

V CARE ACCOUNTING, INC  
337 Parkwood Pl  
Niceville, FL 32578-9762

MADHUSUDAN S & JYOTI M AMIN  
7507 SIKKA DEER WAY  
FORT MYERS, FL 33966  
|||||

**V CARE ACCOUNTING, INC**  
**337 Parkwood Pl**  
**Niceville, FL 32578-9762**  
**850-533-6765**

June 29, 2020

**CONFIDENTIAL**

MADHUSUDAN S & JYOTI M AMIN  
7507 SIKKA DEER WAY  
FORT MYERS, FL 33966

Dear MADHUSUDAN & JYOTI:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Individual Income Tax Return (Form 1040)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

This office is committed to using safeguards that protect your information from data theft. To further protect your identity, you can also take steps to stop thieves. IRS Publication 4524 ([www.irs.gov/pub/irs-pdf/p4524.pdf](http://www.irs.gov/pub/irs-pdf/p4524.pdf)) outlines simple steps that help you keep your computer secure, avoid phishing and malware, and protect your personal information.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

V CARE ACCOUNTING, INC

**Filing Instructions**  
**Electronically Filed**  
**Form 1040 US Individual Income Tax Return**  
**With**  
**Form 8879 IRS e-file Signature Authorization**  
**Taxable Year Ended December 31, 2019**

**Name:** MADHUSUDAN S & JYOTI M AMIN

**Date Due:** July 15, 2020

**Remittance:** None is required. The return shows a total overpayment of \$10,707, which is to be refunded in its entirety.

**Signature:** Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

V CARE ACCOUNTING, INC  
337 Parkwood Pl  
Niceville, FL 32578-9762

***Important:*** Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.

Retain a copy of the signed and dated Form 8879 for your records.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

Form **8879**Department of the Treasury  
Internal Revenue Service**IRS e-file Signature Authorization**

OMB No. 1545-0074

**2019**

- ERO must obtain and retain completed Form 8879.  
 ► Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) 

Taxpayer's name

**MADHUSUDAN S AMIN**

Social security number

**224-25-3247**

Spouse's name

**JYOTI M AMIN**

Spouse's social security number

**589-42-1880****Part I Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only)**

<b>1</b> Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	<b>1</b>	<b>23,407</b>
<b>2</b> Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	<b>2</b>	
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR line 17; Form 1040-NR, line 62a)	<b>3</b>	<b>2,922</b>
<b>4</b> Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	<b>4</b>	<b>10,707</b>
<b>5</b> Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	<b>5</b>	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**


☒ I authorize **V CARE ACCOUNTING, INC** to enter or generate my PIN **53247** as my  
ERO firm name  
 signature on my tax year 2019 electronically filed income tax return.  
Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.


Your signature  \_\_\_\_\_ Date  **06/29/20****Spouse's PIN: check one box only**

☒ I authorize **V CARE ACCOUNTING, INC** to enter or generate my PIN **21880** as my  
ERO firm name  
 signature on my tax year 2019 electronically filed income tax return.  
Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature  \_\_\_\_\_ Date  **06/29/20****Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature  \_\_\_\_\_ Date  \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879** (2019)

**Filing Status** ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box.  
If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent.▶

Your first name and middle initial <b>MADHUSUDAN S</b>	Last name <b>AMIN</b>	Your social security number <b>224-25-3247</b>
If joint return, spouse's first name and middle initial <b>JYOTI M</b>	Last name <b>AMIN</b>	Spouse's social security number <b>589-42-1880</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>7507 SIKA DEER WAY</b>		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>FORT MYERS FL 33966</b>		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/country	Foreign postal code
		If more than four dependents, see instr. and <input checked="" type="checkbox"/> here <input type="checkbox"/>

**Standard Deduction** ☐ Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You: ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

<b>Dependents</b> (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
<b>PURVIS</b>	<b>AMIN</b>	<b>591-83-9129</b>	<b>Son</b>		<input checked="" type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	<b>22,320</b>
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	<b>7,931</b>
4a	IRA distributions	4a	
c	Pensions and annuities	4c	<b>7,881</b>
5a	Soc. sec. ben.	5a	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	<b>-2,531</b>
7a	Other income from Schedule 1, line 9	7a	<b>-42,758</b>
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> ▶	7b	<b>23,407</b>
8a	Adjustments to income from Schedule 1, line 22	8a	<b>0</b>
b	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> ▶	8b	<b>23,407</b>
9	<b>Standard deduction or itemized deductions</b> (from Schedule A)	9	<b>24,400</b>
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a	Add lines 9 and 10	11a	<b>24,400</b>
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	<b>0</b>

<b>12a</b> Tax (see instr.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972		<b>12a</b>	<b>0</b>
<b>3</b> <input type="checkbox"/>			
<b>b</b> Add Schedule 2, line 3, and line 12a and enter the total		<b>12b</b>	<b>0</b>
<b>13a</b> Child tax credit or credit for other dependents		<b>13a</b>	
<b>b</b> Add Schedule 3, line 7, and line 13a and enter the total		<b>13b</b>	
<b>14</b> Subtract line 13b from line 12b. If zero or less, enter -0-		<b>14</b>	<b>0</b>
<b>15</b> Other taxes, including self-employment tax, from Schedule 2, line 10		<b>15</b>	
<b>16</b> Add lines 14 and 15. This is your <b>total tax</b>		<b>16</b>	<b>0</b>
<b>17</b> Federal income tax withheld from Forms W-2 and 1099		<b>17</b>	<b>2,922</b>
<b>18</b> Other payments and refundable credits:			
<b>a</b> Earned income credit (EIC)	<b>18a</b>		
<b>b</b> Additional child tax credit. Attach Schedule 8812	<b>18b</b>		
<b>c</b> American opportunity credit from Form 8863, line 8	<b>18c</b>	<b>1,000</b>	
<b>d</b> Schedule 3, line 14	<b>18d</b>	<b>6,785</b>	
<b>e</b> Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>		<b>18e</b>	<b>7,785</b>
<b>19</b> Add lines 17 and 18e. These are your <b>total payments</b>		<b>19</b>	<b>10,707</b>
<b>Refund</b> <b>20</b> If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>		<b>20</b>	<b>10,707</b>
<b>21a</b> Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>		<b>21a</b>	<b>10,707</b>
<b>b</b> Routing number <b>XXXXXXXXXX</b> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
<b>d</b> Account number <b>XXXXXXXXXXXXXXXXXXXX</b>			
<b>22</b> Amount of line 20 you want applied to your 2020 estimated tax		<b>22</b>	
<b>Amount You Owe</b> <b>23</b> <b>Amount you owe</b> . Subtract line 19 from line 16. For details on how to pay, see instructions		<b>23</b>	
<b>24</b> Estimated tax penalty (see instructions)		<b>24</b>	

**Third Party Designee** Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instruction ☐ **Yes**. Complete below.  
☐ **No**

(Other than paid preparer)	Designee's name	Phone no.	Personal identification number (PIN)

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

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation <b>MANAGER</b>	If the IRS sent you an Identity Protection PIN, enter it here
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation <b>HOME MAKER</b>	If the IRS sent your spouse an Identity Protection PIN, enter it here

Phone no.	Email address
Preparer's name <b>AJITH PRABHU, EA</b>	Preparer's signature <b>AJITH PRABHU, EA</b>
Firm's name <b>V CARE ACCOUNTING, INC</b> <b>337 Parkwood Pl</b>	Date <b>06/29/20</b>
Firm's address <b>Niceville</b> <b>FL 32578-9762</b>	Phone no. <b>850-533-6765</b>
PTIN <b>P00748557</b>	Firm's EIN <b>46-1565080</b>

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **01**

▶ **Attach to Form 1040 or 1040-SR.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

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

**MADHUSUDAN S & JYOTI M AMIN**

Your social security number

**224-25-3247**

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes .....	<b>1</b>	
<b>2a</b>	Alimony received .....	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ .....		
<b>3</b>	Business income or (loss). Attach Schedule C .....	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 .....	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .....	<b>5</b>	<b>-42,758</b>
<b>6</b>	Farm income or (loss). Attach Schedule F .....	<b>6</b>	
<b>7</b>	Unemployment compensation .....	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ .....	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a .....	<b>9</b>	<b>-42,758</b>

