housing deduction?
 Yes. Complete Part VI.
 No. Go to Part VII.

Part VI For Taxpayers Claiming the Housing Exclusion AND/OR Deduction

28 Qualified housing expenses for the tax year (see instr.) 28 _____
 29a Enter location where housing expenses incurred 29a _____
 See IRS instructions.

MINI-WORKSHEET FOR LINE 29b,
LIMIT ON HOUSING EXPENSES

Note: See the IRS instructions for details on an "Election to apply higher limit on housing expenses". This election may allow you to use the 2021 limits to figure your 2020 limit on housing expenses.

a. Number of days in qualifying period that fall in the 2020 tax year (from line 31 below) a. _____
 b. Is "366" entered on line a?
 No. Skip line b and go to line c.
 Yes. Enter the limit for a full year for the location in which you incurred housing expenses. You can find this limit in the table provided in IRS guidance at www.irs.gov. This is your **limit on housing expenses**. Enter the amount here and on line 29b. Do not complete the rest of the worksheet. b. _____
Note: If the location is not listed in the IRS table and the number of days on line a is 366, enter \$32,280 on line b.
 c. Enter the daily limit for the location in which you incurred housing expenses. You can find this limit in the table provided in IRS guidance at www.irs.gov. If the location is not listed in the table, enter \$88.20 c. _____
 d. Line a times line c. This is your **limit on housing expenses**. Enter the result here and on line 29b d. 0

29b Enter limit on housing expenses (see instr.) 29 0
 30 Enter the smaller of line 28 or line 29b 30 0
 31 Number of days in your qualifying period that fall within your 2020 tax year 31 _____
 32 Multiply \$47.04 by the number of days on line 31. If 366 is entered on line 31, enter \$17,216.00 here 32 0
 33 Subtract line 32 from line 30. If zero or less, do not complete the rest of Part VI or any of Part IX 33 0
 34 Enter employer-provided amounts (see instr.) 34 _____
 35 Divide line 34 by line 27 and enter result 35 _____
 Enter the result as a decimal (to three places) up to 1.000.
 36 **Housing exclusion.** Ln 33 times Ln 35 (but not over Ln 34) 36 _____
Note: The housing deduction is figured in Part IX. To claim foreign earned income exclusion, first do Parts VII and VIII.

Part VII For Taxpayers Claiming the Foreign Earned Income Exclusion

37 Maximum foreign earned income exclusion. Enter \$107,600 37 \$107,600
 38 If completed Part VI, enter Ln 31 amt. Others, enter number of days in your qualifying period in 2020 38 366
 39 Line 38 divided by 366 (to 3 decimal places, not > 1.000) 39 1.000
 40 Multiply line 37 by line 39 40 107,600
 41 Subtract line 36 from line 27 41 75,721
 42 Foreign earned income exclusion. Smaller Ln 40 or 41 42 75,721
 Also, complete Part VIII.

Part VIII For Claiming Housing Excln, Foreign Earned Income Excln, or Both

43 Add lines 36 and 42 43 75,721
 44 Deductions allowed in figuring your adjusted gross income (Form 1040/1040SR, line 11) that are allocable to the excluded income. See instructions and attach computation.... 44 0
 45 Subtract line 44 from line 43. To Att. Wks. (Other Inc.) 45 75,721
 See IRS instructions for special rules applicable to income earned in 2019 but received in 2020.

ITEMIZED DEDUCTIONS

a. Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded

you couldn't claim because they are related to excluded
income 0

**Not
For
Filing**

Part IX For Taxpayers Claiming the Housing Deduction--Complete only if (a)
line 33 exceeds line 36 and (b) line 27 exceeds line 43.

46 Subtract line 36 from line 33	46	_____
47 Subtract line 43 from line 27	47	_____
48 Enter the smaller of line 46 or line 47	48	_____

Note: If line 47 is more than line 48 and you could not deduct all of your
2019 housing deduction because of the 2019 limitation, complete the worksheet
below to figure how much of your 2019 housing deduction to enter on line 49.
Otherwise, go to line 50.

MINI-WORKSHEET FOR LINE 49, HOUSING DEDUCTION CARRYOVER	
a. Amount from 2019 Form 2555 In 46 (see Last Yr Data Wks)	a. _____
b. Amount from 2019 Form 2555 In 48 (see Last Yr Data Wks)	b. _____
c. Subtract line b from line aIf the result is zero, stop here; enter -0- on line 49 of your 2020 Form 2555. You do not have a 2019 housing deduction carryover	c. _____
d. Enter the amount from your 2020 Form 2555, line 47	d. _____
e. Enter the amount from your 2020 Form 2555, line 48	e. _____
f. Subtract line e from line d	f. _____
g. Enter the smaller of line c or line f here and on line 49 of your 2020 Form 2555. If line c is more than line f , you may not carry the difference to a future year	g. _____

49 Housing deduction carryover from 2019 (from worksheet)	49	_____
50 Housing deduction. Add lines 48 and 49 and enter here	50	_____

The amount from line 50 above is carried to the "Other Adjustments"
mini-worksheet on the Attachments Worksheet and from there to the left of
line 22 on Schedule 1 (Form 1040/1040SR).

SUNDARAM KANNAN

SSN: 625-13-1674

DEDUCTION COMPUTATION (LINE 44)

Not
For
Filing

Note: if you remained in the U.S. between last arrival here and 12/31/20,
leave the corresponding row of column (b) blank.

- 15a** Contractual terms or other conditions relating to the length of your
employment abroad .. ▶ permanent employment
- b** Visa type under which you entered the foreign country ▶ U
- c** Did your visa limit the length of your stay or employment? **Yes** **No**
If "Yes", explain.
- d** Did you maintain a home in the United States while abroad? **Yes** **No**
- e** If "Yes", enter its address, whether it was rented, the names of the occu-
pants, and their relationship to you ▶ 2098 Hoover Dr, Santa Clara, CA

KIA

Part III Taxpayers Qualifying Under Physical Presence Test

Note: U.S. citizens and all resident aliens can use this test. See instr.

16 The physical presence test is based on _____ through _____
(Enter the first and last dates of the 12-month period on which you are basing the physical presence test, e.g., 5/1/19 through 4/30/20)

17 Enter your principal country of employment during the year _____

18 Enter all travel abroad during the 12-month period shown on line 16.

Did you travel abroad during the 12-month physical presence test period? Yes No

(a) Country (including U.S.)	(b) Date arrived	(c) Date left	(d) # of full days	(e) Days in U.S. on bus.	(f) Income earned in U.S. on bus. (attach computation)

Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, type in column (a) of the chart "Physically present in a foreign country or countries for the entire 12-month period." Report column (f) income on Form 1040 or 1040-SR, not Part IV.

Part IV All Taxpayers

Note: Enter on lines 19 to 23 of this form all income you earned and received in 2020 for services performed in a foreign country. See the IRS instructions if any of the foreign earned income received this year was earned in a prior year or will be earned in a later year. Report amounts in U.S. dollars, converting as of the time of receipt. **If you are a cash basis taxpayer, report on Form 1040 or 1040-SR all income you received in 2020, no matter when you performed the service.**

2020 Foreign Earned Income		Amount (US\$)
19 Wages, salaries, bonuses, commissions, etc	19	122,074
20 Allowable share of income for personal services performed:		
a In a business (including farming) or profession	20a	
b In a partnership (list name, address, and type of income)	20b	
21 Noncash income (market value--attach explanation):		
a Home (lodging) _____	21a	
b Meals _____	21b	
c Car _____	21c	
d Other property or facilities. List type and amount	21d	
22 Allowances, reimbursements, expenses paid on your behalf:		
a Cost of living/overseas differential	22a	
b Family	22b	
c Education	22c	
d Home leave	22d	
e Quarters	22e	
f For any other purpose. List type and amount	22f	
g Add lines 22a through 22f	22g	0
23 Other foreign earned income. List type and amount	23	
24 Add lines 19 through 21d, 22g, and 23	24	122,074
25 Excludable meals and lodging on line 24 <i>Exclude meals and lodging only if provided for employer's convenience and on employer's business premises. Acceptance of meals and/or lodging must have been required for job.</i>	25	
26 Foreign Earned Income. Subtract line 25 from line 24	26	122,074

Caution: Please make sure that any income amount entered above is reported as income in our program (e.g., on a W-2, Foreign Wages Not on a W-2, Attachment worksheet, or Schedule C).

END OF PAGE 2

**Not
For
Filing**

Part V All Taxpayers

27 Enter the amount from line 26 27 122,074
Are you claiming the housing exclusion or housing deduction?
Yes Complete Part VI.
No Go to Part VII.

Part VI For Taxpayers Claiming the Housing Exclusion AND/OR Deduction

28 Qualified housing expenses for the tax year (see instr.) 28
29a Enter location where housing expenses incurred
See IRS instructions.

MINI-WORKSHEET FOR LINE 29b, LIMIT ON HOUSING EXPENSES

Note: See the IRS instructions for details on an "Election to apply higher limit on housing expenses". This election may allow you to use the 2021 limits to figure your 2020 limit on housing expenses.

a. Number of days in qualifying period that fall in the 2020 tax year (from line 31 below) a.
b. Is "366" entered on line a?
No. Skip line b and go to line c.
Yes. Enter the limit for a full year for the location in which you incurred housing expenses. You can find this limit in the table provided in IRS guidance at www.irs.gov. This is your limit on housing expenses. Enter the amount here and on line 29b. Do not complete the rest of the worksheet b.
Note: If the location is not listed in the IRS table and the number of days on line a is 366, enter \$32,280 on line b.
c. Enter the daily limit for the location in which you incurred housing expenses. You can find this limit in the table provided in IRS guidance at www.irs.gov. If the location is not listed in the table, enter \$88.20 c.
d. Line a times line c. This is your limit on housing expenses. Enter the result here and on line 29b d. 0

29b Enter limit on housing expenses (see instr.) 29 0
30 Enter the smaller of line 28 or line 29b 30 0
31 Number of days in your qualifying period that fall within your 2020 tax year 31
32 Multiply \$47.04 by the number of days on line 31. If 366 is entered on line 31, enter \$17,216.00 here 32 0
33 Subtract line 32 from line 30. If zero or less, do not complete the rest of Part VI or any of Part IX 33 0
34 Enter employer-provided amounts (see instr.) 34
35 Divide line 34 by line 27 and enter result 35
Enter the result as a decimal (to three places) up to 1.000.
36 Housing exclusion. Ln 33 times Ln 35 (but not over Ln 34) 36
Note: The housing deduction is figured in Part IX. To claim foreign earned income exclusion, first do Parts VII and VIII.

Part VII For Taxpayers Claiming the Foreign Earned Income Exclusion

37 Maximum foreign earned income exclusion. Enter \$107,600 37 \$107,600
38 If completed Part VI, enter Ln 31 amt. Others, enter number of days in your qualifying period in 2020 38 366
39 Line 38 divided by 366 (to 3 decimal places, not > 1.000) 39 1.000
40 Multiply line 37 by line 39 40 107,600
41 Subtract line 36 from line 27 41 122,074
42 Foreign earned income exclusion. Smaller Ln 40 or 41 42 107,600
Also, complete Part VIII.

Part VIII For Claiming Housing Excln, Foreign Earned Income Excln, or Both

43 Add lines 36 and 42 43 107,600
44 Deductions allowed in figuring your adjusted gross income (Form 1040/1040SR, line 11) that are allocable to the excluded income. See instructions and attach computation.... 44
45 Subtract line 44 from line 43. To Att. Wks. (Other Inc.) 45 107,600
See IRS instructions for special rules applicable to income earned in 2019 but received in 2020.

ITEMIZED DEDUCTIONS

a. Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded

you couldn't claim because they are related to excluded income

Not For Filing

Part IX For Taxpayers Claiming the Housing Deduction--Complete only if (a) line 33 exceeds line 36 and (b) line 27 exceeds line 43.

46 Subtract line 36 from line 33	46	_____
47 Subtract line 43 from line 27	47	_____
48 Enter the smaller of line 46 or line 47	48	_____

Note: If line 47 is more than line 48 and you could not deduct all of your 2019 housing deduction because of the 2019 limitation, complete the worksheet below to figure how much of your 2019 housing deduction to enter on line 49. Otherwise, go to line 50.

MINI-WORKSHEET FOR LINE 49, HOUSING DEDUCTION CARRYOVER	
a. Amount from 2019 Form 2555 In 46 (see Last Yr Data Wks)	a. _____
b. Amount from 2019 Form 2555 In 48 (see Last Yr Data Wks)	b. _____
c. Subtract line b from line aIf the result is zero, stop here; enter -0- on line 49 of your 2020 Form 2555. You do not have a 2019 housing deduction carryover	c. _____
d. Enter the amount from your 2020 Form 2555, line 47	d. _____
e. Enter the amount from your 2020 Form 2555, line 48	e. _____
f. Subtract line e from line d	f. _____
g. Enter the smaller of line c or line f here and on line 49 of your 2020 Form 2555. If line c is more than line f , you may not carry the difference to a future year	g. _____

49 Housing deduction carryover from 2019 (from worksheet)	49	_____
50 Housing deduction. Add lines 48 and 49 and enter here	50	_____

The amount from line 50 above is carried to the "Other Adjustments" mini-worksheet on the Attachments Worksheet and from there to the left of line 22 on Schedule 1 (Form 1040/1040SR).

TINA VAS

SSN: 624-21-6796

DEDUCTION COMPUTATION (LINE 44)

Not
For
Filing

SUNDARAM KANNAN

SSN: 625-13-1674

Not For Filing

Caution: Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.

Check here if you will be claimed as a dependent on another taxpayer's 2020 income tax return... Have you ever had a claim for the American Opportunity Credit reduced or denied for any reason other than a mathematical or clerical error? Yes No X If your claim was reduced or denied, tell us if either of these applies: In the past two years, there was a determination my AOC claim was due to reckless or intentional disregard of the rules... In the past 10 years, there was a final determination my AOC claim was due to fraud...

