

Filing Status

Check only one box.
☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 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 VIVIKA		Last name SHARDHA		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 15270 VOSS ROAD					
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). SUGAR LAND TX 77498					
Foreign country name		Foreign province/state/country		Foreign postal code	

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

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
DILEEP KUMAR	SHARDHA	[REDACTED]	Parent	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SHOSHMA	SHARDHA	[REDACTED]	Parent	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RAVISH	SHARDHA	[REDACTED]	Brother	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2			1	47,006.
2a Tax-exempt interest	2a		2b	548.
3a Qualified dividends	3a		3b	
4a IRA distributions	4a		4b	
c Pensions and annuities	4c		4d	
5a Social security benefits	5a		5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here			6	
7a Other income from Schedule 1, line 9			7a	
b Add lines 1, 2b, 3b, 4b, 5b, 6, and 7a. This is your total income			7b	47,554.
8a Adjustments to income from Schedule 1, line 22			8a	
b Subtract line 8a from line 7b. This is your adjusted gross income			8b	47,554.
9 Standard deduction or itemized deductions (from Schedule A)	9 18,350.			
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10			
11a Add lines 9 and 10			11a	18,350.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b	29,204.

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

12a Tax (see inst.). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	12b
b Add Schedule 2, line 3, and line 12a and enter the total	3,230.	3,230.
13a Child tax credit or credit for other dependents		
b Add Schedule 3, line 7, and line 13a and enter the total	13a 3,000.	3,000.
14 Subtract line 13b from line 12b. If zero or less, enter -0-		230.
15 Other taxes, including self-employment tax, from Schedule 2, line 10		0.
16 Add lines 14 and 15. This is your total tax		230.
17 Federal income tax withheld from Forms W-2 and 1099		2,832.

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

18 Other payments and refundable credits:	
a Earned income credit (EIC)	No.
b Additional child tax credit. Attach Schedule 8812	
c American opportunity credit from Form 8863, line 8	
d Schedule 3, line 14	40.
e Add lines 18a through 18d. These are your total other payments and refundable credits	40.

19 Add lines 17 and 18e. These are your total payments	18e	19	2,872.
20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	19	20	2,642.
21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here	20	21a	2,642.
b Routing number			
d Account number			
22 Amount of line 20 you want applied to your 2020 estimated tax		22	

23 Amount you owe . Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24 Estimated tax penalty (see instructions)	24	

Third Party Designee (Other than paid preparer)	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.	<input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No
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Designee's name	Phone no.	Personal identification number (PIN)
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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.

Sign Here	Your signature	Date	Your occupation
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if:
	TYRON H BROOKS SR	TYRON H BROOKS SR	03/09/2020	P01525130	<input type="checkbox"/> 3rd Party Designee
	Firm's name	Brooks Accounting Services	Phone no.	(832) 883-1728	<input checked="" type="checkbox"/> Self-employed
	Firm's address	8525 BISSONNET STREET HOUSTON TX 77074	Firm's EIN	46-3979546	