**Part II Adjustments to Income**

<b>10</b>	Educator expenses .....	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 .....	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 .....	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 .....	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE .....	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans .....	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction .....	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings .....	<b>17</b>	
<b>18a</b>	Alimony paid .....	<b>18a</b>	
<b>b</b>	Recipient's SSN .....		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ .....		
<b>19</b>	IRA deduction .....	<b>19</b>	
<b>20</b>	Student loan interest deduction .....	<b>20</b>	
<b>21</b>	Tuition and fees. Attach Form 8917 .....	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a .....	<b>22</b>	

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

**Schedule 1 (Form 1040 or 1040-SR) 2019**

**SCHEDULE 3**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

► **Attach to Form 1040 or 1040-SR.**  
► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **03**

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

Your social security number

**MADHUSUDAN S & JYOTI M AMIN**

**224-25-3247**

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attached Form 1116 if required .....	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441 .....	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 .....	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 .....	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 .....	<b>5</b>	
<b>6</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> .....	<b>6</b>	
<b>7</b>	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b .....	<b>7</b>	

**Part II Other Payments and Refundable Credits**

<b>8</b>	2019 estimated tax payments and amount applied from 2018 return .....	<b>8</b>	
<b>9</b>	Net premium tax credit. Attach Form 8962 .....	<b>9</b>	<b>6,785</b>
<b>10</b>	Amount paid with request for extension to file (see instructions) .....	<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld .....	<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 .....	<b>12</b>	
<b>13</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/> .....	<b>13</b>	
<b>14</b>	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d .....	<b>14</b>	<b>6,785</b>

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

**Schedule 3 (Form 1040 or 1040-SR) 2019**



**SCHEDULE B**  
**(Form 1040 or 1040-SR)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

Name(s) shown on return

**MADHUSUDAN S & JYOTI M AMIN**

Your social security number

**224-25-3247**

<b>Part I</b>	<b>1</b>	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►		<b>Amount</b>
<b>Interest</b>  (See instructions and the instructions for Form 1040 and 1040-SR, line 2b.)  Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.		<b>WELLS FARGO</b>		<b>5,117</b>
		<b>SUNTRUST BANK</b>		<b>1,603</b>
		<b>NEW YORK LIFE INSURANCE</b>		<b>900</b>
		<b>NEW YORK LIFE INSURANCE</b>		<b>1,016</b>
		<b>NEW YORK LIFE INSURANCE</b>		<b>613</b>
		<b>NEW YORK LIFE INSURANCE</b>	<b>1</b>	<b>539</b>
		<b>TD AMERITRADE</b>		<b>7,192</b>
		<b>WELLS FARGO CLEARING SERVICES LLC</b>		<b>4</b>
		<b>SUNNY-AAKASH, LLC</b>	<b>02-0623160</b>	<b>10</b>
		<b>NEILLASAR, LLC</b>	<b>46-1144682</b>	<b>9,990</b>
	<b>NEILLASAR, LLC</b>	<b>46-1144682</b>	<b>9,989</b>	
	<b>2</b>	Add the amounts on line 1	<b>2</b>	<b>36,973</b>
	<b>3</b>	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	<b>3</b>	
	<b>4</b>	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	<b>4</b>	<b>36,973</b>

**Note:** If line 4 is over \$1,500, you must complete Part III.

<b>Part II</b>	<b>5</b>	List name of payer ►		<b>Amount</b>
<b>Ordinary Dividends</b>  (See instructions and the instructions for Form 1040 and 1040-SR, line 3b.)  Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.		<b>TD AMERITRADE</b>		<b>2,774</b>
		<b>WELLS FARGO CLEARING SERVICES LLC</b>		<b>1,734</b>
		<b>WELLS FARGO CLEARING SERVICES LLC</b>		<b>3,515</b>
	<b>6</b>	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	<b>6</b>	<b>8,023</b>

**Note:** If line 6 is over \$1,500, you must complete Part III.

<b>Part III</b>	You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		<b>Yes</b>	<b>No</b>
<b>Foreign Accounts and Trusts</b>  Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.	<b>7a</b>	At any time during 2019, 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		<b>X</b>
		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		
	<b>b</b>	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►		
	<b>8</b>	During 2019, 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. See instructions		<b>X</b>

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

Schedule B (Form 1040 or 1040-SR) 2019

**SCHEDULE D**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

- Attach to Form 1040, 1040-SR, or 1040-NR.  
► Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **12**

Name(s) shown on return

**MADHUSUDAN S & JYOTI M AMIN**

Your social security number

**224-25-3247**

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.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	<b>2,297,580</b>	<b>2,297,064</b>	<b>26,037</b>	<b>26,553</b>
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .			<b>4</b>	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			<b>5</b>	
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .			<b>6</b>	<b>( 39,830 )</b>
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .			<b>7</b>	<b>-13,277</b>

**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.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	<b>131,788</b>	<b>120,500</b>	<b>231</b>	<b>11,519</b>
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	<b>0</b>	<b>773</b>	<b>0</b>	<b>-773</b>
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .			<b>11</b>	
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .			<b>12</b>	
<b>13</b> Capital gain distributions. See the instructions . . . . .			<b>13</b>	
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .			<b>14</b>	<b>( )</b>
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .			<b>15</b>	<b>10,746</b>

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

Schedule D (Form 1040 or 1040-SR) 2019

**Part III Summary**

<b>16</b> Combine lines 7 and 15 and enter the result .....	<b>16</b>	<b>-2,531</b>
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22.</li> </ul>		
<b>17</b> Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet .....	<b>18</b>	
<b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet .....	<b>19</b>	
<b>20</b> Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b> If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the <b>smaller</b> of:  <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> <div style="margin-left: 10px;"> <div style="border-left: 1px solid black; height: 20px; width: 20px; margin-bottom: 5px;"></div> <div style="border-left: 1px solid black; height: 20px; width: 20px;"></div> </div> </div>	<b>21</b>	( <b>2,531</b> )
<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b> Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**Sales and Other Dispositions of Capital Assets**► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

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

**2019**Attachment  
Sequence No. **12A****MADHUSUDAN S & JYOTI M AMIN**

Social security number or taxpayer identification number

**224-25-3247**

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

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

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	TD AMERITRADE	# 1187 Various	12/31/19	1,775,297	1,761,944	w	21,475	34,828
	WELLS FARGO	# 9109 Various	12/31/19	5,603	5,019			584
	WELLS FARGO	# 0723 Various	12/31/19	516,680	530,101	w	4,562	-8,859
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule 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) ►				<b>2,297,580</b>	<b>2,297,064</b>		<b>26,037</b>	<b>26,553</b>

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

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

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

Social security number or taxpayer identification number

**MADHUSUDAN S & JYOTI M AMIN****224-25-3247**

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

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

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	TD AMERITRADE	# 1187 Various	12/31/19	92,522	89,469	W	231	3,284
	WELLS FARGO	# 9109 Various	12/31/19	8,143	6,063			2,080
	WELLS FARGO	# 0723 Various	12/31/19	31,123	24,968			6,155
<b>2</b>	<b>Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if <b>Box D</b> above is checked), line 9 (if <b>Box E</b> above is checked), or line 10 (if <b>Box F</b> above is checked) ►			131,788	120,500		231	11,519

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

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

Social security number or taxpayer identification number

**MADHUSUDAN S & JYOTI M AMIN****224-25-3247**

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

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

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SUNEDISON INC	08/07/15	10/08/19	0	773			-773
<b>2</b>	<b>Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if <b>Box D</b> above is checked), line 9 (if <b>Box E</b> above is checked), or line 10 (if <b>Box F</b> above is checked) ▶			0	773		0	-773

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

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

**MADHUSUDAN S & JYOTI M AMIN****224-25-3247****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 – Note:** 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 instructions).