Note: You can't claim any credit for the costs of higher education if you're claimed as a dependent on another taxpayer's return or if you're married filing separate returns. You also can't claim the AOC if your AOC claim was denied for reckless or intentional disregard of the rules in the last two years or for fraud in the last 10 years. In any of these cases, we blank line 8 below and remove this form from the list of forms to be printed with your final tax return.

Part I Refundable American Opportunity Credit

1 After completing Part III for each student, enter the total of all amounts from all Parts III, line 30... 2 \$180,000 if joint filer (\$90,000 if single, head of household, or qualifying widow(er))... Note: See IRS Publication 970 for the amount to enter if you are filing Form 2555 or 4563, or are excluding income from Puerto Rico.

MINI-WORKSHEET FOR LINE 3 MODIFIED ADJUSTED GROSS INCOME a. AGI (Form 1040, line 11) -79,005 b. Foreign earned income/housing exclusion 183,321 c. Income excluded from Puerto Rico 0 d. Income excluded from American Samoa 0 e. Sum of lines a through d. To line 3 104,316

3 Form 1040, line 11... 4 Line 2 - line 3... Note: If line 4 is zero or less, stop. You can't take any education credit. 5 \$20,000 if joint filer (\$10,000 if single, head of household, or qualifying widow(er))... 6 If line 4 is: Equal to or more than line 5, enter 1.000 on line 6... Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)... 7 Line 1 * line 6. Caution: If you were under age 24 at the end of the year and meet the conditions in the instructions, you can't take the refundable American opportunity credit. Skip line 8, enter the amount from line 7 on line 9, and check this box... 8 Refundable American opportunity credit. Line 7 * 40% (.40)... Note: We enter the amount on line 8 on Form 1040, line 29.

Part II Nonrefundable Education Credits

9 Line 7 - line 8... 10 After completing Part III for each student, enter the total of all amounts from all Parts III, line 31... Note: If zero, we skip lines 11 - 17, enter -0- on line 18, and go to line 19. 11 Smaller of line 10 or \$10,000... 12 Line 11 x 20% (.20)... 13 \$138,000 if joint filer (\$69,000 if single, head of household, or qualifying widow(er))... Note: See IRS Publication 970 for the amount to enter if you are filing Form 2555 or 4563, or are excluding income from Puerto Rico.

MINI-WORKSHEET FOR LINE 14

MODIFIED ADJUSTED GROSS INCOME

- a. AGI (Form 1040, line 11)
- b. Foreign earned income/housing exclusion
- c. Income excluded from Puerto Rico
- d. Income excluded from American Samoa
- e. Sum of lines a through d. To line 14

14 Form 1040, line 11 **14** _____

15 Line 13 - line 14 **15** _____

Note: If line 15 is zero or less, we blank out lines 16 and 17 and enter zero on line 18.

16 \$20,000 if joint filer (\$10,000 if single, head of household, or qualifying widow) **16** _____

17 If line 15 is:

- Equal to or more than line 16, enter 1.000 on line 17
- Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) **17** _____

18 Line 12 * line 17 **18** _____

Note: We enter the line 18 amount on line 1 of the Credit Limit Worksheet (see instructions).

**MINI-WORKSHEET FOR LINE 19
CREDIT LIMIT WORKSHEET**

- a. Amount from line 18 above 0
- b. Amount from line 9 above 1,500
- c. Sum of lines a and b 1,500
- d. Amount from Form 1040, line 18 0
- e. Total credits from:
 - Schedule 3 (Form 1040), lines 1 and 2, and Schedule R line 22 0
- f. Line d minus line e 0
- g. Smaller of line c or line f. To line 19 0

19 Nonrefundable education credits. Amount from line g of the Credit Limit Worksheet above **19** _____

Note: We carry the amount from line 19 above to Schedule 3 (Form 1040), line 3.

SUNDARAM KANNAN

SSN: 625-13-1674

Caution: Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of Page 2 as needed for each student.

Part III Student and Educational Institution Information

See instructions.

20 Student name Anoushka Kannan **21** Student Social Security number 618-33-7794

22 Educational institution information (see instructions)

a. Name of first educational institution
UW-MADISON

(1) Street address 333 EAST CAMPUS MALL
City, state, and ZIP code MADISON, WI 53715
Foreign country _____
Foreign country code _____
Foreign state/province and postal code _____

(2) Did the student receive Form 1098-T from this institution for 2020? Yes No

(3) Did the student receive Form 1098-T from this institution for 2019 with Box 7 checked? Yes No

(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in **(2)** or **(3)**. You can get the EIN from Form 1098-T or from the institution.
39-1805963

b. Name of second educational institution (if any)

(1) Street address _____
City, state, and ZIP code _____
Foreign country _____
Foreign country code _____
Foreign state/province and postal code _____

(2) Did the student receive Form 1098-T from this institution for 2020? Yes No

(3) Did the student receive Form 1098-T from this institution for 2019 with Box 7 checked? Yes No

(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in **(2)** or **(3)**. You can get the EIN from Form 1098-T or from the institution.

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020? Yes No

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions) Yes No

25 Did the student complete the first 4 years of post-secondary education before 2020? Yes No

26 Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? Yes No

Caution: You **cannot** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Do not enter more than \$4,000. **27** 4,000

28 Subtract \$2,000 from line 27. If zero or less enter -0- **28** 2,000

29 Line 28 * 25% (.25) **29** 500

30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1 **30** 2,500

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 **31**

Note: You may need to recalculate to get the correct entries to appear on this form.

PART I 2020 PASSIVE ACTIVITY LOSS

Rental Real Estate Activities With Active Participation

Table with 4 rows: 1a. Activities with net income, Worksheet 1, column a (0); 1b. Activities with net loss, Worksheet 1, column b (32,603); 1c. Prior years' unallowed losses, Worksheet 1, column c (0); 1d. Combine 1a, 1b, and 1c (-32,603)

Commercial Revitalization Deductions from Rental Real Estate

Note: Enter any commercial revitalization deductions on lines 2a and 2b as positive amounts.

Table with 3 rows: 2a. Commercial revitalization deductions from Wksht. 2, col. a; 2b. Prior year unallowed commercial revitalization deductions from Worksheet 2, col. b; 2c. Add lines 2a and 2b (0)

All Other Passive Activities

Table with 4 rows: 3a. Activities with net income, Worksheet 3, column a (0); 3b. Activities with net loss, Worksheet 3, column b (0); 3c. Prior years' unallowed losses, Worksheet 3, column c (0); 3d. Combine 3a, 3b, and 3c (0)

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 (-32,603)

Note: 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 directly to Part III.
Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go directly 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 the IRS instructions for examples.

Note: If you're married filing separately and lived with your spouse at any point in 2020, we blank out Parts II and III.

Table with 3 rows: 5. Smaller of loss on line 1d or loss on line 4 (32,603); 6. Enter \$150,000 (\$75,000 if filing separately, lived apart) (150,000); 7. Modified adjusted gross income, but not less than zero (0)

CAUTION: The computation of modified AGI is very complex. We've made every effort to calculate it correctly, but the number here still might not be correct for your situation. If you're claiming the special allowance for rental real estate, we suggest you consult the IRS instructions or a tax advisor for help on line 7, especially if line 9 is less than \$25,000.

Table with 2 rows: 8. Line 6 minus line 7 (but not less than zero) (150,000); 9. 50% of Line 8, but not more than \$25,000 (or \$12,500) (25,000)

The maximum line 9 amount is \$25,000, unless you're married filing separately and lived apart from your spouse all year, in which case it's \$12,500.

10. Smaller of line 5 or line 9 (25,000)

PART III SPECIAL ALLOWANCE FOR COMMERCIAL REVITALIZATION DEDUCTIONS

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

Table with 4 rows: 11. Enter \$25,000, reduced by amount, if any, on line 10. If married filing separately, see instructions; 12. Loss from line 4; 13. Reduce line 12 by amount on line 10; 14. Smallest of line 2c (treated as a positive amount)

14. Smallest of line 2c (treated as a positive amount),
line 11, or line 1314 | _____

PART IV TOTAL LOSSES ALLOWED

15. Line 1a + Line 3a (total passive net income)15 _____ 0

16. **Total losses allowed from all passive activities for 2020.**
Sum of lines 10, 14, and 1516 _____ 25,000

KIA

**Not
For
Filing**

SUNDARAM KANNAN

SSN: 625-13-1674

Note: You may need to recalculate to get the correct entries to appear on this form.

PART I 2020 PASSIVE ACTIVITY LOSS

Rental Real Estate Activities With Active Participation

Table with 4 rows: 1a. Activities with net income, Worksheet 1, column a (0); 1b. Activities with net loss, Worksheet 1, column b (32,603); 1c. Prior years' unallowed losses, Worksheet 1, column c (0); 1d. Combine 1a, 1b, and 1c (-32,603)

Commercial Revitalization Deductions from Rental Real Estate

Note: Enter any commercial revitalization deductions on lines 2a and 2b as positive amounts.

Table with 3 rows: 2a. Commercial revitalization deductions from Wksht. 2, col. a; 2b. Prior year unallowed commercial revitalization deductions from Worksheet 2, col. b; 2c. Add lines 2a and 2b (0)

All Other Passive Activities

Table with 4 rows: 3a. Activities with net income, Worksheet 3, column a (0); 3b. Activities with net loss, Worksheet 3, column b (0); 3c. Prior years' unallowed losses, Worksheet 3, column c (0); 3d. Combine 3a, 3b, and 3c (0)

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 (-32,603)

Note: 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 directly to Part III.
Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go directly 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 the IRS instructions for examples.

Note: If you're married filing separately and lived with your spouse at any point in 2020, we blank out Parts II and III.

Table with 3 rows: 5. Smaller of loss on line 1d or loss on line 4 (32,603); 6. Enter \$150,000 (\$75,000 if filing separately, lived apart) (150,000); 7. Modified adjusted gross income, but not less than zero (0)

CAUTION: The computation of modified AGI is very complex. We've made every effort to calculate it correctly, but the number here still might not be correct for your situation. If you're claiming the special allowance for rental real estate, we suggest you consult the IRS instructions or a tax advisor for help on line 7, especially if line 9 is less than \$25,000.

Table with 2 rows: 8. Line 6 minus line 7 (but not less than zero) (150,000); 9. 50% of Line 8, but not more than \$25,000 (or \$12,500) (25,000)

The maximum line 9 amount is \$25,000, unless you're married filing separately and lived apart from your spouse all year, in which case it's \$12,500.

10. Smaller of line 5 or line 9 (25,000)

PART III SPECIAL ALLOWANCE FOR COMMERCIAL REVITALIZATION DEDUCTIONS

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

Table with 4 rows: 11. Enter \$25,000, reduced by amount, if any, on line 10. If married filing separately, see instructions; 12. Loss from line 4; 13. Reduce line 12 by amount on line 10; 14. Smallest of line 2c (treated as a positive amount)

14. Smallest of line 2c (treated as a positive amount), line 11, or line 13	14	_____
PART IV TOTAL LOSSES ALLOWED		
15. Line 1a + Line 3a (total passive net income)	15	_____ 0
16. Total losses allowed from all passive activities for 2020.		
Sum of lines 10, 14, and 15	16	_____ 25,000

KIA

**Not
For
Filing**

Not
 For
 Filing

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

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c.

Name of Activity	Current Year		Prior Year	Overall Gain or Loss	
	(a) Net inc. (line 1a)	(b) Net loss (1b)	(c) Unall. loss (1c)	(d) Gain	(e) Loss
2098 HOOVER DR SANTA	0	32,603	0	0	32,603
Total	0	32,603	0		

Worksheet 2 - For Form 8582, Lines 2a and 2b

Name of Activity	(a) Crnt year deduct	(b) Prior yr unallowed deduct	(c) Overall loss
Total	0	0	

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c

Name of Activity	Current Year		Prior Year	Overall	Gain or Loss
	(a) Net inc.	(b) Net loss	(c) Unall. loss	(d) Gain	(e) Loss
Total					

Worksheet 4 - Use this wrksht if an amount is shown on Fm 8582, ln 10 or 14

Name of Activity	Form/Schedule & Line Number	(a) Loss	(b) Ratio	(c) Spec. Allowance	(d) (a) - (c)
2098 HOOVER DR SANTA	Sch E, line 22A	32,603	1.0000	25,000	7,603
Total		32,603	1.0000	25,000	7,603

Worksheet 5 - Allocation of Unallowed Losses

Name of Activity	Form/Schedule & Line Number	(a) Loss	(b) Ratio	(c) Unallowed loss
2098 HOOVER DR SANTA	Sch E, line 22A	7,603	1.0000	7,603
Total		7,603	1.0000	7,603

KIA

Not
 For
 Filing

Worksheet 6 - Allowed Losses

Name of Activity	Form/Schedule & Line Number	(a) Loss	(b) Unallowed	(c) Allowed
2098 HOOVER DR SANTA	Sch E, line 22A	32,603	7,603	25,000
Total	▶	32,603	7,603	25,000

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules

Name of activity	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form/sched. and line number to be reported on: _____					
1a Net loss plus prior year unall'd loss from form/sch					
b Net income from form/schedule					
c Line 1a - line 1b (not less than zero)					
Form/sched. and line number to be reported on: _____					
1a Net loss plus prior year unall'd loss from form/sch					
b Net income from form/schedule					
c Line 1a - line 1b (not less than zero)					
Form/sched. and line number to be reported on: _____					
1a Net loss plus prior year unall'd loss from form/sch					
b Net income from form/schedule					
c Line 1a - line 1b (not less than zero)					
Total			1.00		

KIA

Name: SUNDARAM KANNAN
 Street: Drongo, SJR Watermark, Haralur Roac 1103
 City/town: Bangalore State: ZIP:
 Foreign country: India
 Foreign province/state/county: Karnataka
 Foreign postal code: 560102
 Social security number: 625-13-1674