**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? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

<b>28</b>	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
<b>A</b>	See Statement 1					
<b>B</b>						
<b>C</b>						
<b>D</b>						

Passive Income and Loss		Nonpassive Income and Loss	
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562
<b>A</b>			
<b>B</b>			
<b>C</b>			
<b>D</b>			
<b>29a Totals</b>	<b>9,591</b>		
<b>b Totals</b>		<b>52,349</b>	
<b>30</b> Add columns (h) and (k) of line 29a		<b>30</b>	<b>9,591</b>
<b>31</b> Add columns (g), (i), and (j) of line 29b		<b>31</b>	<b>(52,349)</b>
<b>32</b> Total partnership and S corporation income or (loss). Combine lines 30 and 31		<b>32</b>	<b>-42,758</b>

**Part III Income or Loss From Estates and Trusts**

<b>33</b>	(a) Name	(b) Employer identification number
<b>A</b>		
<b>B</b>		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
<b>A</b>			
<b>B</b>			
<b>34a Totals</b>			
<b>b Totals</b>			
<b>35</b> Add columns (d) and (f) of line 34a		<b>35</b>	
<b>36</b> Add columns (c) and (e) of line 34b		<b>36</b>	
<b>37</b> Total estate and trust income or (loss). Combine lines 35 and 36		<b>37</b>	

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder**

<b>38</b>	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
<b>39</b>	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				<b>39</b>

**Part V Summary**

<b>40</b>	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	<b>40</b>	
<b>41</b>	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 8	<b>41</b>	<b>-42,758</b>
<b>42</b>	Reconciliation of farming and fishing income. Enter 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 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	<b>42</b>	
<b>43</b>	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	<b>43</b>	

## Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.

▶ Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

2019

Attachment  
Sequence No. 19

Name

MADHUSUDAN S AMIN  
JYOTI M AMIN

Identifying number as shown on page 1 of your tax return

224-25-3247

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A income    c ☒ Passive category income    e ☐ Section 901(j) income    g ☐ Lump-sum distributions  
b ☐ Foreign branch income    d ☐ General category income    f ☐ Certain income re-sourced by treaty

h Resident of (name of country) ▶ **US United States****Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

		Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
		A OC	B IN	C	
i	Enter the name of the foreign country or U.S. possession ▶	VARIOUS	India		
1a	Gross income from sources within country shown above and of the type checked above (see instructions):				
	<b>Dividends &amp; Interest</b>		1,734		1,734
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>					
2	Expenses definitely related to the income on line 1a (attach statement)				
3	Pro rata share of other deductions not definitely related:				
a	Certain itemized deductions or standard deduction (see instructions)	24,400	24,400		
b	Other dedts. (attach stmt.)				
c	Add lines 3a and 3b	24,400	24,400		
d	Gross foreign source income (see instructions)		1,734		
e	Gross income from all sources (see instructions)	125,218	125,218		
f	Divide line 3d by line 3e (see instructions)		0.0138		
g	Multiply line 3c by line 3f		338		
4	Pro rata share of interest expense (see instructions):				
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b	Other interest expense				
5	Losses from foreign sources				
6	Add lines 2, 3g, 4a, 4b, and 5		338		338
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				1,396

**Part II Foreign Taxes Paid or Accrued** (see instructions)

Country	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
		(l) Date paid or accrued	(m) Dividends	(n) Rents and royalties		(o) Interest	(q) Dividends	(r) Rents and royalties		
A										
B		1099 Tax				21				21
C										
<b>8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ▶</b>										<b>21</b>

For Paperwork Reduction Act Notice, see instructions.



**Part III Figuring the Credit**

<b>9</b>	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	<b>9</b>	<b>21</b>	
<b>10</b>	Carryback or carryover (attach detailed computation) ..... (If your income was section 951A income (box a above Part I), leave line 10 blank.)	<b>10</b>		
<b>11</b>	Add lines 9 and 10 .....	<b>11</b>	<b>21</b>	
<b>12</b>	Reduction in foreign taxes (see instructions) .....	<b>12</b>	( )	
<b>13</b>	Taxes reclassified under high tax kickout (see instructions) .....	<b>13</b>		
<b>14</b>	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....	<b>14</b>		<b>21</b>
<b>15</b>	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) .....	<b>15</b>	<b>1,396</b>	
<b>16</b>	Adjustments to line 15 (see instructions) .....	<b>16</b>		
<b>17</b>	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) .....	<b>17</b>	<b>1,396</b>	
<b>18</b>	<b>Individuals:</b> Enter the amount from Form 1040 or 1040-SR, line 11b; or Form 1040-NR, line 41. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption .....	<b>18</b>	<b>-993</b>	
	<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
<b>19</b>	Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....	<b>19</b>		<b>1.0000</b>
<b>20</b>	<b>Individuals:</b> Enter the total of Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, line 42 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 41, 42, and 44. Foreign estates and trusts should enter the amount from Form 1040-NR, line 42 .....	<b>20</b>		
	<b>Caution:</b> If you are completing line 20 for separate category g (lump-sum distributions), see instructions			
<b>21</b>	Multiply line 20 by line 19 (maximum amount of credit) .....	<b>21</b>		
<b>22</b>	Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions) .....	<b>22</b>		

**Part IV Summary of Credits From Separate Parts III (see instructions)**

<b>23</b>	Credit for taxes on section 951A income .....	<b>23</b>		
<b>24</b>	Credit for taxes on foreign branch income .....	<b>24</b>		
<b>25</b>	Credit for taxes on passive category income .....	<b>25</b>		
<b>26</b>	Credit for taxes on general category income .....	<b>26</b>		
<b>27</b>	Credit for taxes on section 901(j) income .....	<b>27</b>		
<b>28</b>	Credit for taxes on certain income re-sourced by treaty .....	<b>28</b>		
<b>29</b>	Credit for taxes on lump-sum distributions .....	<b>29</b>		
<b>30</b>	Add lines 23 through 29 .....	<b>30</b>		
<b>31</b>	Enter the <b>smaller</b> of line 20 or line 30 .....	<b>31</b>		
<b>32</b>	Reduction of credit for international boycott operations. See instructions for line 12 .....	<b>32</b>		
<b>33</b>	Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040 or 1040-SR), line 1; form 1040-NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 46a .....	<b>33</b>		<b>0</b>

# Education Credits (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040 or 1040-SR.

► Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

OMB No. 1545-0074

**2019**

Attachment  
 Sequence No. **50**

Name(s) shown on return

**MADHUSUDAN S & JYOTI M AMIN**

Your social security number

**224-25-3247**



*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.*

## 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	1	<b>2,500</b>
2 Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	<b>180,000</b>
3 Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	<b>23,407</b>
4 Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit	4	<b>156,593</b>
5 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	<b>20,000</b>
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)	6	<b>1.000</b>
7 Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	<b>2,500</b>
8 <b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 18c. Then go to line 9 below	8	<b>1,000</b>

## Part II Nonrefundable Education Credits

9 Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	<b>1,500</b>
10 After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	
11 Enter the smaller of line 10 or \$10,000	11	
12 Multiply line 11 by 20% (0.20)	12	
13 Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or qualifying widow(er)	13	
14 Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	
15 Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	
17 If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	
18 Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	
19 <b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3	19	

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

Form **8863** (2019)

Name(s) shown on return

Your social security number

**MADHUSUDAN S & JYOTI M AMIN****224-25-3247**

**Complete Part III for each student for whom you're 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.

<b>20</b> Student name (as shown on page 1 of your tax return)  <div style="display: flex; justify-content: space-between;"><b>PURVIS</b> <b>AMIN</b></div>	<b>21</b> Student social security number (as shown on page 1 of your tax return)  <b>591-83-9129</b>
<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution  <b>BOSTON UNIVERSITY</b>	<b>b.</b> Name of second educational institution (if any)
<b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. <b>881 COMMONWEALTH AVE</b> <b>BOSTON</b> <b>MA 02215</b>	<b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
<b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.  <b>04-2103547</b>	<b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.  _____
<b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
<b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.	
<b>25</b> Did the student complete the first 4 years of postsecondary education before 2019? See instructions. <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.	
<b>26</b> Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.	