The taxpayer hereby makes the safe harbor election for small taxpayers under Regulation 1.263(a)-3(h) for these eligible building properties:

1. 2098 HOOVER DR SANTA CLARA CA 95051

- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____
- 21. _____
- 22. _____
- 23. _____
- 24. _____
- 25. _____
- 26. _____
- 27. _____
- 28. _____
- 29. _____
- 30. _____
- 31. _____
- 32. _____
- 33. _____
- 34. _____
- 35. _____
- 36. _____
- 37. _____
- 38. _____
- 39. _____
- 40. _____
- 41. _____
- 42. _____
- 43. _____
- 44. _____
- 45. _____
- 46. _____
- 47. _____
- 48. _____
- 49. _____
- 50. _____

KIA

SUPPORTING FORMS

RE: 2020 Tax Returns

PREPARED FOR: SUNDARAM KANNAN

SSN: 625-13-1674

PRINTED ON: October 28, 2024

PREPARED USING: H&R Block 2020 [9701]

SUPPORTING FORMS WHICH CAN BE SUBMITTED TO THE IRS

SUPPORTING FORMS IN YOUR RETURN

1. - Background Worksheet - Background Information Worksheet
2. - Dependents Worksheet - Worksheet for Dependents1
3. - Dependents Worksheet - Worksheet for Dependents2
4. - Child Tax Credit Worksheet - Child Tax Credit Worksheet
5. - Form 1099-INT/OID - Interest Income Worksheet1
6. - Form 1099-INT/OID - Interest Income Worksheet2
7. - Depreciation Summary - Summary of Assets
8. - Depreciation Worksheet - Depreciation Worksheet
9. - Form 1099-B Account - Form 1099-B Account
10. - Capital Gains and Losses Worksheet - Capital Gains and Losses1
11. - Capital Gains and Losses Worksheet - Capital Gains and Losses2
12. - Capital Gains and Losses Worksheet - Capital Gains and Losses3
13. - Capital Gains and Losses Worksheet - Capital Gains and Losses4
14. - Rentals and Royalties - Rentals and Royalties Worksheet

***** DO NOT MAIL THIS PAGE *****

1. YOUR NAME, ADDRESS AND TELEPHONE NUMBER

File Form 1040 instead of Form 1040-SR
Your name (first, MI, last, Jr/III) SUNDARAM KANNAN
Spouse's name (first,MI,last,Jr/III) TINA VAS
C/O information, if necessary
Foreign address (not APO/FPO)
Your street and apartment # (if any) Drongo, SJR Watermark, Haralur Roac 1103
Your city, state, and ZIP code Bangalore, Karnataka
Foreign country India
Foreign province/state/county Karnataka
Foreign postal code 560102
Domestic telephone number (daytime)
Foreign telephone number (daytime) 919880811550
Foreign mobile phone
Domestic mobile phone number
Foreign mobile phone number 919880811550
Email address kannansun@gmail.com
I live outside the U.S. and Puerto Rico and my main place of work is outside the U.S. and Puerto Rico, or I'm in military or naval service outside the U.S. and Puerto Rico.
Check here if you received a letter from the IRS with an identity protection personal identification number (IP PIN).

2. GENERAL INFORMATION

Yours Your spouse's
a. Social Security number 625-13-1674 624-21-6796
b. Date of birth (MM/DD/YYYY) 06/05/1972 11/21/1974
c. "X" if legally blind
d. Enter "X" if disabled
e. Occupation Information Technolog Human Resources
f. "X" if you want \$3 to go to Pres. Elec. Campaign Fund

Primary taxpayer Spouse
g. If this return is for a deceased person, enter the date of death
h. Full-time student (see help panel for details)
i. Affected by fed. disaster

3. FILING STATUS

a. Choose your filing status below:
Single
Married filing joint return
Married filing separate return
Head of household
Qualifying widow(er)
If you have not yet made an entry, we choose married filing a joint return. For more information, see the filing status section of the IRS instructions for Form 1040.
b. If you are married filing separately, check the applicable box.
I want to itemize my deductions
I want to use the standard deduction
c. Check the box if you are married filing separately AND you and your spouse lived apart throughout 2020
d. Click here if you're a qualifying widow(er) and you cannot claim a qualifying child as your dependent because:
* The child's income is too high;
* The child is married filing a joint return; or
* You could be claimed as a dependent on another's return
e. If you checked the box on line (d) above or your filing status is head of household and your qualifying person is a child but not your dependent, enter the qualifying child's name and SSN below.
Name SSN
Click here to clear or make a new selection

Note: *If you're unable to edit this non-dependent's information here, look for a dependent worksheet with this person's information and make your edits there.*

- f. If qualifying widow(er), enter the year your spouse died _____
- g. Check the box if you are married, **AND** your filing status is married filing separately or head of household, **AND** your spouse was age 65 or older as of January 1, 2021
- h. Dual-Status Alien: Enter "X" if you or your spouse is a dual-status alien **AND** you are NOT entering on this tax return your combined worldwide income. If you enter "X," your standard deduction is zero

BACKGROUND INFO CONTINUED ON PAGE 2

END OF PAGE 1

4. EXEMPTIONS FOR YOU AND YOUR SPOUSE

- a. Place an "X" here if anyone else (a parent, e.g.) can claim you as a dependent on his or her tax return. (Joint filers enter "X" only if someone else can claim you, AND your tax before withholding is zero.)
b. Enter "Y" if you are entitled to an exemption for yourself.
c. If married, place an "X" here if anyone else (a parent, e.g.) can claim your spouse as an exemption on his or her tax return.
d. Enter "X" if you are entitled to an exemption for your spouse.
e. If you placed an "X" on line 4.a above, then enter "X" here if the other person is actually claiming you as a dependent.

Your Exemption for Alternative Minimum Tax

- f. You had at least one parent living on the last day of 2020.
g. Your earned income was less than half of your support in 2020.

5. TAXES PAID/WITHHELD

a. Estimated taxes paid (do not include 2019 refund applied):

Table with 2 columns: Date, Amount. Multiple rows for data entry.

Total estimated tax payments 0

Note: If you and your spouse each filed separate extensions but are now filing a joint return, or if you jointly filed an extension but are now filing separate returns, see the IRS instructions to Form 4868 and adjust the amount on line b. accordingly.

- b. Amount paid with Form 4868 (for October returns)
c. Withholding on Form 1099-B
d. Withholding on Form 1099-PATR

6. PAYING YOUR TAXES BY CREDIT CARD

- a. Confirmation number, if taxes are being paid by credit card.
b. Amount charged to credit card (not including convenience fee), if taxes are being paid by credit card.

7. REFUND INFORMATION

Direct Deposit

Would you like to speed your refund by having the IRS deposit it directly into your account at a bank or other financial institution in the United States? If so, fill in the following regarding the account and place an X here

- 1a. Routing Transit Number ("RTN")
b. Depositor Account Number ("DAN")

Note: Here is a sample of the numbers you might find at the bottom of a check, with "RTN," "DAN," and check number identified.

RTN: DAN: Check number:
123404567 123-4567 0101

- c. Type of account:
d. Amount to be deposited in first account

- 2a. Routing Transit Number ("RTN")
b. Depositor Account Number ("DAN")

- c. Type of account:
d. Amount to be deposited in second account

- 3a. Routing Transit Number ("RTN")

- b. Depositor Account Number ("DAN") _____
- c. Type of account:
 Checking Savings
- d. Amount to be deposited in third account _____

Applying Refund to Your 2021 Estimated Tax

If you are due a refund this year, do you want to apply any of it to 2021
estimated tax? If so, please enter the amount here _____ 5,700

BACKGROUND INFO CONTINUED ON PAGE 3

END OF PAGE 2

8. THIRD PARTY DESIGNEE

Do you want to allow another person to discuss this return with the IRS? Yes No

If Yes, complete the following information:

Designee's name: _____
Designee's phone number: _____
Designee's personal identification number (PIN): _____

9. RETURN ASSISTANCE

How was this return prepared:

By yourself.
 With help of an IRS-sponsored program (if so, enter either IRS-Prepared or IRS-Reviewed). _____

10. STATE TAX RETURNS

Enter information below about any 2020 state tax returns you're filing. For each state, select the residency status that applies for 2020.

Table with 3 columns: Name of state(s), Your residency status, Spouse's residency status. Row 1: CA, Nonresident, Nonresident.

11. DRIVER'S LICENSE OR STATE-ISSUED ID

Taxpayer:

Type of ID Driver's license Other state-issued ID None
 Don't want to provide license or ID

Driver's license or ID number _____

Issuing state _____

Issue date _____

Expiration date _____ No expiration date

Document number (for New York ID only) _____ (First three characters only)

Spouse:

Type of ID Driver's license Other state-issued ID None
 Don't want to provide license or ID

Driver's license or ID number _____

Issuing state _____

Issue date _____

Expiration date _____ No expiration date

Document number (for New York ID only) _____ (First three characters only)

SECTION I BASIC INFORMATION

Tell us about the person you want to claim as a dependent:

First Name MI Last Name Soc. Sec. No. Date of Birth ITIN
Anoushka Kannan 618-33-7794 06/28/2002

Relationship Type of Dependent Time Lived With You
Daughter Child Lived with You Lived With When Not at College

Months person lived with you 12
Person's age 18
Person's DOB June 28, 2002
Person's SSN is valid for employment [X]
Person is foster child placed with you by court order/placement agency []
Was this person a US citizen/resident alien of the US in 2020? [X] []
If no, was this person a resident of Canada or Mexico in 2020? [] []
Is this person your adopted child who lived with you all year? [] []

SECTION II QUICK ENTRY

If you're not sure this person qualifies, check NO and go to Section III.

Are you sure this person qualifies as your dependent in 2020 [X] []

IF YOU ANSWERED YES - STOP!

You do not need to complete the rest of this worksheet.
We will prevent you from checking this box if you have not completed all the information in Section I, or if we've determined (based upon that information) this person cannot be your dependent.

QUICK ENTRY QUALIFYING CHILD VALIDATION
a. Relationship test [X]
b. Age test [X]
c. Support test [X]
d. Residence test [X]

QUICK ENTRY FORM 8332
a. Click YES to create Form 8332 [] []
b. Click YES if taxpayer is dependent's parent [] []
c. Click YES if spouse is dependent's parent [] []
d. Click YES Form 8332 covers only this year [] []
e. Click if 8332 covers this and some future years [] []
f. Click if 8332 covers this and all future years [] []
g. Years this release covers
h. Number Form 8332 completed

SECTION III DEPENDENT QUALIFICATION TESTS

Do not complete this Section unless you answered NO in Section II.

PART A ALL DEPENDENTS

1. Will the person named in Section I file a joint return in 2020? [] []
* If NO, go to line 3.
* If YES, go to line 2.
2. Does this person satisfy the exception to the dependent joint return test? [] []
See the FAQ to the left to learn about the exception to joint return test.
* If YES, go to Part B, line 3.
* If NO STOP. You cannot claim this person as your dependent.

PART B DETERMINE WHETHER PERSON IS YOUR QUALIFYING CHILD

3. If this person is your child, are any of these statements true? [] []
* You are divorced or legally separated under a decree of divorce or separate maintenance from the child's other parent.
* You are separated under a written separation agreement from the child's other parent.
* You lived apart during the last 6 months of the calendar year.
Answer NO if this person is not your child.
* If NO, go to line 4.
* If YES, complete the MINI-WORKSHEET FOR LINE 3.

MINI-WORKSHEET FOR LINE 3
DIVORCE & SEPARATION RULES
AND MULTIPLE SUPPORT AGREEMENTS
Yes No

- a. Did you (and your spouse if married filing jointly) provide more than 1/2 the support for this child during 2020?
 * If YES, skip (b) through (c) and go to line (d).
- b. Did this child's other parent provide more than 1/2 the support for this child during 2020?
 * If YES, skip (c) and go to line (d).
- c. Did both of you together provide more than 1/2 of this child's support during 2020?
 * If NO, skip (d) through (f) and go to line (g).
- d. Did you live with this child for more than 1/2 of 2020?
 * If YES, skip (e) through (g) and go to line (h).
- e. Did this child's other parent live with this child for more than 1/2 of 2020?
 * If YES, skip (f) through (g) and go to line (h).
- f. Was the time this child lived with you and his/her other parent (when combined) more than 1/2 of 2020?
 If YES, skip (g) and go to line (h).
- g. Are you eligible to claim a 2020 exemption for this child under a multiple support agreement?
 * If NO, **STOP**.
 Do not complete the rest of this WORKSHEET.
 This child is not your dependent this year.
 * If YES, do not complete the rest of this MINI-WORKSHEET, but go to line 4.
Note: *If this child qualifies as your dependent, make sure you attach Form 2120 to your 2020 tax return.*
- h. Does a divorce or separation agreement give you the dependent exemption?
 * If YES, do not complete the rest of this MINI-WORKSHEET, but go to line 4.
Note: *Answer YES if you have an agreement to claim this dependent in alternate years, and this is your year.*
- i. Does a divorce or separation agreement give this child's other parent the dependent exemption?
 * If NO, and you answered YES to d, do not complete the rest of this MINI-WORKSHEET, but go to line 4.
Note: *Answer YES if you have an agreement to claim this dependent in alternate years, and this is NOT your year.*
- j. Will the other parent release his/her claim for this person's dependent exemption to you for 2020?
 * If NO, **STOP**.
 Do not complete the rest of this WORKSHEET.
 This child is not your dependent this year.
 * If YES, go to line 4.
Note: *If this child qualifies as your dependent, make sure you attach Form 8332, signed by the child's other parent to your 2020 tax return.*

- 4. Did this person live in your home for more than half the year?
 If YES, go to line 5.
 If NO:
 * If you also answered NO to line 3 go to Part C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.
 * If you answered YES to line 3 and YES to line h or line j of the MINI-WORKSHEET FOR LINE 3 go to line 5.
 * If you answered YES to line 3 and you did NOT check line h or line j of the MINI-WORKSHEET FOR LINE 3, go to Part C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.