**You *can't* 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, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b>	<b>27</b>	<b>4,000</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0-	<b>28</b>	<b>2,000</b>
<b>29</b> Multiply line 28 by 25% (0.25)	<b>29</b>	<b>500</b>
<b>30</b> 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	<b>30</b>	<b>2,500</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	<b>31</b>	
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**Qualified Business Income Deduction  
Simplified Computation**

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.**2019**Attachment  
Sequence No. **55**

Name(s) shown on return

**MADHUSUDAN S & JYOTI M AMIN**

Your taxpayer identification number

**224-25-3247**

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	SUNNY AAKASH LLC	02-0623160	9,591
ii	LAXMI INVESTMENTS LLC	20-1441282	-26,105
iii	NEILLASAR LLC	46-1144682	-70
iv	LAXMI INVESTMENTS LLC	20-1441282	-26,104
v	NEILLASAR LLC	46-1144682	-70
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)		2 -42,758
3	Qualified business net (loss) carryforward from the prior year		3 ( )
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-		4 0
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		6 93
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year		7 ( )
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-		8 93
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9 19
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 19
11	Taxable income before qualified business income deduction		11 -993
12	Net capital gain (see instructions)		12 7,931
13	Subtract line 12 from line 11. If zero or less, enter -0-		13 0
14	Income limitation. Multiply line 13 by 20% (0.20)		14 0
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶		15 0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 ( 42,758 )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 ( 0 )

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

Form **8995** (2019)



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

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

**Part VI Eligibility Certification**

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - A copy of this Form 8867.
  - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
  - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

► **If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

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

**Premium Tax Credit (PTC)**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.**2019**Attachment  
Sequence No. **73**

Name shown on your return

**MADHUSUDAN S AMIN**

Your social security number

**224-25-3247**You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box ☐ ▶ ☐**Part I Annual and Monthly Contribution Amount**

1	Tax family size. Enter your tax family size (see instructions)	1	<b>3</b>
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	<b>23,407</b>
b	Enter the total of your dependents' modified AGI (see instructions)	2b	
3	Household income. Add the amounts on lines 2a and 2b (see instructions)	3	<b>23,407</b>
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used: a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	<b>20,780</b>
5	Household income as a percentage of federal poverty line (see instructions)	5	<b>112 %</b>
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%.) <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	<b>0.0208</b>
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	<b>487</b>
b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	<b>41</b>

**Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit**

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?  
☐ Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ No. Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.  
☒ Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.  
☐ No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	<b>30,108</b>	<b>30,480</b>	<b>487</b>	<b>29,993</b>	<b>29,993</b>	<b>23,208</b>
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					24	<b>29,993</b>
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					25	<b>23,208</b>
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					26	<b>6,785</b>

**Part III Repayment of Excess Advance Payment of the Premium Tax Credit**

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040 or 1040-SR) line 2, or Form 1040-NR, line 44	29	

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

Form **8962** (2019)

**Part IV Allocation of Policy Amounts**

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

**Allocation 1**

<b>30</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>		<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 2**

<b>31</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>		<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 3**

<b>32</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>		<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**Allocation 4**

<b>33</b>	<b>(a)</b> Policy Number (Form 1095-A, line 2)	<b>(b)</b> SSN of other taxpayer	<b>(c)</b> Allocation start month	<b>(d)</b> Allocation stop month
<b>Allocation percentage applied to monthly amounts</b>		<b>(e)</b> Premium Percentage	<b>(f)</b> SLCSP Percentage	<b>(g)</b> Advance Payment of the PTC Percentage

**34** Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

**Part V Alternative Calculation for Year of Marriage**

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

<b>35</b>	<b>Alternative entries for your SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month
<b>36</b>	<b>Alternative entries for your spouse's SSN</b>	<b>(a)</b> Alternative family size	<b>(b)</b> Alternative monthly contribution amount	<b>(c)</b> Alternative start month	<b>(d)</b> Alternative stop month



**Statement 1 - Schedule E, Page 2, Line 28**

<u>Name</u>	<u>P</u>	<u>For</u>	<u>EIN</u>	<u>Basis Comp</u>	<u>Not at</u>	<u>Passive</u>	<u>Passive</u>	<u>Nonpass</u>	<u>Sec 179</u>	<u>Nonpass</u>
<u>S</u>	<u>Ptr</u>			<u>Required</u>	<u>Risk</u>	<u>Loss</u>	<u>Income</u>	<u>Loss</u>	<u>Deduct</u>	<u>Income</u>
SUNNY-AAKASH, LLC	P		02-0623160			\$	\$ 9,591	\$	\$	\$
EV ENERGY PARTNERS LP	P		20-4745690							
LAXMI INVESTMENTS LLC	S		20-1441282	X				26,105		
NEILLASAR, LLC	P		46-1144682					70		
LAXMI INVESTMENTS LLC	S		20-1441282	X				26,104		
NEILLASAR, LLC	P		46-1144682					70		
Total						\$ 0	\$ 9,591	\$ 52,349	\$ 0	\$ 0

Form <b>1040</b>	<b>Shareholder's Basis Worksheet Page 1</b>	<b>2019</b>
Name <b>MADHUSUDAN S AMIN</b>		Taxpayer Identification Number <b>224-25-3247</b>
Name of Entity <b>LAXMI INVESTMENTS LLC</b>		EIN <b>20-1441282</b>
Passive Activity Type <b>Not Passive</b>		K1 Unit <b>3</b>

### Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	<b>447,536</b>
<b>Increases to stock basis</b>		
2. Capital contributions	2.	
3. Ordinary business income	3.	
4. Net rental real estate income	4.	
5. Other net rental income	5.	
6. Interest, dividends and royalties	6.	
7. Net capital gains	7.	
8. Net section 1231 gain and ordinary business gain	8.	
9. Tax-exempt interest and other tax-exempt income	9.	
10. Other income	10.	
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12. Other increases to stock basis	12.	
13. Total increases to stock basis. Combine lines 2 through 12	13.	<b>0</b>
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here	14.	<b>447,536</b>
<b>Decreases to stock basis</b>		
15. Distributions allowed	15.	
16. Stock basis after distributions and before items of loss or deductions. Subtract line 15 from line 14. If zero or less, enter - 0	16.	<b>447,536</b>
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	<b>26,105</b>
18. Other decreases to stock basis	18.	
19. Amount used to restore loan basis	19.	
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	<b>26,105</b>
21. Stock basis at the end of year. (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero	21.	<b>421,431</b>

### Shareholder Loan Basis

22. Beginning of year loan basis. Per IRC 1367(b)(2)(A) do not enter an amount below zero	22.	
23. Loans to corporation	23.	
24. Loan basis restored from line 19 above	24.	
25. Other increases to loan basis	25.	
26. Loan repayments from line 40	26.	
27. Loan basis before losses and deductions. Combine lines 22 through 26	27.	<b>0</b>
28. Losses and deductions applied against loan basis. (See Shareholder Basis Worksheet Page 2)	28.	
29. Other decreases to loan basis	29.	
30. Total decreases to loan basis. Add lines 28 and 29	30.	<b>0</b>
31. Loan basis at the end of year (Subtract line 30 from line 27). Per IRC 1367(b)(2)(A) do not enter an amount below zero	31.	<b>0</b>
32. Stock and loan basis at the end of the year (Add lines 21 and line 31)	32.	<b>421,431</b>

### Gain Recognized on Excess Distributions

33. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	33.	
34. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18	34.	
35. Total gain recognized on excess distributions. (Subtract line 34 from line 33)	35.	

- Sch D/8949, short-term capital gain
● Sch D/8949, long-term capital gain

### Gain Recognized on Repayment of Shareholder Loan

36. Loan basis at beginning of tax year	36.	
37. Basis restored - amount used in prior years to offset losses	37.	
38. Loan basis before loan repayment. Add line 36 and line 37	38.	
39. Face amount of shareholder loan at beginning of tax year	39.	
40. Loan repayments to shareholder during tax year	40.	
41. Nontaxable return of loan basis. Divide line 38 by line 39 and multiply the result by line 40	41.	
42. Gain recognized on repayment of shareholder loan (Subtract line 41 from line 40)	42.	

● Sch D/8949, short-term capital gain
● Sch D/8949, long-term capital gain
● Ordinary income on Schedule E page 2

Form <b>1040</b>	<b>Shareholder's Basis Worksheet Page 2</b>								<b>2019</b>	
Name <b>MADHUSUDAN S AMIN</b>								Id No. <b>224-25-3247</b>		
Entity Name <b>LAXMI INVESTMENTS LLC</b>				EIN <b>20-1441282</b> Passive Activity Type <b>Not Passive</b>				K1 Unit <b>3</b>		
<b>Basis reduced by nondeductible items before loss and deduction items</b>										
<b>Loss Allocated to Shareholder Stock and Loan Basis</b>										
	<b>Suspended Losses</b>	<b>Current Year Loss</b>	<b>Total Loss</b>	<b>Percent</b>	<b>Allowed Stock Loss</b>	<b>Disallowed Stock Loss</b>	<b>Percent</b>	<b>Allowed Loan Loss</b>	<b>Disallowed Loss Carryforward</b>	<b>Total Allowed Loss</b>
Nondeductible noncapital exp & oil/gas depletion deduction:				1.0000						
Losses and deductions:										
Ordinary business loss		26,105	26,105	1.0000	26,105					26,105
Net rental real estate loss										
Other net rental loss										
Short-term capital loss										
Long-term capital loss										
28% capital loss										
Section 1231 loss										
4797 - Ordinary loss										
Other portfolio loss										
1256 contracts and straddles										
Other losses - Schedule E										
Other losses - 1040 Sch 1										
Section 179 expense										
Cash contributions (60%/50%)										
Cash contributions (30%)										
Noncash contributions (50%)										
Noncash contributions (30%)										
Cap gain prop 50% org (30%)										
Cap gain prop (20%)										
Portfolio deductions (other)										
Investment interest expense										
Depletion										
Deductions-royalty income										
Section 59(e)(2) expenditures										
Preproductive period exp.										
Reforestation expense ded.										
Other deductions										
Foreign taxes										
Total losses and deductions		26,105	26,105	1.0000	26,105					26,105
Total nonded and deductible items		26,105	26,105		26,105					26,105