- 5. Is this person's relationship valid for a Qualifying Child?
We calculate this answer based upon the relationship selected in Section I.
 Check this box if this person is your foster child, placed in your care by an authorized placement agency or by judgment, decree, or other valid court order.
 * If YES go to line 6.
 * If NO go to PART C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.

- 6. Was this person under age 19 at the end of the year?
We calculate this based on this person's date of birth in Section I.
 * If YES, skip lines 7-9 and go to line 10.
 * If NO, skip lines 7-9 and go to line 10.

- * If NO, go to line 7.
- 7. Was this person a student in 2020?
- * If NO, go to line 9.
- * If YES, go to line 8.

- 8. Was this person under age 24 at the end of the year?
- We calculate this based on this person's date of birth in Section I.*
- * If YES, skip line 9 and go to line 10.
- * If NO, go to line 9.

- 9. Was this person permanently and totally disabled?
- * If YES, go to line 11.
- * If NO go to line 10.

- 10. Is this person younger than taxpayer (or spouse if MFJ)?
- * If YES, go to line 11.
- * If NO go to PART C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.

- 11. Did this person provide over half his/her own support in 2020?
- * If NO, read the caution below and go to line 12.
- * If YES, **STOP. You cannot claim this person as your dependent.**

CAUTION! *It's possible that someone can be the Qualifying Child of more than one person, but only one person can claim that Qualifying Child as a dependent. If two people claim the same Qualifying Child as a dependent, the exemption will be permitted only for the person with the better claim under law. Use the MINI-WORKSHEET FOR LINE 12 to see if you have the better claim against anyone else who might claim an exemption for this person.*

TIP! You can check YES for line 12 without completing the MINI-WORKSHEET FOR LINE 12 if you are this person's parent and you are filing a joint return with his/her other parent.

MINI-WORKSHEET FOR LINE 12		Yes	No
a.	Are you this person's parent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Is the other taxpayer who can claim the person in Section I as a Qualifying Child this person's parent?	<input type="checkbox"/>	<input type="checkbox"/>
* If you answered Yes to (a) and No to (b) STOP. You have the better claim.			
* If you answered YES to (b) and NO to (a) STOP. This person's parent has the better claim.			
* If you answered NO to (a) and (b) go to (e).			
* If you answered YES to (a) and (b) go to (c).			
c.	Did this person reside with you longer than with the other person's parent during 2020?	<input type="checkbox"/>	<input type="checkbox"/>
If YES STOP. You have the better claim.			
d.	Did this person reside with you for the same amount of time as with the other parent during 2020?	<input type="checkbox"/>	<input type="checkbox"/>
If NO STOP. The other parent has the better claim.			
e.	Was your federal adjusted gross income (AGI) higher than the AGI of the other taxpayer during 2020?	<input type="checkbox"/>	<input type="checkbox"/>
If YES STOP, you have the better claim.			

- 12. Do you want to claim this person as your dependent?
- If you do not have the better claim to the dependent exemption, you should only answer YES to line 12 if you know the other taxpayer will not claim this person as a dependent.*

PART C DETERMINE WHETHER PERSON IS YOUR QUALIFYING RELATIVE

Complete this Part only if this person is not a Qualifying Child and we directed you to complete this Part in Part B.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 13. Although not your Qualifying Child, is this person a Qualifying Child for somebody else? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>See the FAQ to the left to see who can be a Qualifying Child.</i> | | |
| * If NO, go to line 14. | | |
| * If YES STOP. You cannot claim this person as your dependent. | | |
| 14. Is this person's relationship valid for a Qualifying Relative? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>See the FAQ to the left to see who can be a Qualifying Relative.</i> | | |
| * If YES, go to line 15. | | |
| * If NO STOP. You cannot claim this person as your dependent. | | |
| 15. Did this person have more than \$4,300 of gross income in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>See the FAQ to the left to learn what is considered gross income.</i> | | |
| * If NO, go to line 16. | | |
| * If YES STOP. You cannot claim this person as your dependent. | | |
| 16. Did you (and your spouse if married filing jointly) provide more than half the support for this person during 2020? | <input type="checkbox"/> | <input type="checkbox"/> |

TIP! Answer YES if a multiple support agreement lets you claim this person.

Note: We calculate line 16 if you completed the *MINI-WORKSHEET FOR LINE 3*.

See the FAQ to the left to learn what is considered support.

- * If YES, this person is your Qualifying Relative and we'll make this person your dependent.
 - * If NO, this person is not your Qualifying Relative or your dependent.
-

SECTION I BASIC INFORMATION

Tell us about the person you want to claim as a dependent:

First Name MI Last Name Soc. Sec. No. Date of Birth ITIN
Aadi Kannan 612-57-4909 04/26/2006

Relationship Type of Dependent Time Lived With You
Son Child Lived with You Lived With All Year or Born

Months person lived with you 12
Person's age 14
Person's DOB April 26, 2006
Person's SSN is valid for employment [X]
Person is foster child placed with you by court order/placement agency []
Was this person a US citizen/resident alien of the US in 2020? [X] []
If no, was this person a resident of Canada or Mexico in 2020? [] []
Is this person your adopted child who lived with you all year? [] []

SECTION II QUICK ENTRY

If you're not sure this person qualifies, check NO and go to Section III.

Are you sure this person qualifies as your dependent in 2020 [X] []

IF YOU ANSWERED YES - STOP!

You do not need to complete the rest of this worksheet.
We will prevent you from checking this box if you have not completed all the information in Section I, or if we've determined (based upon that information) this person cannot be your dependent.

QUICK ENTRY QUALIFYING CHILD VALIDATION
a. Relationship test [X]
b. Age test [X]
c. Support test [X]
d. Residence test [X]

QUICK ENTRY FORM 8332
a. Click YES to create Form 8332 [] []
b. Click YES if taxpayer is dependent's parent [] []
c. Click YES if spouse is dependent's parent [] []
d. Click YES Form 8332 covers only this year [] []
e. Click if 8332 covers this and some future years [] []
f. Click if 8332 covers this and all future years [] []
g. Years this release covers
h. Number Form 8332 completed

SECTION III DEPENDENT QUALIFICATION TESTS

Do not complete this Section unless you answered NO in Section II.

PART A ALL DEPENDENTS

1. Will the person named in Section I file a joint return in 2020? [] []
* If NO, go to line 3.
* If YES, go to line 2.
2. Does this person satisfy the exception to the dependent joint return test? [] []
See the FAQ to the left to learn about the exception to joint return test.
* If YES, go to Part B, line 3.
* If NO STOP. You cannot claim this person as your dependent.

PART B DETERMINE WHETHER PERSON IS YOUR QUALIFYING CHILD

3. If this person is your child, are any of these statements true? [] []
* You are divorced or legally separated under a decree of divorce or separate maintenance from the child's other parent.
* You are separated under a written separation agreement from the child's other parent.
* You lived apart during the last 6 months of the calendar year.
Answer NO if this person is not your child.
* If NO, go to line 4.
* If YES, complete the MINI-WORKSHEET FOR LINE 3.

MINI-WORKSHEET FOR LINE 3
DIVORCE & SEPARATION RULES
AND MULTIPLE SUPPORT AGREEMENTS
Yes No

- a. Did you (and your spouse if married filing jointly) provide more than 1/2 the support for this child during 2020?
 * If YES, skip (b) through (c) and go to line (d).
- b. Did this child's other parent provide more than 1/2 the support for this child during 2020?
 * If YES, skip (c) and go to line (d).
- c. Did both of you together provide more than 1/2 of this child's support during 2020?
 * If NO, skip (d) through (f) and go to line (g).
- d. Did you live with this child for more than 1/2 of 2020?
 * If YES, skip (e) through (g) and go to line (h).
- e. Did this child's other parent live with this child for more than 1/2 of 2020?
 * If YES, skip (f) through (g) and go to line (h).
- f. Was the time this child lived with you and his/her other parent (when combined) more than 1/2 of 2020?
 If YES, skip (g) and go to line (h).
- g. Are you eligible to claim a 2020 exemption for this child under a multiple support agreement?
 * If NO, **STOP**.
 Do not complete the rest of this WORKSHEET.
 This child is not your dependent this year.
 * If YES, do not complete the rest of this MINI-WORKSHEET, but go to line 4.
Note: *If this child qualifies as your dependent, make sure you attach Form 2120 to your 2020 tax return.*
- h. Does a divorce or separation agreement give you the dependent exemption?
 * If YES, do not complete the rest of this MINI-WORKSHEET, but go to line 4.
Note: *Answer YES if you have an agreement to claim this dependent in alternate years, and this is your year.*
- i. Does a divorce or separation agreement give this child's other parent the dependent exemption?
 * If NO, and you answered YES to d, do not complete the rest of this MINI-WORKSHEET, but go to line 4.
Note: *Answer YES if you have an agreement to claim this dependent in alternate years, and this is NOT your year.*
- j. Will the other parent release his/her claim for this person's dependent exemption to you for 2020?
 * If NO, **STOP**.
 Do not complete the rest of this WORKSHEET.
 This child is not your dependent this year.
 * If YES, go to line 4.
Note: *If this child qualifies as your dependent, make sure you attach Form 8332, signed by the child's other parent to your 2020 tax return.*

- 4. Did this person live in your home for more than half the year?
 If YES, go to line 5.
 If NO:
 * If you also answered NO to line 3 go to Part C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.
 * If you answered YES to line 3 and YES to line h or line j of the MINI-WORKSHEET FOR LINE 3 go to line 5.
 * If you answered YES to line 3 and you did NOT check line h or line j of the MINI-WORKSHEET FOR LINE 3, go to Part C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.

- 5. Is this person's relationship valid for a Qualifying Child?
We calculate this answer based upon the relationship selected in Section I.
 Check this box if this person is your foster child, placed in your care by an authorized placement agency or by judgment, decree, or other valid court order.
 * If YES go to line 6.
 * If NO go to PART C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.

- 6. Was this person under age 19 at the end of the year?
We calculate this based on this person's date of birth in Section I.
 * If YES, skip lines 7-9 and go to line 10.
 * If NO, skip lines 7-9 and go to line 10.

- * If NO, go to line 7.

- 7. Was this person a student in 2020?
- * If NO, go to line 9.
- * If YES, go to line 8.

- 8. Was this person under age 24 at the end of the year?
- We calculate this based on this person's date of birth in Section I.*
- * If YES, skip line 9 and go to line 10.
- * If NO, go to line 9.

- 9. Was this person permanently and totally disabled?
- * If YES, go to line 11.
- * If NO go to line 10.

- 10. Is this person younger than taxpayer (or spouse if MFJ)?
- * If YES, go to line 11.
- * If NO go to PART C. You cannot claim this person as your Qualifying Child, but you may be able to claim this person as your Qualifying Relative.

- 11. Did this person provide over half his/her own support in 2020?
- * If NO, read the caution below and go to line 12.
- * If YES, **STOP. You cannot claim this person as your dependent.**

CAUTION! *It's possible that someone can be the Qualifying Child of more than one person, but only one person can claim that Qualifying Child as a dependent. If two people claim the same Qualifying Child as a dependent, the exemption will be permitted only for the person with the better claim under law. Use the MINI-WORKSHEET FOR LINE 12 to see if you have the better claim against anyone else who might claim an exemption for this person.*

TIP! You can check YES for line 12 without completing the MINI-WORKSHEET FOR LINE 12 if you are this person's parent and you are filing a joint return with his/her other parent.

MINI-WORKSHEET FOR LINE 12		Yes	No
a.	Are you this person's parent?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Is the other taxpayer who can claim the person in Section I as a Qualifying Child this person's parent?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
* If you answered Yes to (a) and No to (b) STOP. You have the better claim.			
* If you answered YES to (b) and NO to (a) STOP. This person's parent has the better claim.			
* If you answered NO to (a) and (b) go to (e).			
* If you answered YES to (a) and (b) go to (c).			
c.	Did this person reside with you longer than with the other person's parent during 2020?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If YES STOP. You have the better claim.			
d.	Did this person reside with you for the same amount of time as with the other parent during 2020?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If NO STOP. The other parent has the better claim.			
e.	Was your federal adjusted gross income (AGI) higher than the AGI of the other taxpayer during 2020?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If YES STOP, you have the better claim.			

- 12. Do you want to claim this person as your dependent?
- If you do not have the better claim to the dependent exemption, you should only answer YES to line 12 if you know the other taxpayer will not claim this person as a dependent.*

PART C DETERMINE WHETHER PERSON IS YOUR QUALIFYING RELATIVE
Complete this Part only if this person is not a Qualifying Child and we directed you to complete this Part in Part B.

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 13. Although not your Qualifying Child, is this person a Qualifying Child for somebody else? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>See the FAQ to the left to see who can be a Qualifying Child.</i> | | |
| * If NO, go to line 14. | | |
| * If YES STOP. You cannot claim this person as your dependent. | | |
| 14. Is this person's relationship valid for a Qualifying Relative? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>See the FAQ to the left to see who can be a Qualifying Relative.</i> | | |
| * If YES, go to line 15. | | |
| * If NO STOP. You cannot claim this person as your dependent. | | |
| 15. Did this person have more than \$4,300 of gross income in 2020? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>See the FAQ to the left to learn what is considered gross income.</i> | | |
| * If NO, go to line 16. | | |
| * If YES STOP. You cannot claim this person as your dependent. | | |
| 16. Did you (and your spouse if married filing jointly) provide more than half the support for this person during 2020? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

TIP! Answer YES if a multiple support agreement lets you claim this person.

Note: We calculate line 16 if you completed the *MINI-WORKSHEET FOR LINE 3*.

See the FAQ to the left to learn what is considered support.

- * If YES, this person is your Qualifying Relative and we'll make this person your dependent.
 - * If NO, this person is not your Qualifying Relative or your dependent.
-

SUNDARAM KANNAN

SSN: 625-13-1674

Not For Filing

CREDIT DISALLOWANCE PROVISIONS

- 1. Your Child Tax Credit or Other Dependent Credit was previously disallowed. Yes No
2. Disallowed because of reckless or intentional disregard.
3. Disallowed because of Fraud.
4. Need Form 8862.

If you checked the box on line 2 or 3, you cannot take the Child Tax Credit, Additional Child Tax Credit, or Other Dependent Credit this year.
If the box on line 4 is checked you'll need to use our interview for the Child Tax Credit to complete Form 8862.

CHILD TAX CREDIT WORKSHEET

To calculate your Child Tax Credit, we complete Parts I and II of the Child Tax Credit Worksheet below. However, if any one of the following bullet-points apply we complete the Publication 972 Worksheet and not the Child Tax Credit Worksheet.

- You are claiming any of the following credits:
1. Mortgage Interest Credit (Form 8396)
2. Adoption Credit (Form 8839)
3. Residential energy efficient property credit (Form 5695, Part I)
4. D.C. First-time Homebuyer Credit (Form 8859)
You excluded income from Puerto Rico or American Samoa (Form 4563).
You are filing Form 2555.

In 2020 you were an employee of a railroad
In 2020 you were employee representative of a railroad

PART I

The child tax credit is based on the number of qualifying children who lived with you during 2020. We automatically calculate the number of your qualifying children based upon information on the Dependent Worksheet.

- 1. Number of qualifying children X \$2,000
Enter the result 1
2. Number of other dependents X \$500
Enter the result 2
3. Add lines 1 and 2 3
4. Adjusted gross income (Form 1040/1040-SR, ln 11) 4
5. Amount corresponding to your filing status 5
6. Is amount on line 4 more than amount on line 5?
7. Line 6 times 5% (.05) 7
8. Is amount on line 3 more than amount on line 7?

PART II

- 9. Regular tax (Form 1040/1040-SR, line 18) 9
10. Add the following amounts from:
Schedule 3:
Line 1
Line 2 +
Line 3 +
Line 4 +
Form 5695, Line 30 +
Form 8910, Line 15 +
Form 8936, Line 23 +
Schedule R, Line 22 +
TOTAL 10

- 11. Are the amounts on lines 9 and 10 the same?
Yes - STOP! You can't take the child tax credit because there's no tax to reduce. You may qualify for the additional child tax credit if line 1 is more than zero.

additional child tax credit if line 1 is more than zero.

No - Subtract line 10 from 9 **11** _____

12. Is the amount on line 8 greater than the amount on line 11?
 Yes - Enter the amount from line 11. You may qualify for the **additional child tax credit** if line 1 is more than zero.
 No - Enter the amount from line 8.
 This is your **Child Tax Credit** and **Credit for Other Dependents** **12** _____

PUBLICATION 972 WORKSHEET

1. Number of qualifying children _____ 1 X \$2,000
 Enter the result **1** _____ 2,000
2. Number of other dependents _____ 1 X \$500
 Enter the result **2** _____ 500
3. Add lines 1 and 2 **3** _____ 2,500
4. Adjusted gross income (Form 1040/1040-SR, line 11) **4** _____ -79,005

MINI-WORKSHEET FOR LINE 5	
MODIFICATIONS TO GROSS INCOME	
a. Foreign earned income exclusion/deduction	183,321
b. Income excluded from Puerto Rico or Am Samoa	0
c. Line a + b. To line 5	183,321

5. Modifications to adjusted gross income **5** _____ 183,321
6. Modified adjusted gross income. Line 4 + line 5 **6** _____ 104,316
7. Amount corresponding to your filing status **7** _____ 400,000
- Married filing jointly - \$400,000
 - Single, married filing separately, head of household, or qualifying widow(er) - \$200,000

8. Is amount on line 6 more than amount on line 7?
 No - **Leave** line 8 blank. Enter -0- on line 9.
 Yes - Subtract line 7 from line 6 **8** _____
 If the result is not 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.

9. Line 8 times 5% (.05) **9** _____ 0

10. Is amount on line 3 more than amount on line 9?
 No - **STOP!** You cannot take the child tax credit or credit for other dependents on Form 1040/1040-SR, line 19. You also cannot take the additional child tax credit on Form 1040/1040-SR, line 28. Complete the rest of your Form 1040 or 1040-SR.
 Yes - Ln 3 - Ln 9 **10** _____ 2,500

11. Regular tax (Form 1040/1040-SR, line 18) **11** _____ 0

12. Add the following amounts from:
Schedule 3:
 Line 1 _____ 0
 Line 2 + _____
 Line 3 + _____
 Line 4 + _____ 0
 Form 5695, Line 30 + _____
 Form 8910, Line 15 + _____
 Form 8936, Line 23 + _____
 Schedule R, Line 22 + _____
TOTAL **12** _____ 0

13. Subtract line 12 from line 11 (not less than -0-) **13** _____ 0

14. Are you claiming any of the following credits?
 • Mortgage interest credit, Form 8396
 • Adoption credit, Form 8839
 • Residential energy efficient property credit, Form 5695, Part I
 • District of Columbia first-time homebuyer credit, Form 8859
 No. Enter -0-.
 YES. If you are filing Form 2555, enter -0-.
 Otherwise, complete the Line 14 Worksheet (below) to figure the amount to enter here.
 Zero or line 15 of the Line 14 Worksheet **14** _____ 0

15. Subtract line 14 from line 13 (not less than -0-) **15** _____ 0

16. Is the amount on line 10 more than the amount on line 15?
 No. Enter the amount from line 10.
 Yes. Enter the amount from line 15 **16** _____ 0

See IRS Publication 972

1. Amount from line 10 of the Publication 972 Worksheet **1** _____
2. Number of qualifying children _____ X \$1,400
Enter the result **2** _____
3. Taxable earned income **3** _____
4. Is the amount on line 3 > \$2,500?
 No. Leave line 4 blank, enter -0- on line 5, and go to line 6.
 YES. Subtract \$2,500 from the amount on line 3.
 Enter the result **4** _____
5. Multiply the amount on line 4 by 15% **5** _____
6. Is the amount on line 2 of this worksheet \$4,200 or more?
 No. If line 2 or line 5 are:
 - Zero, enter the amount from line 1 on line 14 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Publication 972 Worksheet and enter zero on line 14 and complete lines 15 & 16.
 - Both not zero, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12. **YES.** If line 5 is equal to or > line 1, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12. Otherwise, go to line 7.

MINI-WORKSHEET FOR LINE 7	
ADDITIONAL MEDICARE TAX AND RRTA WORKSHEET	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7 of the Line 14 Worksheet.	
a. Soc. Sec. tax withheld (Form(s) W-2, box 4)	_____
b. Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax	_____
c. Add'l Med. Tax on wages (Form 8959, line 7)	_____
d. Add lines a, b, and c	_____
e. Add'l Med. Tax withheld (Form 8959, line 22)	_____
f. Subtract line e from line d	_____
Additional Medicare Tax on Self-Employment Income.	
g. 1/2 of the Additional Medicare Tax on self-employment income (1/2 of Form 8959, line 13)	_____
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines h, i, j, and k) or employee representative (enter amounts on lines l, m, n, and o). Do not include amounts in Form W-2, box 14, identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax. <i>To complete lines h, i, j, l, m, and n, complete the entries for line 8, 9, 10, 12, 13, and 14 on Form 8812.</i>	
h. Tier 1 tax (Form(s) W-2, box 14)	_____
i. Medicare tax (Form(s) W-2, box 14)	_____
j. Additional Medicare Tax, if any, on RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17, for both this line and line n	_____
k. Add lines h, i, and j	_____
l. 1/2 of Tier 1 tax (1/2 of Form(s) CT-2, line 1, for all 4 quarters of 2020	_____
m. Half of Tier 1 Medicare tax (1/2 of Form(s) CT-2, line 2, for all 4 quarters of 2020	_____
n. Half of Tier 1 Additional Medicare Tax, if any, on RRTA compensation as an employee representative (1/2 of Form 8959, line 17). Do not use the same amount from Form 8959, line 17, for both this line and line j	_____
o. Add lines l, m, and n	_____
p. Add lines f, g, k, and o. Enter here and on line 7 of the Line 14 Worksheet	_____

7. Social Security, Medicare, Tier 1 taxes:
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter. Otherwise:
 - i. Withheld from Form(s) W-2 _____

ii. If you (and/or your spouse if married and filing a joint return) were a railroad employee, enter the amount of Tier 1 tax withheld from your pay (from W-2, box 14). Employee representatives enter 50% of your total Tier 1 tax and Tier 1 Medicare tax you paid for 2020

Total Social Security/Medicare/Tier 1 tax **7**

8. Self-employment tax adjustment (Sch. 1 line 14), Social Security tax on unreported tip income (Sch. 2 line 5) and uncollected Social Security and Medicare or RRTA taxes shown in box 12 of your Form(s) W-2 with codes A, B, M and N **8**

9. Add lines 7 and 8 **9**

10. EIC plus excess FICA & RRTA tax withheld **10**

11. Line 9 minus line 10 (not less than -0-) **11**

12. Enter the larger of lines 5 and 11 **12**

13. Enter the smaller of lines 2 and 12 **13**

14. Is line 13 more than line 1?
 No. Subtract ln. 13 from ln. 1 and enter the result.
 Yes. Enter -0-.
 Enter the result **14**

15. Enter the total of the amounts from -
 ● Form 8396, line 9, and
 ● Form 8839, line 16, and
 ● Form 5695, line 15, and
 ● Form 8859, line 3. **15**

EARNED INCOME WORKSHEET

See IRS Publication 972

1a. Amount from Form 1040/1040-SR, line 1 **1a** 0
b. Nontaxable combat pay **1b** 0

Next, if you are filing Schedule C, F, or SE, or you received a Sch. K-1 (Form 1065), go to line 2a. Otherwise, skip lines 2a through 2e and go to line 3.

2a. Enter any statutory employee income reported on line 1 Schedule C **2a** 0

b. Enter any net profit or (loss) from Schedule C, line 31; Schedule K-1 (Form 1065), box 14 code A (other than farming). Reduce any Schedule K-1 amounts as described in the instructions for completing Schedule SE in the Partner's Instructions for Schedule K-1. **Do not** include any statutory employee income or any other amounts exempt from self-employment tax. Options and commodities dealers must add any gain or subtract any loss (in the normal course of dealing in or trading section 1256 contracts) from section 1256 contracts or related property **2b** 0

c. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A.* Reduce this amount by any Schedule K-1 amounts as described in the instructions for completing Schedule SE in the Partner's Instructions for Schedule K-1. **Do not** include on this line any amounts exempt from self-employment tax **2c** 0

d. If you used the farm optional method to figure net earnings from self-employment, enter the amount from Sch. SE, Section B, line 15. Otherwise, skip this line and enter on ln. 2e the amt. from ln. 2c **2d**

e. If line 2c is a profit, enter the **smaller** of line 2c or **2d.** If line 2c is a (loss), enter the (loss) from line 2c **2e** 0

3. Add lines 1a, 1b, 2a, 2b, & 2e. If zero or less, stop. Do not complete the rest of this worksheet. Enter -0- on line 3 of the Line 14 Worksheet or line 6a of Schedule 8812 **3** 0

4. Enter any amount included on line 1a that is:
a. A scholarship or fellowship grant not reported on Form W-2 **4a** 0

b. For work done as an inmate in a penal institution (Enter "PRI" and this amount on the dotted line next to line 1 of Form 1040/1040-SR) **4b**

- c. A pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan (enter "DFC" and this amount on the dotted line next to line 1 of Form 1040/1040-SR). This amount may be shown in box 11 of your Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount received as a pension/annuity **4c** _____ 0
 - d. A Medicaid waiver payments you exclude from income (see the instructions for Schedule 1 line 8, and Pub. 525 for information about these payments) **4d** _____ 0

 - 5. Enter the amount from Schedule 1, line 14 **5** _____ 0

 - 6. Add lines 4a-4d, and 5 **6** _____ 0

 - 7. Subtract line 6 from line 3 **7** _____ 0
- Note:** We enter line 7 on line 3 of the Line 14 Worksheet or line 6a of Schedule 8812.
-
- If you have Sch. K-1 amounts and you are not required to file Sch. SE, complete the appropriate line(s) of Sch. SE Section A. Put your name and Social Security number on Schedule SE and attach it to your return.

This is your **Child Tax Credit** and **Credit for Other Dependents** _____ 0
We enter this amount on Form 1040 or 1040-SR, line 19.

Use this form to report interest you received, even if it wasn't reported on a Form 1099-INT/1099-OID.

Is this interest for:

- Interest recipient selection: You (checked), Your spouse, Both of you

What kind of interest is this:

- Interest type selection: Interest reported on Form 1099-INT (checked), Original issue discount, Seller-financed mortgage interest, Other interest

If you need to make any adjustments, also complete the "Adjustments" section at the bottom of this form.

Interest paid by: TECHNOLOGY CREDIT UNION
Account number: 0000167441
FATCA filing requirement: []

FORM 1099-INT

Box 1 - Interest income: \$ 22

Box 2 - Early withdrawal penalty: \$

Box 3 - Interest on U.S. Savings Bonds and Treasury obligations: \$
Box 3 includes Series EE or I Savings Bond interest: []

Box 4 - Federal income tax withheld: \$

Box 5 - Investment expenses: \$

Note: if you did not receive a Form 1099-INT, don't use boxes 6 and 7 below. Instead, report your foreign taxes on Form 1116.