Form <b>1040</b>	<b>Shareholder's Basis Worksheet Page 1</b>	<b>2019</b>
Name <b>JYOTI M AMIN</b>		Taxpayer Identification Number <b>589-42-1880</b>
Name of Entity <b>LAXMI INVESTMENTS LLC</b>		EIN <b>20-1441282</b>
Passive Activity Type <b>Not Passive</b>		K1 Unit <b>5</b>

### Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	<b>447,536</b>
<b>Increases to stock basis</b>		
2. Capital contributions	2.	
3. Ordinary business income	3.	
4. Net rental real estate income	4.	
5. Other net rental income	5.	
6. Interest, dividends and royalties	6.	
7. Net capital gains	7.	
8. Net section 1231 gain and ordinary business gain	8.	
9. Tax-exempt interest and other tax-exempt income	9.	
10. Other income	10.	
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12. Other increases to stock basis	12.	
13. Total increases to stock basis. Combine lines 2 through 12	13.	<b>0</b>
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here	14.	<b>447,536</b>
<b>Decreases to stock basis</b>		
15. Distributions allowed	15.	
16. Stock basis after distributions and before items of loss or deductions. Subtract line 15 from line 14. If zero or less, enter - 0	16.	<b>447,536</b>
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	<b>26,104</b>
18. Other decreases to stock basis	18.	
19. Amount used to restore loan basis	19.	
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	<b>26,104</b>
21. Stock basis at the end of year. (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero	21.	<b>421,432</b>

### Shareholder Loan Basis

22. Beginning of year loan basis. Per IRC 1367(b)(2)(A) do not enter an amount below zero	22.	
23. Loans to corporation	23.	
24. Loan basis restored from line 19 above	24.	
25. Other increases to loan basis	25.	
26. Loan repayments from line 40	26.	
27. Loan basis before losses and deductions. Combine lines 22 through 26	27.	<b>0</b>
28. Losses and deductions applied against loan basis. (See Shareholder Basis Worksheet Page 2)	28.	
29. Other decreases to loan basis	29.	
30. Total decreases to loan basis. Add lines 28 and 29	30.	<b>0</b>
31. Loan basis at the end of year (Subtract line 30 from line 27). Per IRC 1367(b)(2)(A) do not enter an amount below zero	31.	<b>0</b>
32. Stock and loan basis at the end of the year (Add lines 21 and line 31)	32.	<b>421,432</b>

### Gain Recognized on Excess Distributions

33. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	33.	
34. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	34.	
35. Total gain recognized on excess distributions. (Subtract line 34 from line 33)	35.	

- Sch D/8949, short-term capital gain

● Sch D/8949, long-term capital gain

### Gain Recognized on Repayment of Shareholder Loan

36. Loan basis at beginning of tax year	36.	
37. Basis restored - amount used in prior years to offset losses	37.	
38. Loan basis before loan repayment. Add line 36 and line 37	38.	
39. Face amount of shareholder loan at beginning of tax year	39.	
40. Loan repayments to shareholder during tax year	40.	
41. Nontaxable return of loan basis. Divide line 38 by line 39 and multiply the result by line 40	41.	
42. Gain recognized on repayment of shareholder loan (Subtract line 41 from line 40)	42.	

● Sch D/8949, short-term capital gain

● Sch D/8949, long-term capital gain

● Ordinary income on Schedule E page 2

Form <b>1040</b>	<b>Shareholder's Basis Worksheet Page 2</b>								<b>2019</b>	
Name <b>JYOTI M AMIN</b>									Id No. <b>589-42-1880</b>	
Entity Name <b>LAXMI INVESTMENTS LLC</b>			EIN <b>20-1441282</b> Passive Activity Type <b>Not Passive</b>						K1 Unit <b>5</b>	
<b>Basis reduced by nondeductible items before loss and deduction items</b>										
<b>Loss Allocated to Shareholder Stock and Loan Basis</b>										
	<b>Suspended Losses</b>	<b>Current Year Loss</b>	<b>Total Loss</b>	<b>Percent</b>	<b>Allowed Stock Loss</b>	<b>Disallowed Stock Loss</b>	<b>Percent</b>	<b>Allowed Loan Loss</b>	<b>Disallowed Loss Carryforward</b>	<b>Total Allowed Loss</b>
Nondeductible noncapital exp & oil/gas depletion deduction:				1.0000						
Losses and deductions:										
Ordinary business loss		26,104	26,104	1.0000	26,104					26,104
Net rental real estate loss										
Other net rental loss										
Short-term capital loss										
Long-term capital loss										
28% capital loss										
Section 1231 loss										
4797 - Ordinary loss										
Other portfolio loss										
1256 contracts and straddles										
Other losses - Schedule E										
Other losses - 1040 Sch 1										
Section 179 expense										
Cash contributions (60%/50%)										
Cash contributions (30%)										
Noncash contributions (50%)										
Noncash contributions (30%)										
Cap gain prop 50% org (30%)										
Cap gain prop (20%)										
Portfolio deductions (other)										
Investment interest expense										
Depletion										
Deductions-royalty income										
Section 59(e)(2) expenditures										
Preproductive period exp.										
Reforestation expense ded.										
Other deductions										
Foreign taxes										
Total losses and deductions		26,104	26,104	1.0000	26,104					26,104
Total nonded and deductible items		26,104	26,104		26,104					26,104

Form <b>1040</b>	<b>Partner's Basis Worksheet Page 1</b>	<b>2019</b>
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Name <b>MADHUSUDAN S AMIN</b>	Taxpayer Identification Number <b>224-25-3247</b>
Name of Entity <b>SUNNY-AAKASH, LLC</b>	EIN <b>02-0623160</b>
Passive Activity Type <b>Other Passive</b>	K1 Unit <b>1</b>

1. Beginning of year basis. Per IRC 705(a)(2) do not enter an amount below zero	1. <b>691,131</b>
<b>Increases to basis:</b>	
2. Capital contributions: Cash	2. _____
3. Capital contributions: Property (adjusted basis)	3. _____
4. Increase in share of partnership liabilities	4. _____
5. Ordinary business income	5. <b>9,591</b>
6. Net rental real estate income	6. _____
7. Other net rental income	7. _____
8. Interest	8. <b>10</b>
9. Dividends	9. _____
10. Royalties	10. _____
11. Net short-term capital gain	11. _____
12. Net long-term capital gain	12. _____
13. Net 28% rate capital gain	13. _____
14. Net section 1231 gain and ordinary business gains	14. _____
15. Tax-exempt interest and other tax-exempt income	15. _____
16. Other income	16. _____
17. Excess of deductions for depletion over basis of property (other than oil and gas)	17. _____
18. Other increases	18. _____
19. Total increases to basis. Combined lines 2 through 18	19. <b>9,601</b>
20. Adjusted basis before items decreasing basis. Add line 1 and line 19	20. <b>700,732</b>
<b>Decreases to basis:</b>	
21. Distributions: Cash and marketable securities (Sch K-1 (1065), Box 19 A)	21. _____
22. Distributions: Property (adjusted basis) (Sch K-1 (1065), Box 19 C)	22. _____
23. Decrease in share of partnership liabilities <b>See Statement</b>	23. <b>54,420</b>
24. Total distributions. Combine lines 21 through 23	24. <b>54,420</b>
25. Nondeductible and non-capital expenses.	25. <b>0</b>
26. Oil and gas property depletion deduction up to adjusted basis of property	26. _____
27. Other decreases	27. _____
28. Total decreases to basis except items of loss and deductions. Combine lines 24 through 27	28. <b>54,420</b>
29. <b>Adjusted basis before items of loss or deductions</b> (Subtract line 28 from line 20. Do not enter less than zero)	29. <b>646,312</b>
30. Partnership losses and deductions applied against basis. (See Partner's Basis Worksheet Page 2)	30. _____
31. Basis at the end of the year. (Subtract line 30 from line 29. Do not enter less than zero)	31. <b>646,312</b>

### Gain Recognized on Distributions

32. Total distributions less property distributions. Subtract line 22 from line 24	32. <b>54,420</b>
33. Adjusted basis before items decreasing basis (line 20) less gain from entire disposition of partnership on line 27.	33. <b>700,732</b>
34. Gain recognized on excess distributions. (Subtract line 33 from line 32)	34. <b>0</b>
• Sch E page 2, ordinary income	_____
• Sch D/8949, short-term capital gain	_____
• Sch D/8949, long-term capital gain	_____
35. Gain recognized on appreciated property	35. _____
36. Total gain recognized on distributions	36. <b>0</b>

Form <b>1040</b>	<b>Partner's Basis Worksheet Page 1</b>	<b>2019</b>
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Name <b>MADHUSUDAN S AMIN</b>	Taxpayer Identification Number <b>224-25-3247</b>
Name of Entity <b>NEILLASAR, LLC</b>	EIN <b>46-1144682</b>
Passive Activity Type <b>Not Passive</b>	K1 Unit <b>4</b>

1. Beginning of year basis. Per IRC 705(a)(2) do not enter an amount below zero .....	1. <u><b>213,798</b></u>
<b>Increases to basis:</b>	
2. Capital contributions: Cash .....	2. _____
3. Capital contributions: Property (adjusted basis) .....	3. _____
4. Increase in share of partnership liabilities .....	4. _____
5. Ordinary business income .....	5. _____
6. Net rental real estate income .....	6. _____
7. Other net rental income .....	7. _____
8. Interest .....	8. <u><b>9,990</b></u>
9. Dividends .....	9. _____
10. Royalties .....	10. _____
11. Net short-term capital gain .....	11. _____
12. Net long-term capital gain .....	12. _____
13. Net 28% rate capital gain .....	13. _____
14. Net section 1231 gain and ordinary business gains .....	14. _____
15. Tax-exempt interest and other tax-exempt income .....	15. _____
16. Other income .....	16. _____
17. Excess of deductions for depletion over basis of property (other than oil and gas) .....	17. _____
18. Other increases .....	18. _____
19. Total increases to basis. Combined lines 2 through 18 .....	19. <u><b>9,990</b></u>
20. Adjusted basis before items decreasing basis. Add line 1 and line 19 .....	20. <u><b>223,788</b></u>
<b>Decreases to basis:</b>	
21. Distributions: Cash and marketable securities (Sch K-1 (1065), Box 19 A) .....	21. _____
22. Distributions: Property (adjusted basis) (Sch K-1 (1065), Box 19 C) .....	22. _____
23. Decrease in share of partnership liabilities .....	23. <u><b>31,784</b></u>
24. Total distributions. Combine lines 21 through 23 .....	24. <u><b>31,784</b></u>
25. Nondeductible and non-capital expenses. ....	25. <u><b>0</b></u>
26. Oil and gas property depletion deduction up to adjusted basis of property .....	26. _____
27. Other decreases .....	27. _____
28. Total decreases to basis except items of loss and deductions. Combine lines 24 through 27 .....	28. <u><b>31,784</b></u>
29. <b>Adjusted basis before items of loss or deductions</b> (Subtract line 28 from line 20. Do not enter less than zero) .....	29. <u><b>192,004</b></u>
30. Partnership losses and deductions applied against basis. (See Partner's Basis Worksheet Page 2) .....	30. <u><b>70</b></u>
31. Basis at the end of the year. (Subtract line 30 from line 29. Do not enter less than zero) .....	31. <u><u><b>191,934</b></u></u>

### Gain Recognized on Distributions

32. Total distributions less property distributions. Subtract line 22 from line 24 .....	32. <u><b>31,784</b></u>
33. Adjusted basis before items decreasing basis (line 20) less gain from entire disposition of partnership on line 27. ....	33. <u><b>223,788</b></u>
34. Gain recognized on excess distributions. (Subtract line 33 from line 32) .....	34. <u><b>0</b></u>
• Sch E page 2, ordinary income .....	_____
• Sch D/8949, short-term capital gain .....	_____
• Sch D/8949, long-term capital gain .....	_____
35. Gain recognized on appreciated property .....	35. _____
36. Total gain recognized on distributions .....	36. <u><u><b>0</b></u></u>

Form <b>1040</b>	<b>Partner's Basis Worksheet Page 2</b>	<b>2019</b>
Name <b>MADHUSUDAN S AMIN</b>		Taxpayer Identification Number <b>224-25-3247</b>
Name of Entity <b>NEILLASAR, LLC</b>		EIN <b>46-1144682</b>
Passive Activity Type <b>Not Passive</b>		K1 Unit <b>4</b>

Description	Suspended Amount	Current Year	Total Loss	Percent	Allowed Loss	Disallowed Loss Carryforward
Nondeductible noncap exp						
Nondeductible expenses						
Ptrship losses and deductions						
Ordinary business loss		70	70	1.0000	70	
Net rental real estate loss						
Other net rental loss						
Short-term capital loss						
Long-term capital loss						
28% capital loss						
Section 1231 loss						
4797 - Ordinary loss						
Other portfolio loss						
1256 contracts/straddles						
Other losses - Sch E						
Other losses - 1040 Sch 1						
Section 179 expense						
Cash contributions (60%)						
Cash contributions (30%)						
Noncash contrib (50%)						
Noncash contrib (30%)						
Cap gain prop 50% (30%)						
Cap gain prop (20%)						
Portfolio deduct (other)						
Investment interest expense						
Depletion						
Deductions-royalty income						
Section 59(e)(2) expenditures						
Preproductive period exp.						
Reforestation expense ded.						
Foreign taxes						
Other deductions						
Total losses and deductions		70	70	1.0000	70	



Form <b>1040</b>	<b>Partner's Basis Worksheet Page 1</b>	<b>2019</b>
Name <b>JYOTI M AMIN</b>		Taxpayer Identification Number <b>589-42-1880</b>
Name of Entity <b>NEILLASAR, LLC</b>		EIN <b>46-1144682</b>
Passive Activity Type <b>Not Passive</b>		K1 Unit <b>6</b>

1. Beginning of year basis. Per IRC 705(a)(2) do not enter an amount below zero .....	1. <u><b>213,795</b></u>
<b>Increases to basis:</b>	
2. Capital contributions: Cash .....	2. _____
3. Capital contributions: Property (adjusted basis) .....	3. _____
4. Increase in share of partnership liabilities .....	4. _____
5. Ordinary business income .....	5. _____
6. Net rental real estate income .....	6. _____
7. Other net rental income .....	7. _____
8. Interest .....	8. <u><b>9,989</b></u>
9. Dividends .....	9. _____
10. Royalties .....	10. _____
11. Net short-term capital gain .....	11. _____
12. Net long-term capital gain .....	12. _____
13. Net 28% rate capital gain .....	13. _____
14. Net section 1231 gain and ordinary business gains .....	14. _____
15. Tax-exempt interest and other tax-exempt income .....	15. _____
16. Other income .....	16. _____
17. Excess of deductions for depletion over basis of property (other than oil and gas) .....	17. _____
18. Other increases .....	18. _____
19. Total increases to basis. Combined lines 2 through 18 .....	19. <u><b>9,989</b></u>
20. Adjusted basis before items decreasing basis. Add line 1 and line 19 .....	20. <u><b>223,784</b></u>
<b>Decreases to basis:</b>	
21. Distributions: Cash and marketable securities (Sch K-1 (1065), Box 19 A) .....	21. _____
22. Distributions: Property (adjusted basis) (Sch K-1 (1065), Box 19 C) .....	22. _____
23. Decrease in share of partnership liabilities .....	23. <u><b>31,784</b></u>
24. Total distributions. Combine lines 21 through 23 .....	24. <u><b>31,784</b></u>
25. Nondeductible and non-capital expenses. ....	25. <u><b>0</b></u>
26. Oil and gas property depletion deduction up to adjusted basis of property .....	26. _____
27. Other decreases .....	27. _____
28. Total decreases to basis except items of loss and deductions. Combine lines 24 through 27 .....	28. <u><b>31,784</b></u>
29. <b>Adjusted basis before items of loss or deductions</b> (Subtract line 28 from line 20. Do not enter less than zero) .....	29. <u><b>192,000</b></u>
30. Partnership losses and deductions applied against basis. (See Partner's Basis Worksheet Page 2) .....	30. <u><b>70</b></u>
31. Basis at the end of the year. (Subtract line 30 from line 29. Do not enter less than zero) .....	31. <u><u><b>191,930</b></u></u>