Box 6 - Foreign tax paid: \$

Box 7 - Foreign country or U.S. possession:

Box 8 - Tax-exempt interest: \$

MINI-WORKSHEET FOR LINE 8
a. Portion of this interest item that's exempt from state tax in the state for which you'll be filing a state tax return as a full-year resident \$

Box 9 - Specified private activity bond interest: \$

Box 10 - Market discount:

Box 11 - Bond premium:

Box 12 - Bond premium on Treasury obligations

Box 13 - Bond premium on tax-exempt bond:

Box 14 - Tax-exempt and tax credit bond CUSIP no.:

Box 15 - State(s):

Box 16 - State identification number(s):

Box 17 - State tax withheld: \$

FORM 1099-OID

Box 1 - Original issue discount for 2020: \$

Box 2 - Other periodic interest: \$

MINI-WORKSHEET FOR LINE 2
Answer the following question if you'll be using a state edition of our program to prepare your state tax return.
a. Portion of box 2 from U.S. Treasury obligations \$

Box 3 - Early withdrawal penalty: \$

Box 4 - Federal income tax withheld: \$

Box 5 - Market discount: \$

Box 6 - Acquisition premium: \$

Box 8 - Original issue discount on U.S. Treasury obligations: \$

Box 9 - Investment expenses: \$

Box 9 - Investment expenses: \$ _____

Box 10 - Bond premium: \$ _____

Box 11 - Tax-exempt OID: \$ _____

MINI-WORKSHEET FOR LINE 11

a. Portion of this item that's exempt from state tax in the state for which you'll be filing a state tax return as a full-year resident \$ _____

Box 12 - State(s): _____

Box 13 - State identification number(s): _____

Box 14 - State tax withheld: \$ _____

Not
For
Filing

SELLER-FINANCED MORTGAGE INTEREST

If this interest is from a seller-financed mortgage and the buyer used the property as a personal residence, enter the following information:

Buyer's name _____

Buyer's Social Security number _____

Buyer's street address _____

Buyer's city _____

Buyer's state _____

Buyer's ZIP _____

Interest received in 2020 _____

Note: Be sure to give your Social Security number to the buyer, or you may be subject to a \$50 penalty.

ADJUSTMENTS

Enter below the type and amount of any adjustments that you may need to make to this interest item:

Type of adjustment:

- Nominee interest
- OID adjustment
- Accrued interest adjustment required
- Amortizable bond premium
- U.S. Savings Bond adjustment (not the same as Form 8815 adj.)
- Other adjustment (frozen deposit, etc.)

Amount of adjustment: _____

NEW YORK FILERS ONLY, COMPLETE THE FOLLOWING. (Also, if you have Federal backup withholding, please enter the EIN):

Payer EIN, address, and ZIP code:

EIN: _____

Street: _____

City: _____

State: ___ ZIP: _____

Check if foreign address.

Country _____

Province/state/county _____

Postal code _____

Recipient Name, SSN, address, and ZIP code:

Name: _____

SSN: _____

Street: _____

City: _____

State: ___ ZIP: _____

Check if foreign address.

Country _____

Province/state/county _____

Postal code _____

Use this form to report interest you received, even if it wasn't reported on a Form 1099-INT/1099-OID.

Is this interest for:

- Interest for: You, Your spouse, Both of you

What kind of interest is this:

- Interest reported on Form 1099-INT (fill in 1099-INT below)
Original issue discount/interest reported on Form 1099-OID (fill in 1099-OID below)
Seller-financed mortgage interest (go to "Seller-Financed Mortgage Interest" below)
Other interest (fill in 1099-INT below)

If you need to make any adjustments, also complete the "Adjustments" section at the bottom of this form.

Interest paid by WELLS FARGO
Account number 000005867139478
FATCA filing requirement

FORM 1099-INT

Box 1 - Interest income: \$ 23

Box 2 - Early withdrawal penalty: \$

Box 3 - Interest on U.S. Savings Bonds and Treasury obligations: \$
Box 3 includes Series EE or I Savings Bond interest

Box 4 - Federal income tax withheld: \$

Box 5 - Investment expenses: \$

Note: if you did not receive a Form 1099-INT, don't use boxes 6 and 7 below. Instead, report your foreign taxes on Form 1116.

Box 6 - Foreign tax paid: \$

Box 7 - Foreign country or U.S. possession:

Box 8 - Tax-exempt interest: \$

MINI-WORKSHEET FOR LINE 8

a. Portion of this interest item that's exempt from state tax in the state for which you'll be filing a state tax return as a full-year resident \$

Box 9 - Specified private activity bond interest: \$

Box 10 - Market discount:

Box 11 - Bond premium:

Box 12 - Bond premium on Treasury obligations

Box 13 - Bond premium on tax-exempt bond:

Box 14 - Tax-exempt and tax credit bond CUSIP no.:

Box 15 - State(s):

Box 16 - State identification number(s):

Box 17 - State tax withheld: \$

\$

FORM 1099-OID

Box 1 - Original issue discount for 2020: \$

Box 2 - Other periodic interest: \$

MINI-WORKSHEET FOR LINE 2

Answer the following question if you'll be using a state edition of our program to prepare your state tax return.

a. Portion of box 2 from U.S. Treasury obligations \$

Box 3 - Early withdrawal penalty: \$

Box 4 - Federal income tax withheld: \$

Box 5 - Market discount: \$

Box 6 - Acquisition premium: \$

Box 8 - Original issue discount on U.S. Treasury obligations: \$

Box 9 - Investment expenses: \$

Not For Filing

Box 9 - Investment expenses: \$ _____

Box 10 - Bond premium: \$ _____

Box 11 - Tax-exempt OID: \$ _____

MINI-WORKSHEET FOR LINE 11

a. Portion of this item that's exempt from state tax in the state for which you'll be filing a state tax return as a full-year resident \$ _____

Box 12 - State(s): _____

Box 13 - State identification number(s): _____

Box 14 - State tax withheld: \$ _____

Not
For
Filing

SELLER-FINANCED MORTGAGE INTEREST

If this interest is from a seller-financed mortgage and the buyer used the property as a personal residence, enter the following information:

Buyer's name _____

Buyer's Social Security number _____

Buyer's street address _____

Buyer's city _____

Buyer's state _____

Buyer's ZIP _____

Interest received in 2020 _____

Note: Be sure to give your Social Security number to the buyer, or you may be subject to a \$50 penalty.

ADJUSTMENTS

Enter below the type and amount of any adjustments that you may need to make to this interest item:

Type of adjustment:

- Nominee interest
- OID adjustment
- Accrued interest adjustment required
- Amortizable bond premium
- U.S. Savings Bond adjustment (not the same as Form 8815 adj.)
- Other adjustment (frozen deposit, etc.)

Amount of adjustment: _____

NEW YORK FILERS ONLY, COMPLETE THE FOLLOWING. (Also, if you have Federal backup withholding, please enter the EIN):

Payer EIN, address, and ZIP code:

EIN: _____

Street: _____

City: _____

State: ___ ZIP: _____

Check if foreign address.

Country _____

Province/state/county _____

Postal code _____

Recipient Name, SSN, address, and ZIP code:

Name: _____

SSN: _____

Street: _____

City: _____

State: ___ ZIP: _____

Check if foreign address.

Country _____

Province/state/county _____

Postal code _____

Note: Lines that begin with "*" are separator lines. On these lines, the name of the form to which the assets carry is in the first column, the word "Copy #" appears in the "Date in service" column, and the copy number itself appears in the "Basis" column. Headings for these lines are shown in "()".

	Activity name or Asset Description (Name of Form)	Wks/Form Copy #	Date in Service ("Copy#")	Original Basis (1,2,3...)	Depreciation Allowed
1.	* SCHEDULE E *		COPY #	1	
2.	House	1	06/09/2010	720,000	26,182
3.	Subtotal.....				26,182
4.					
5.					
6.					
7.					
8.					
9.					
10.					
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49.					
50.					

(For Vehicles, use the "Vehicle Worksheet")

SUNDARAM KANNAN

SSN: 625-13-1674

Use this Worksheet to figure your depreciation for assets other than cars and trucks. Enter information about your cars and trucks on the "Vehicle Worksheet."

Note: If you used this asset for more than one business or activity, you will need to treat the asset as a "different" asset for each business or activity and enter information about the asset on more than one Depreciation Worksheet.

Note: If you're electing to group assets into one or more general asset accounts under section 168(i)(4), you'll need to treat (for purposes of depreciation) the assets in each general asset account as a single asset. Therefore, you should complete ONLY one Depreciation Worksheet for each general asset account.

Note: Special rules apply to leasehold improvement property. See the IRS instructions to Form 4562 and IRS Publication 946 and override our calculations as necessary.

Note: Special rules apply to property used on an Indian reservation. See the IRS instructions to Form 4562 and IRS Publication 946 and override our calculations as necessary.

Note: Special rules apply to qualified restaurant property and qualified retail improvement property. See the IRS instructions to Form 4562 and IRS Publication 946 and override our calculations as necessary.

Note: Special rules apply to fruit- and nut-bearing plants. See the IRS instructions to Form 4562 and override our calculations as necessary.

1. DESCRIPTION OF ASSET

Briefly describe this asset (no cars or trucks): House

2. DESTINATION FORM

- a. Form to which we should carry information about this asset: 2
b. Which copy of that tax form (1=1st copy; 2=2nd copy, etc): 1
c. Activity name on that tax form: 2098 HOOVER DR SANTA CLARA CA 95

3. DATE PLACED IN SERVICE, ETC.

- a. Date placed in service: 06/09/10
b. Check here if you sold, gave away, or abandoned the asset in 2020: []
c. If line b. is checked, enter month in which the sale, etc. took place:
d. Check here if you acquired this asset in a like-kind exchange or involuntary conversion: []
d-1 Check here if you are making an election under Regulations section 1.168(i)-6(i): []

Note: After 2017, like-kind exchange treatment is generally available only for real estate.

Note: Special rules apply to trade-in's and involuntary conversions. If you checked box d. above, review the IRS instructions to Form 4562 and adjust your entries accordingly.

4. TYPE OF ASSET

- a. Enter the type of asset: Residential rental real estate
i. Residential rental appliances, carpets, and furniture: if placed in service before 1999, "X" here to continue treating as 7-year property: []
ii. Computer software: "X" here if this software was included in the cost of the underlying hardware: []
Note: If this software is a Section 197 intangible, you will need to amortize its cost. See the IRS instructions to Form 4562 for details and override as necessary.
b. Low income housing that was first placed in service 1981-86?: N
c. Depreciation Code (1-26): 7
Note: For a list of depreciation codes, click on the question on the left.
d. Is this "listed property" (if "Y," depreciation may be slower): N
i. If "Y", do you have evidence to support your business/investment use?: []
ii. Is the evidence written?: []
iii. If you used this property as an employee, was your use for the convenience of the employer and required as a

condition of employment? Yes No

Note: If you answer **No** to the preceding question, you can't deduct depreciation or rent expenses for your use of the property. Please adjust the amounts shown on this Worksheet accordingly.

5. BUSINESS AND INVESTMENT PERCENTS

Note: For any given asset, the sum of business use, investment use, and personal use cannot exceed 100%.

Note: If you converted this property from or to 100% personal use in 2020, you may need to adjust your business/investment use percent. See the IRS instructions to Form 4562 for details.

- a. Business use percent in 2020 (0-100) 100
- b. Investment use percent in 2020 (0-100)

6. ALTERNATIVE DEPRECIATION SYSTEM (ADS)

- a. Check here if you're required to use ADS
- b. Check here if you're using ADS, even though you're not required to

Note: We check box a. if this is listed property with 50% or less business use.

7. BONUS DEPRECIATION

Note: Complete questions a - d only if you placed this property in service in the current year.

Review and complete question e as appropriate only if the property was placed in service after 2015 and before 2020.

- a. Check here if this is property eligible for 100% bonus depreciation under Section 168(k) of the Internal Revenue Code
 - a-1 (If box a. is checked) Check here if this is used property that was acquired in a like-kind exchange
 - a-2 (If box a-2 is checked) Enter any cash paid in addition to the trade-in
- b. Check here if this is property eligible for 30% bonus depreciation under Section 168(k) of the Internal Revenue Code
- c. Check here if this is qualified reuse and recycling property
- d. Check here if you checked box a., a-1., b., or c. above and you are electing out of bonus depreciation

Note: The election on line d., above, generally operates on a class-by-class basis. See the IRS instructions to Form 4562 and make sure that, with respect to other property in the same class as this asset, you elect out of bonus depreciation as required.

Note: If you checked box c. above, also review the Bonus Depreciation Election Out Statement and revise as appropriate.

- e. Check here if: (i) you placed the property in service after 2015 and before 2020, (ii) the property was eligible for bonus depreciation, and (iii) you elected not to take bonus depreciation for the property

8. BASIS, SECTION 179 EXPENSE DEDUCTION, AND BONUS DEPRECIATION

Table with 3 columns: Description, Amount, and Total. Rows include: Total original basis (cost) when property was acquired (720,000), Portion of original basis for land (0), Original basis not for land (720,000), Section 179 amount (i, ii), Deduction for removal of barriers to disabled and elderly, Basis after Sec. 179, Bonus depreciation for 2020, Prior year bonus depreciation, and Depreciable basis.

Note: See the IRS instructions to Form 4562 and IRS Publication 946 for information about when you may need to "recapture" your Section 179 deduction or bonus depreciation. You might need to override our calculations in this situation.

9. MISCELLANEOUS QUESTIONS

Table with 3 columns: Question, Answer, and Total. Rows include: Check here to elect under section 168(i)(4) to group assets into one or more general asset accounts, Number of years over which this asset is being depreciated (27.50), If this asset is eligible, do you elect the (slower) 150% declining balance method, If this asset is eligible, do you elect the (slower) straight line method, Does the "mid-quarter" convention apply? (N), Is this asset property that was placed in service between 1989 and 2017 that is used in farming? (N)

10. DEPRECIATION CALCULATION

Table with 3 columns: Description, Amount, and Total. Rows include: Method (200DB=200% declining balance; SL=Straight line) (SL), Convention (HY=Half year; MQ=Mid-quarter; MM=Mid-month; FM=Full-month) (MM), The bottom line: Amount of depreciation allowed (26,182)

11. CALCULATION OF ALTERNATIVE MINIMUM TAX ADJUSTMENTS

Note: Fill in numbers a, b, c, and/or d below, if they aren't already calculated by the program. Note: Straight-line ("SL" on line 10a above) property placed in service after December 31, 1998, is not subject to any adjustment below for AMT purposes. Also, 150%- or 200%-declining balance ("150DB" or "200DB" on line 10a above) property placed in service after December 31, 1998, has the same number of years of AMT depreciation (see line c below) as regular depreciation (see line 9b above).