### Gain Recognized on Distributions

32. Total distributions less property distributions. Subtract line 22 from line 24 .....	32. <u><b>31,784</b></u>
33. Adjusted basis before items decreasing basis (line 20) less gain from entire disposition of partnership on line 27. ....	33. <u><b>223,784</b></u>
34. Gain recognized on excess distributions. (Subtract line 33 from line 32) .....	34. <u><b>0</b></u>
• Sch E page 2, ordinary income .....	_____
• Sch D/8949, short-term capital gain .....	_____
• Sch D/8949, long-term capital gain .....	_____
35. Gain recognized on appreciated property .....	35. _____
36. Total gain recognized on distributions .....	36. <u><u><b>0</b></u></u>

Form <b>1040</b>	<b>Partner's Basis Worksheet Page 2</b>	<b>2019</b>
Name <b>JYOTI M AMIN</b>		Taxpayer Identification Number <b>589-42-1880</b>
Name of Entity <b>NEILLASAR, LLC</b>		EIN <b>46-1144682</b>
Passive Activity Type <b>Not Passive</b>		K1 Unit <b>6</b>

Description	Suspended Amount	Current Year	Total Loss	Percent	Allowed Loss	Disallowed Loss Carryforward
Nondeductible noncap exp						
Nondeductible expenses						
Ptrship losses and deductions						
Ordinary business loss		70	70	1.0000	70	
Net rental real estate loss						
Other net rental loss						
Short-term capital loss						
Long-term capital loss						
28% capital loss						
Section 1231 loss						
4797 - Ordinary loss						
Other portfolio loss						
1256 contracts/straddles						
Other losses - Sch E						
Other losses - 1040 Sch 1						
Section 179 expense						
Cash contributions (60%)						
Cash contributions (30%)						
Noncash contrib (50%)						
Noncash contrib (30%)						
Cap gain prop 50% (30%)						
Cap gain prop (20%)						
Portfolio deduct (other)						
Investment interest expense						
Depletion						
Deductions-royalty income						
Section 59(e)(2) expenditures						
Preproductive period exp.						
Reforestation expense ded.						
Foreign taxes						
Other deductions						
Total losses and deductions		70	70	1.0000	70	

**SUNNY-AAKASH, LLC****Partner's Basis Worksheet Page 1 - Decrease in Share of Partnership Liabilities**

<u>Description</u>	<u>Amount</u>	<u>Amount</u>
2019 Share of Partnership Liabilities (Sch K-1 (1065) Item K)	\$	\$
1. Nonrecourse		
2. Qualified nonrecourse financing		
3. Recourse	696,537	
4. 2019 Total share of partnership liabilities. Combine lines 1 through 3.		696,537
2018 Share of Partnership Liabilities (Sch K-1 (1065) Item K)		
5. Nonrecourse		
6. Qualified nonrecourse financing		
7. Recourse	750,957	
8. 2018 Total share of partnership liabilities. Combine lines 5 through 7.		750,957
9. Subtract line 8 from line 4		-54,420
10. Partnership liabilities assumed during the tax year		
11. Decrease in share of partnership liabilities. Combine lines 9 and 10.		-54,420

Year Ending: December 31, 2019

224-25-3247

MADHUSUDAN S & JYOTI M AMIN  
7507 SIKA DEER WAY  
FORT MYERS, FL 33966

### **Mutual Fund Basis Election**

Under IRC Regulation 1.1012-1(e), the taxpayer elects to determine the basis of all mutual fund shares sold in this and subsequent tax years on the average basis, double category method.

Schedule <b>E</b>		<b>K-1 Reconciliation Worksheet - Qualified Business Income</b>						<b>2019</b>	
Name <b>MADHUSUDAN S AMIN</b>							Taxpayer Identification Number <b>224-25-3247</b>		
Entity Name <b>SUNNY-AAKASH, LLC</b>		EIN <b>02-0623160</b>		Entity Type <b>Partnership</b>		Screen <b>K1</b>		K1 Unit <b>1</b>	
Activity		Passive Activity Type		Other		Passive		Entire disposition of activity	
Qualified Business Income	Screen K1QBI Amount	QBI Items from Schedule K-1	Post - TCJA Basis Carryover	Basis Limitation Adjustment	Post - TCJA At-risk Carryover	At-risk Limitation Adjustment	Passive Limitation	Qualified Business Income	
Ordinary business income/-loss	9,591	9,591						9,591	
Net rental real estate income/-loss									
Other net rental income/-loss									
Royalties									
Section 1231 gain (loss)									
Section 179 expense									
Disallowed Section 179 expense									
Other income (loss)									
Other income/-loss Form 1040									
Charitable contributions									
Other deductions									
4797 ordinary income / -loss									
Depletion									
UPE + Debt financed acquisition									
Deductible part of SE tax									
Self-employed health insurance									
Self-employed qualified plans deduct									
Ordinary gains on distributions									
Total Qualified Business Income								9,591	

Suspended Loss Carryforwards	Pre -TCJA Passive	Post- TCJA Passive	Pre -TCJA Basis	Post - TCJA Basis	Pre -TCJA At-Risk	Post- TCJA At-Risk	Other carryovers	
Ordinary business loss								
Net rental real estate loss								
Other net rental loss								
Section 179 expense								
Depletion								
Section 59(e)(2) expenditure								
Preproductive period exp								
Reforestation expense ded								
Other deductions								
Other losses - Schedule E								
Dependent care expense								
4797 - Ordinary loss								
Other losses - 1040 Sch 1								
Section 1231 loss								

Schedule <b>E</b>		<b>K-1 Reconciliation Worksheet - Qualified Business Income</b>						<b>2019</b>	
Name <b>MADHUSUDAN S AMIN</b>							Taxpayer Identification Number <b>224-25-3247</b>		
Entity Name <b>LAXMI INVESTMENTS LLC</b>		EIN <b>20-1441282</b>		Entity Type <b>S Corporation</b>		Screen <b>K1</b>		K1 Unit <b>3</b>	
Activity	Passive Activity Type		Not Passive		Entire disposition of activity				
Qualified Business Income	Screen K1QBI Amount	QBI Items from Schedule K-1	Post - TCJA Basis Carryover	Basis Limitation Adjustment	Post - TCJA At-risk Carryover	At-risk Limitation Adjustment	Passive Limitation	Qualified Business Income	
Ordinary business income/-loss	-26,105	-26,105						-26,105	
Net rental real estate income/-loss									
Other net rental income/-loss									
Royalties									
Section 1231 gain (loss)									
Section 179 expense									
Disallowed Section 179 expense									
Other income (loss)									
Other income/-loss Form 1040									
Charitable contributions									
Other deductions									
4797 ordinary income / -loss									
Depletion									
UPE + Debt financed acquisition									
Deductible part of SE tax									
Self-employed health insurance									
Self-employed qualified plans deduct									
Ordinary gains on distributions									
Total Qualified Business Income								-26,105	

Suspended Loss Carryforwards	Pre -TCJA Passive	Post- TCJA Passive	Pre -TCJA Basis	Post - TCJA Basis	Pre -TCJA At-Risk	Post- TCJA At-Risk	Other carryovers	
Ordinary business loss								
Net rental real estate loss								
Other net rental loss								
Section 179 expense								
Depletion								
Section 59(e)(2) expenditure								
Preproductive period exp								
Reforestation expense ded								
Other deductions								
Other losses - Schedule E								
Dependent care expense								
4797 - Ordinary loss								
Other losses - 1040 Sch 1								
Section 1231 loss								