Table with 3 columns: Question, Answer, and Total. Row includes: Is this real estate (Y/N)?

- b. If not real estate, is this leased property (Y/N)?
- c. Number of years (term) for AMT depreciation
- d. If placed in service after 1986, is this excluded from AMT (e.g. unit-of-production, film or videotape, sound recording) (Y/N; usually "N")
- e. Category of Alt Min Tax (if any) that applies:
 - Pre-87 leased prop, other than real estate (6251 line 3b).
 - Pre-87 real estate (6251 line 3a).
 - 1987 and later prop (whether or not real estate, 6251 line 2l).
 - None--no Alt Min Tax exposure for this property.
- f. AMT Method (150DB=150% declining balance; SL=Straight line) None
- g. AMT Convention (HY=Half year; MQ=Mid-quarter; MM=Mid-month; FM=Full-month) N/A
- h. Alt Min Tax Depreciation
- i. Alt Min Tax Adjustment (Reg Dep'n - Alt Min Tax Dep'n) 0

Note: If this activity is passive, the AMT adjustment on line i. carries to the AMT Passive Activity Worksheet on Schedule C, Schedule F, the Rentals and Royalty Worksheet, or Form 4835. From the AMT Passive Activity Worksheet, data goes to Form 6251, line 2m. If this activity is non-passive, line i. carries directly to Form 6251, line 2l or 3, as appropriate.

Note: If you designated this Depreciation Worksheet to carry to Form 2106 or Schedule A, then the AMT adjustment on line i. above **doesn't** carry to Form 6251.

12. SUMMARY

- a. Regular depreciation allowed this year (from above) 26,182
- b. Bonus depreciation allowed this year (from above) 0
- c. Section 179 deduction allowed this year (from above) 0
- d. Depreciation chart for this asset (up to 20 years).

Note: Assumes 100% business and/or investment use. Adjust depreciation for any year for actual business % and investment %.

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Dep'n	<u>14,182</u>	<u>26,182</u>	<u>26,182</u>	<u>26,182</u>	<u>26,182</u>	<u>26,182</u>	<u>26,182</u>	<u>26,182</u>	<u>26,182</u>	<u>26,182</u>
Basis	<u>705818</u>	<u>679636</u>	<u>653454</u>	<u>627272</u>	<u>601090</u>	<u>574908</u>	<u>548726</u>	<u>522544</u>	<u>496362</u>	<u>470180</u>
Year	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
Dep'n	<u>26,182</u>	<u>26,182</u>	<u>26,182</u>	<u>26,182</u>	<u>26,182</u>	<u>26,182</u>	<u>26,182</u>	<u>26,182</u>	<u>26,182</u>	<u>26,182</u>
Basis	<u>443998</u>	<u>417816</u>	<u>391634</u>	<u>365452</u>	<u>339270</u>	<u>313088</u>	<u>286906</u>	<u>260724</u>	<u>234542</u>	<u>208360</u>

13. STATE DEPRECIATION

Because many states have not conformed to the various federal laws passed since September 11, 2001 allowing "bonus" depreciation, you may be entitled to different depreciation amounts for federal and state purposes. This worksheet section supplies numbers related to state depreciation in nonconforming states. Your state program will advise you if you need to refer to this section to complete your state return.

- a. If bonus depreciation is being claimed on your federal return, the amount of 2020 bonus depreciation _____
- b. If bonus depreciation was claimed in a prior year under federal law, the amount of prior year bonus depreciation _____
- c. The amount of federal depreciation to which you would have been entitled in 2020 for this asset without the federal laws allowing bonus depreciation _____
- d. The difference between the amount of depreciation actually being taken for this asset on your federal return and the amount of depreciation to which you would have been entitled without the federal laws allowing bonus depreciation _____

Form 1099-B Account

SUNDARAM KANNAN

SSN: 625-13-1674

Description: Wells Fargo

FATCA filing requirement box is checked on my Form 1099-B:

Account number (required if FATCA applies): 7892-9062

Note: Enter information about sales associated with this Form 1099-B account on the Capital Gains and Losses Worksheet.

KIA

Not
For
Filing

SUNDARAM KANNAN

SSN: 625-13-1674

Use this worksheet to enter sales and other dispositions of capital assets. We'll sort the transactions according to whether they are short- or long-term and carry the information to the correct lines of Schedule D. Do **NOT** use this form to report the sale of:

- Your principal residence (use the Sale of Home Worksheet)
- Property used for business purposes (use Form 4797)

Note: See the help panel for special instructions if you are entering information about a group of transactions for which basis was reported to the IRS on Form 1099-B and for which you have no adjustments.

Description: EVOFEM

CAUTION: Skip the following two checkboxes if you entered this form in the Interview. Select a checkbox if you did **not** enter this form in the Interview and you want to move the form to an Interview topic.

- Sales on This 1099-B interview topic
Which copy? _____
- Sale of Collectibles and Other Investment Property interview topic (under "Sales and Other Transfers")

Was this transaction reported to you on a Form 1099-B? (This includes a substitute broker's statement.) Yes No

If **Yes**, which copy? 1 (Wells Fargo)

This is a group of transactions for which basis was reported to the IRS on a Form 1099-B or a substitute statement and for which you have no adjustments:

Code: _____
 Date acquired: 05/21/2020 Date sold: 05/21/2020
 Sales price: 5
 Cost/other basis (Form 1099-B, box 1e if applicable): 4

Additional questions if Form 1099-B or substitute statement:
 Box 12 (basis reported to IRS) checked? Yes No

Correct basis (if amount in box 1e is not correct): _____
 Type of gain/loss, if shown in box 2:
 Short-term Long-term Ordinary
 Type of gain/loss in box 2 is **not** correct:

Gain/loss before adjustment: 1
 Adjustment for corrected basis: _____
 Gain/loss after adjustment for corrected basis: 1
 Accrued market discount: 0
 Accrued market discount adjustment: _____
 Wash sale loss disallowed: 0
 Other adjustments to gain/loss: _____

Income tax withholding:
 Federal income tax withheld: 0
 If Federal income tax withheld, enter Payer's TIN: _____

State Abbreviation	State ID No.	State Tax Withheld
_____	_____	_____

The item sold was a collectible:
 The item sold was from a Qualified Opportunity Fund (QOF):

Our program does not support reporting QOF proceeds.

Box 5 The item sold was a Noncovered Security:
 Box 7 The loss is not allowed based on Box 1d:

Our program does not support Form 1099-B Boxes 5 and 7.

Note: We carry information about the FATCA filing requirement box and the account number from the Form 1099-B Account, if any, that this Capital Gains and Losses Worksheet is associated with.

FATCA filing requirement box is checked on my Form 1099-B:
 Account number (if FATCA applies): 7892-9062

SUNDARAM KANNAN

SSN: 625-13-1674

Use this worksheet to enter sales and other dispositions of capital assets. We'll sort the transactions according to whether they are short- or long-term and carry the information to the correct lines of Schedule D. Do **NOT** use this form to report the sale of:

- Your principal residence (use the Sale of Home Worksheet)
- Property used for business purposes (use Form 4797)

Note: See the help panel for special instructions if you are entering information about a group of transactions for which basis was reported to the IRS on Form 1099-B and for which you have no adjustments.

Description: LENSAR

CAUTION: Skip the following two checkboxes if you entered this form in the Interview. Select a checkbox if you did **not** enter this form in the Interview and you want to move the form to an Interview topic.

- Sales on This 1099-B interview topic
Which copy? _____
- Sale of Collectibles and Other Investment Property interview topic (under "Sales and Other Transfers")

Was this transaction reported to you on a Form 1099-B? (This includes a substitute broker's statement.) Yes No

If **Yes**, which copy? 1 (Wells Fargo)

This is a group of transactions for which basis was reported to the IRS on a Form 1099-B or a substitute statement and for which you have no adjustments:

Code: _____
 Date acquired: 10/02/2020 Date sold: 10/02/2020
 Sales price: 6
 Cost/other basis (Form 1099-B, box 1e if applicable): 4

Additional questions if Form 1099-B or substitute statement:
 Box 12 (basis reported to IRS) checked? Yes No

Correct basis (if amount in box 1e is not correct): _____
 Type of gain/loss, if shown in box 2:
 Short-term Long-term Ordinary
 Type of gain/loss in box 2 is **not** correct:

Gain/loss before adjustment: 2
 Adjustment for corrected basis: _____
 Gain/loss after adjustment for corrected basis: 2
 Accrued market discount: 0
 Accrued market discount adjustment: _____
 Wash sale loss disallowed: 0
 Other adjustments to gain/loss: _____

Income tax withholding:
 Federal income tax withheld: _____
 If Federal income tax withheld, enter Payer's TIN: _____

State Abbreviation	State ID No.	State Tax Withheld
_____	_____	_____
_____	_____	_____

The item sold was a collectible:
 The item sold was from a Qualified Opportunity Fund (QOF):

Our program does not support reporting QOF proceeds.

Box 5 The item sold was a Noncovered Security:
 Box 7 The loss is not allowed based on Box 1d:

Our program does not support Form 1099-B Boxes 5 and 7.

Note: We carry information about the FATCA filing requirement box and the account number from the Form 1099-B Account, if any, that this Capital Gains and Losses Worksheet is associated with.

FATCA filing requirement box is checked on my Form 1099-B:
 Account number (if FATCA applies): 7892-9062

SUNDARAM KANNAN

SSN: 625-13-1674

Use this worksheet to enter sales and other dispositions of capital assets. We'll sort the transactions according to whether they are short- or long-term and carry the information to the correct lines of Schedule D. Do **NOT** use this form to report the sale of:

- Your principal residence (use the Sale of Home Worksheet)
- Property used for business purposes (use Form 4797)

Note: See the help panel for special instructions if you are entering information about a group of transactions for which basis was reported to the IRS on Form 1099-B and for which you have no adjustments.

Description: MORGAN STANLEY

CAUTION: Skip the following two checkboxes if you entered this form in the Interview. Select a checkbox if you did **not** enter this form in the Interview and you want to move the form to an Interview topic.

- Sales on This 1099-B interview topic
Which copy? _____
- Sale of Collectibles and Other Investment Property interview topic (under "Sales and Other Transfers")

Was this transaction reported to you on a Form 1099-B? (This includes a substitute broker's statement.) Yes No

If **Yes**, which copy? 1 (Wells Fargo)

This is a group of transactions for which basis was reported to the IRS on a Form 1099-B or a substitute statement and for which you have no adjustments:

Code: _____
 Date acquired: 06/11/2008 Date sold: 10/02/2020
 Sales price: 8
 Cost/other basis (Form 1099-B, box 1e if applicable): 5

Additional questions if Form 1099-B or substitute statement:
 Box 12 (basis reported to IRS) checked? Yes No

Correct basis (if amount in box 1e is not correct): _____
 Type of gain/loss, if shown in box 2:
 Short-term Long-term Ordinary
 Type of gain/loss in box 2 is **not** correct:

Gain/loss before adjustment: 3
 Adjustment for corrected basis: _____
 Gain/loss after adjustment for corrected basis: 3
 Accrued market discount: 0
 Accrued market discount adjustment: _____
 Wash sale loss disallowed: 0
 Other adjustments to gain/loss: _____

Income tax withholding:
 Federal income tax withheld: _____
 If Federal income tax withheld, enter Payer's TIN: _____

State Abbreviation	State ID No.	State Tax Withheld
_____	_____	_____

The item sold was a collectible:
 The item sold was from a Qualified Opportunity Fund (QOF):

Our program does not support reporting QOF proceeds.

Box 5 The item sold was a Noncovered Security:
 Box 7 The loss is not allowed based on Box 1d:

Our program does not support Form 1099-B Boxes 5 and 7.

Note: We carry information about the FATCA filing requirement box and the account number from the Form 1099-B Account, if any, that this Capital Gains and Losses Worksheet is associated with.

FATCA filing requirement box is checked on my Form 1099-B:
 Account number (if FATCA applies): 7892-9062

SUNDARAM KANNAN

SSN: 625-13-1674

Use this worksheet to enter sales and other dispositions of capital assets.

We'll sort the transactions according to whether they are short- or long-term and carry the information to the correct lines of Schedule D.

Do **NOT** use this form to report the sale of:

- Your principal residence (use the Sale of Home Worksheet)
- Property used for business purposes (use Form 4797)

Note: See the help panel for special instructions if you are entering information about a group of transactions for which basis was reported to the IRS on Form 1099-B and for which you have no adjustments.

Description: TESLA

CAUTION: Skip the following two checkboxes if you entered this form in the Interview. Select a checkbox if you did **not** enter this form in the Interview and you want to move the form to an Interview topic.

- Sales on This 1099-B interview topic
Which copy? _____
- Sale of Collectibles and Other Investment Property interview topic
(under "Sales and Other Transfers")

Was this transaction reported to you on a Form 1099-B? (This includes a substitute broker's statement.) Yes No

If **Yes**, which copy? 1 (Wells Fargo)

This is a group of transactions for which basis was reported to the IRS on a Form 1099-B or a substitute statement and for which you have no adjustments:

Code: _____

Date acquired: 07/06/2010 Date sold: 12/17/2020

Sales price: 129,997

Cost/other basis (Form 1099-B, box 1e if applicable): 732

Additional questions if Form 1099-B or substitute statement:

Box 12 (basis reported to IRS) checked? Yes No

Correct basis (if amount in box 1e is not correct): _____

Type of gain/loss, if shown in box 2:

Short-term Long-term Ordinary

Type of gain/loss in box 2 is **not** correct:

Gain/loss before adjustment: 129,265

Adjustment for corrected basis: _____

Gain/loss after adjustment for corrected basis: 129,265

Accrued market discount: 0

Accrued market discount adjustment: _____

Wash sale loss disallowed: 0

Other adjustments to gain/loss: _____

Income tax withholding:

Federal income tax withheld: _____

If Federal income tax

withheld, enter Payer's TIN: _____

State Abbreviation	State ID No.	State Tax Withheld
_____	_____	_____
_____	_____	_____

The item sold was a collectible:

The item sold was from a Qualified Opportunity Fund (QOF):

Our program does not support reporting QOF proceeds.