Schedule <b>E</b>		<b>K-1 Reconciliation Worksheet - Qualified Business Income</b>						<b>2019</b>	
Name <b>MADHUSUDAN S AMIN</b>						Taxpayer Identification Number <b>224-25-3247</b>			
Entity Name <b>NEILLASAR, LLC</b>		EIN <b>46-1144682</b>		Entity Type <b>Partnership</b>		Screen <b>K1</b>		K1 Unit <b>4</b>	
Activity		Passive Activity Type		Not Passive		Entire disposition of activity			
Qualified Business Income	Screen K1QBI Amount	QBI Items from Schedule K-1	Post - TCJA Basis Carryover	Basis Limitation Adjustment	Post - TCJA At-risk Carryover	At-risk Limitation Adjustment	Passive Limitation	Qualified Business Income	
Ordinary business income/-loss	-70	-70						-70	
Net rental real estate income/-loss									
Other net rental income/-loss									
Royalties									
Section 1231 gain (loss)									
Section 179 expense									
Disallowed Section 179 expense									
Other income (loss)									
Other income/-loss Form 1040									
Charitable contributions									
Other deductions									
4797 ordinary income / -loss									
Depletion									
UPE + Debt financed acquisition									
Deductible part of SE tax									
Self-employed health insurance									
Self-employed qualified plans deduct									
Ordinary gains on distributions									
Total Qualified Business Income								-70	

Suspended Loss Carryforwards	Pre -TCJA Passive	Post- TCJA Passive	Pre -TCJA Basis	Post - TCJA Basis	Pre -TCJA At-Risk	Post- TCJA At-Risk	Other carryovers	
Ordinary business loss								
Net rental real estate loss								
Other net rental loss								
Section 179 expense								
Depletion								
Section 59(e)(2) expenditure								
Preproductive period exp								
Reforestation expense ded								
Other deductions								
Other losses - Schedule E								
Dependent care expense								
4797 - Ordinary loss								
Other losses - 1040 Sch 1								
Section 1231 loss								

Schedule <b>E</b>		<b>K-1 Reconciliation Worksheet - Qualified Business Income</b>						<b>2019</b>	
Name <b>JYOTI M AMIN</b>						Taxpayer Identification Number <b>589-42-1880</b>			
Entity Name <b>LAXMI INVESTMENTS LLC</b>		EIN <b>20-1441282</b>		Entity Type <b>S Corporation</b>		Screen <b>K1</b>		K1 Unit <b>5</b>	
Activity		Passive Activity Type		Not Passive		Entire disposition of activity			
Qualified Business Income	Screen K1QBI Amount	QBI Items from Schedule K-1	Post - TCJA Basis Carryover	Basis Limitation Adjustment	Post - TCJA At-risk Carryover	At-risk Limitation Adjustment	Passive Limitation	Qualified Business Income	
Ordinary business income/-loss	-26,104	-26,104						-26,104	
Net rental real estate income/-loss									
Other net rental income/-loss									
Royalties									
Section 1231 gain (loss)									
Section 179 expense									
Disallowed Section 179 expense									
Other income (loss)									
Other income/-loss Form 1040									
Charitable contributions									
Other deductions									
4797 ordinary income / -loss									
Depletion									
UPE + Debt financed acquisition									
Deductible part of SE tax									
Self-employed health insurance									
Self-employed qualified plans deduct									
Ordinary gains on distributions									
Total Qualified Business Income								-26,104	

Suspended Loss Carryforwards	Pre -TCJA Passive	Post- TCJA Passive	Pre -TCJA Basis	Post - TCJA Basis	Pre -TCJA At-Risk	Post- TCJA At-Risk	Other carryovers	
Ordinary business loss								
Net rental real estate loss								
Other net rental loss								
Section 179 expense								
Depletion								
Section 59(e)(2) expenditure								
Preproductive period exp								
Reforestation expense ded								
Other deductions								
Other losses - Schedule E								
Dependent care expense								
4797 - Ordinary loss								
Other losses - 1040 Sch 1								
Section 1231 loss								



Schedule <b>E</b>		<b>K-1 Reconciliation Worksheet - Qualified Business Income</b>						<b>2019</b>	
Name <b>JYOTI M AMIN</b>						Taxpayer Identification Number <b>589-42-1880</b>			
Entity Name <b>NEILLASAR, LLC</b>		EIN <b>46-1144682</b>		Entity Type <b>Partnership</b>		Screen <b>K1</b>		K1 Unit <b>6</b>	
Activity		Passive Activity Type		Not Passive		Entire disposition of activity			
Qualified Business Income	Screen K1QBI Amount	QBI Items from Schedule K-1	Post - TCJA Basis Carryover	Basis Limitation Adjustment	Post - TCJA At-risk Carryover	At-risk Limitation Adjustment	Passive Limitation	Qualified Business Income	
Ordinary business income/-loss	-70	-70						-70	
Net rental real estate income/-loss									
Other net rental income/-loss									
Royalties									
Section 1231 gain (loss)									
Section 179 expense									
Disallowed Section 179 expense									
Other income (loss)									
Other income/-loss Form 1040									
Charitable contributions									
Other deductions									
4797 ordinary income / -loss									
Depletion									
UPE + Debt financed acquisition									
Deductible part of SE tax									
Self-employed health insurance									
Self-employed qualified plans deduct									
Ordinary gains on distributions									
Total Qualified Business Income								-70	

Suspended Loss Carryforwards	Pre -TCJA Passive	Post- TCJA Passive	Pre -TCJA Basis	Post - TCJA Basis	Pre -TCJA At-Risk	Post- TCJA At-Risk	Other carryovers	
Ordinary business loss								
Net rental real estate loss								
Other net rental loss								
Section 179 expense								
Depletion								
Section 59(e)(2) expenditure								
Preproductive period exp								
Reforestation expense ded								
Other deductions								
Other losses - Schedule E								
Dependent care expense								
4797 - Ordinary loss								
Other losses - 1040 Sch 1								
Section 1231 loss								

Form <b>1040</b>	<b>CARES Act COVID-19 - (EIP) Recovery Rebate Worksheet</b>	<b>2019 &amp; 2020</b>
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Name <b>MADHUSUDAN S &amp; JYOTI M AMIN</b>	Taxpayer Identification Number <b>224-25-3247</b>
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- |  | 2018   | 2019<br><u>MFJ</u>  | 2020<br><u>MFJ</u>  |
|--|--|---|---|
| <b>A. Filing Status</b> .....  |  |   |   |
| <b>B. Can taxpayer or spouse, if filing a joint return, be claimed as a dependent on another person's return? No go to C. Yes <b>Stop</b> here</b> ..... | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| <b>C. Does the taxpayer, and spouse if filing jointly, have a valid social security number? Yes skip line D and go to line 1. No, go to line D</b> ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>D. Were either taxpayer or spouse a member of the U.S. Armed Forces at any time during the tax year? Yes go to line 1. No, <b>Stop</b> here</b> ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

	2018	2019	2020
1. Adjusted gross income (AGI) from the return .....	1. <b>23,407</b>	<b>23,407</b>	<b>24,945</b>
2. <b>Recovery rebates based upon filing status.</b> Enter \$1,200 (\$2,400 if MFJ) .....	2. <b>2,400</b>	<b>2,400</b>	<b>2,400</b>
3. Number of children qualified for the child tax credit .....	3.		
4. Number of children under 17 with adoption taxpayer identification number (ATIN) .....	4.		
5. Add lines 3 and 4 .....	5.		
6. Enter \$500 .....	6. <b>500</b>	<b>500</b>	<b>500</b>
7. <b>Rebate credit for qualifying child dependent under age 17.</b> Multiply line 6 by 5. ....	7.		
8. <b>Total rebate check before AGI limits.</b> Add line 2 and 7. ....	8. <b>2,400</b>	<b>2,400</b>	<b>2,400</b>
9. <b>Phaseout limit based upon filing status.</b> Enter \$75,000 (\$150,000 MFJ; \$112,500 HH) .....	9. <b>150,000</b>	<b>150,000</b>	<b>150,000</b>
10. Subtract line 9 from line 1. <b>If less than zero, enter -0-</b> .....	10. <b>0</b>	<b>0</b>	<b>0</b>
11. <b>Recovery rebate reduction.</b> Multiply line 10 by 5% (0.05) .....	11.		
12. <b>Projected rebate check.</b> Subtract line 11 from line 8. If less than zero, enter -0- .....	12. <b>2,400</b>	<b>2,400</b>	<b>2,400</b>
13. Enter the amount from line 12 of the year used to calculate .....	13.		<b>2,400</b>
14. <b>Recovery rebate credit for 2020.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter the result here and on Tax Projection Worksheet line 82 .....	14.		<b>0</b>