Box 5 The item sold was a Noncovered Security:

Box 7 The loss is not allowed based on Box 1d:

Our program does not support Form 1099-B Boxes 5 and 7.

Note: We carry information about the FATCA filing requirement box and the account number from the Form 1099-B Account, if any, that this Capital Gains and Losses Worksheet is associated with.

FATCA filing requirement box is checked on my Form 1099-B:

Account number (if FATCA applies): 7892-9062

Use this Worksheet to enter information about income and expenses from real estate rentals and from royalties. But do NOT use the Worksheet for any of these special situations (see the Help panel for more information):

- Not-for-profit rentals
• Rentals of personal property (unless the property was leased with real estate)
• Operating oil, gas, or mineral interests
• Your business as a self-employed writer, inventor, artist, etc.

Commercial Revitalization Deductions: If you are taking a commercial revitalization deduction, you will probably need to manually complete 8582 Worksheet #2 and will probably need to override amounts in your return. See the instructions to Form 8582 for details.

Multi-family housing. If this property is multi-family housing and you lived in one of the units, enter information about the rental property only. Exception: You can choose to enter your expenses for the total property, and not just the rental portion. See below for details.

Check whose activity this is:

- ☐ Taxpayer ☐ Spouse ☒ Both

Did you make any payments in 2020 that would require you to file Form(s) 1099 (see instructions)?

☐ Yes ☒ No

If "Yes," did you or will you file all required Forms 1099?

☐ Yes ☐ No

Check which kind of activity this is:

- ☒ Rental ☐ Royalty

Type of property: 1

If "Other", description:

I. IDENTIFYING INFORMATION

1a. (Rentals only) Enter the following information about this property:

Check here if the property was located in a foreign country: ☐

Street: 2098 HOOVER DR City/town: SANTA CLARA State: CA ZIP: 95051

Country:

Province/state/county:

Postal code:

Check here if you provided significant services with the rental

(Ex: maid service, meals): ☐

Note: If you provided significant services, don't enter your rental income and expenses here. Enter them on Schedule C instead.

Check here if you don't own this property: ☐

Percent ownership (if less than 100%): 100.0 %

Check here if the property was a dwelling (including a room in your home or a multi-family home): ☒

Check here if the property was your main or second home: ☐

Check here if this was a room in your home, without its own kitchen and bathroom: ☐

Check here if the property was a room in your home, with its own kitchen and bathroom: ☐

Check here if this was a multi-family home you owned, and you lived in one unit: ☐

Note: If either of the two preceding boxes is checked, we assume that there was no personal use of the rental property. You might need to override our calculations if this was not the case.

Check here if your average lease was seven days or less: ☐

If your average lease was seven days or less, check here if you materially participated in this rental activity: ☐

Note: If your average lease was seven days or less, do not check either box IV.3 (real estate professional who materially participated) or box IV.4 (active participation) below.

Check here if you meet the requirements to file as a qualified joint venture (QJV). See IRS instructions for more information: ☐

Check here if you choose to treat your rental activity as a trade or business under the safe harbor rules for the qualified business income deduction: ☐

Check here if this rental is eligible for the qualified business income deduction without the safe harbor election: ☐

- a. Is this a specified service trade or business Yes No
- b. W-2 wages paid _____
- c. Basis of property used in trade or business _____
- 3. Portion of W-2 wages paid allocable to co-op dividends on Form 1099-PATR _____

b. (Royalties only) Enter the name of this activity:
Name: _____

II. DAYS OF USE -- DWELLING

(Complete this part only if the rental property is a dwelling.)

- 1a. Number of days rented at fair rental price (and not personal use) 366
- b. Number of days offered for rent (and not rented, not personal use) 0
- c. Number of days of personal use 0
 - i. Number of days included on line c. for which you used property as main home if: (i) you rent or try to rent property at fair rental price for 12 or more consecutive months before or after using as main home; or (ii) you rent or try to rent property at fair rental price for less than 12 consecutive months after using as main home, and period ends because you sell or exchange property _____
 - ii. Number of days included on line c. for which you used property for personal purposes while it was rented at fair rental price _____
 - iii. Number of days included on line c. for which you rented the property at less than fair rental price _____
- d. Total days owned (or days the property was your home, if the rental was a room without its own kitchen and bathroom and you were not the owner) 366

e. Check here if the rental unit is a "residence" AND it was rented for less than 15 days

Note: If box e is checked, STOP HERE. Don't include in income any of the rental income, and don't deduct any expenses as rental expenses.

f. Check here if the rental unit is a "residence" AND it was rented for 15 days or more

g. If box 1f is checked, select an allocation method for itemizable expenses:
 IRS Method Tax Court method

- h. Percentage for allocation of non-itemizable expenses related to dwelling: $(1a + 1b)/1d$, but if $1c > 0$, then $(1a + 1c.ii)/(1a + 1c)$ 100.00 %
- i. Percentage for allocation of itemizable expenses: Same as line 1h, but if Tax Court's allocation method chosen, then $(1a + 1c.ii)/1d$ 100.00 %

III. DAYS OF USE -- NON-DWELLING

(Complete this part only if the rental property is NOT a dwelling.)

- 1a. Number of days rented _____
- b. Number of days offered for rent (and not rented, not personal use) _____
- c. Total days owned _____
- d. Percentage for allocation of expenses related to non-dwelling: $(1a + 1b)/1c$ 0.00%

IV. AT-RISK/PASSIVE ACTIVITY QUESTIONS

1. Check here if you are subject to the at-risk rules and some of your investment is NOT at risk
If box 1 is checked, you will need to complete and file Form 6198. Carry the appropriate amount from Form 6198 to line 2.

2. Amount at risk at end of 2020 (or allowed loss from Form 6198): _____

Skip questions 3 - 7 if this is a royalty.

3. Check here if you were a "real estate professional" and materially participated in this rental activity in 2020

4. Check here if you actively participated in this rental activity in 2020

Note: We blank out line 4 if you were married filing separately and lived with your spouse at any time during 2020.

5. Prior year passive loss carryforward amount (or zero) _____

6. Check here if you **totally** disposed of this activity in 2020

7. Gain or loss on disposition of activity or activity property: _____

7. Gain or loss on disposition of activity or activity property:

a. For purposes of regular tax _____

b. For purposes of Alternative Minimum Tax _____

Note: *We use the amounts on line 7 solely for purposes of our passive activity computations. If you have a gain or loss on disposition of this activity or activity property, make sure to enter information about the disposition on Form 4797 and/or Schedule D as well. In certain circumstances you may need to adjust the gain or loss that you would otherwise enter on Form 4797 and/or Schedule D to reflect the application of the passive activity limitations.*

END OF PAGE 1

**Not
For
Filing**

Multi-use property: If you rented out part of this property and lived in the other part, check one of these buttons to tell us how to treat your expense entries:

- Multiply expenses by rental percentage. Choose this if you want to enter your total expenses for the entire property and have us automatically calculate the correct amount to enter for the rental portion of the property.
Percent rented %
- Do not multiply expenses by rental percentage. Choose this if you want to enter the amount of expenses for the rental portion of the property yourself. We won't make any adjustment to your entry to account for rental vs. non-rental portions of the property.

Note: We do not multiply your income, auto and travel, or depreciation by your rental percentage. Make any adjustments to those items required as a result of your rental percentage directly on the Vehicle Worksheet or Depreciation Worksheet.

Part owners: If your percentage ownership is greater than 0% and less than 100%, check one of these buttons to tell us how to treat your income and expense entries:

- Multiply income/expenses by percentage ownership
- Do not multiply income/expenses by percentage ownership

Note: We do not multiply your auto and travel or depreciation by your percentage ownership. Make any adjustments to those items required as a result of your partial ownership directly on the Vehicle Worksheet or Depreciation Worksheet.

V. INCOME	Income/Expense	Ownership Portion	Rental Portion	Amount Allowed
1. Rents/royalties received				
a. From 1099-MISC, K-1	_____			
b. Other rent/royalty income	48,000			
Advance rent	0			
Security deposit	0			
First/last month's rent	0			
Lease termination	0			
Tenant-paid expenses	0			
Property/services for rent	0			
Total monthly rent in 2020	48,000			
Other tenant payments	0			
c. Total income	48,000	48,000	48,000	48,000

VI. EXPENSES	Income/Expense	Ownership Portion	Rental Portion	Amount Allowed
1. Advertising	_____	0	0	0
2. Auto and travel	_____			
a. Std mlg & vehicle exp	0			
b. Other auto and travel	_____			
c. Total travel	0	0	0	0
3. Cleaning and maintenance	1,200	1,200	1,200	1,200
4. Commissions	_____	0	0	0
5. Depletion	_____	0	0	0
6. Depreciation	26,182	26,182	26,182	26,182

Note: Depreciation carries from the Depreciation Wksht. Perform any allocations for part-year, etc. there.

7. FICA & employment taxes	_____	0	0	0
8a. Qualified mortgage insurance..	_____	0	0	0
8b. Insurance (other than qualified mortgage insurance)	4,000	4,000	4,000	4,000
9. Legal and professional fees	80	80	80	80
10. Management fees	_____	0	0	0
11. Non-mortgage interest	_____	0	0	0
12. Mortgage interest and points	_____			

Note: Override our calculations as necessary if you have mortgage interest or points that are not deductible because of limits imposed on

because of limits imposed on them ("excess mortgage interest").

a. Mortgage interest paid to banks and shown on Form 1098	35,916	35,916	35,916	35,916
b. Other mortgage interest		0	0	0
c. Points paid to banks and shown on Form 1098		0	0	0
d. Other points		0	0	0

Do the mortgage interest and points on line 12 qualify as an itemized deduction?

Yes No

Do you want to enter the personal portion of the mortgage interest and points on Schedule A as an itemized deduction?

Yes No

Was this loan only used for buying, building, or substantially improving the property at this address?

Yes No

13. Property taxes				
a. Total property taxes	12,000			

b. Property taxes (non-excess)	12,000	12,000	12,000	12,000
c. Property taxes (excess)		0	0	0

Do you want to enter the personal portion of the eligible property taxes on Schedule A as an itemized deduction?

Yes No

14. Other taxes		0	0	0
-----------------	--	---	---	---

15. Repairs	1,225	1,225	1,225	1,225
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16. Supplies for rental activity		0	0	0
----------------------------------	--	---	---	---

17. Utilities		0	0	0
---------------	--	---	---	---

18. Other expenses related just to rental activity				
--	--	--	--	--

Type

		0	0	0
		0	0	0

19. Other expenses related to operating or maintaining prop				
---	--	--	--	--

Type

		0	0	0
		0	0	0

- I'm electing to expense improvements. Maintenance, repairs and improvements to my building for 2020 cost less than 2% of the original cost of the rental and less than \$10,000.
- I'm electing to expense supplies that cost \$2,500 or less per item.

Totals (bef passive activity calc)				
20. Adj. for part-rental prop				

Note: The line 20 adjustment is made only if "Multiply expenses by rental percentage" is checked at the top of this page.

21. Net income or loss	-32,603	-32,603	-32,603	-32,603
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22. Amount not deducted for rental activity this year. Any remaining amounts on this line 22 may be deducted in future years (if the activity is conducted "for profit")				0
--	--	--	--	---

VII. PASSIVE ACTIVITY COMPUTATION

Note: To get the passive activity results, do the following: Check the program's entries in (1) through (4), and override if necessary. Then recalculate the tax return. Everything else is done automatically. This year's unallowed loss appears in column (5). Allowed loss or gain appears in column (6). Column (6) is carried to Schedule E.

Note: We set column (2) to "N" if this is a rental with an average lease of 7 days or less.

(1) Is this a passive activity?	(2) Rental real estate w/ active participation?	(3) Activity's net income or loss	(4) Prior year unallowed loss (or 0)	(5) This year unallowed loss.	(6) Allowed income or loss this year.
<u>Y</u>	<u>Y</u>	<u>-32,603</u>		<u>7,603</u>	<u>-25,000</u>

VIII. ALTERNATIVE MINIMUM TAX (AMT) WORKSHEET FOR RENTAL ACTIVITIES

Entries in columns (1) and (2) are the same as above. Column (3) includes Alt Min Tax adjustments from the Depreciation Worksheet. You have to enter the amount in column (4). We calculate columns (5) and (6). The difference between Column (6) in Part VI and Part VII carries to Form 6251.

(1) Is this a passive activity?	(2) Rental real estate w/ active participation?	(3) Activity's net income or loss	(4) Prior year unallowed loss (or 0)	(5) This year unallowed loss.	(6) Allowed income or loss this year.
<u>Y</u>	<u>Y</u>	<u>-32,603</u>		<u>7,603</u>	<u>-25,000</u>

IX. WORKSHEET FOR REAL ESTATE TAX

- State and local income taxes (or, if you elect on Schedule A, your state and local general sales taxes) that are personal expenses
- All state and local real estate taxes paid on the dwelling unit you are renting
- Other state and local real estate taxes you paid that are a personal expense and not included on line 2
- State and local personal property taxes that are a personal expense
- Sum of lines 1 - 4
- Line 2 * rental percentage
- Line 2 minus line 6
- Line 5 minus line 6
- \$10,000 (\$5,000 if married filing separately) minus line 8. If zero or less, enter -0-
- Rental portion of deductible real estate taxes. Smaller of line 6 or line 9
- Rental portion of excess real estate taxes. Line 6 minus line 10