

2019

## Federal Income Tax Summary

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Client AGRAWALA

ARUN AGRAWAL AND ROOPALI MITTAL

270-13-2247

6/16/20

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	2019	2018	Diff
<b>INCOME</b>			
Wages, salaries, tips, etc.....	194,547	434,610	-240,063
Interest income.....	0	1,534	-1,534
Dividend income.....	2,765	9,353	-6,588
Business income.....	0	2,081	-2,081
Capital gain or loss.....	217,562	163,698	53,864
Rent, royalty, partnership, SCorp, trust	1	0	1
Other income.....	9	0	9
Total income.....	414,884	611,276	-196,392
<b>ADJUSTMENTS TO INCOME</b>			
Deductible part of self-employment tax...	0	28	-28
Other adjustments to income.....	0	552	-552
Total adjustments.....	0	580	-580
Adjusted gross income.....	414,884	610,696	-195,812
<b>ITEMIZED DEDUCTIONS</b>			
Taxes.....	10,000	10,000	0
Interest.....	33,848	50,459	-16,611
Total itemized deductions.....	43,848	60,459	-16,611
<b>TAX COMPUTATION</b>			
Standard deduction.....	24,400	24,000	400
Larger of itemized or standard deduction	43,848	60,459	-16,611
Taxable income.....	371,036	550,237	-179,201
Tax before credits.....	69,135	126,175	-57,040
<b>CREDITS</b>			
Child tax credit & other dependent cr....	3,250	0	3,250
Foreign tax credit.....	344	514	-170
Child and dependent care credit.....	1,200	383	817
Total credits.....	4,794	897	3,897
Tax after credits.....	64,341	125,278	-60,937
<b>OTHER TAXES</b>			
Self-employment tax.....	0	56	-56
Tax on IRAs, other qual. ret. plans, etc	0	8	-8
Other taxes.....	6,266	6,753	-487
Total tax.....	70,607	132,095	-61,488
<b>PAYMENTS</b>			
Federal income tax withheld.....	27,448	109,746	-82,298
Amount paid with extension.....	0	20,000	-20,000
Excess FICA and RRTA tax withheld.....	0	3,493	-3,493
Total payments.....	27,448	133,239	-105,791
<b>REFUND OR AMOUNT DUE</b>			
Amount overpaid.....	0	1,144	-1,144
Amount refunded to you.....	0	1,144	-1,144
Amount you owe.....	43,159	0	43,159
<b>TAX RATES</b>			
Marginal tax rate.....	24.0%	35.0%	-11.0%
Effective tax rate.....	19.0%	24.0%	-5.0%

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## Missouri Income Tax Summary

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	2019	2018	Diff
<b>MISSOURI ADJUSTED GROSS INCOME</b>			
Federal adjusted gross income.....	414,884	610,696	-195,812
Total subtractions.....	0	179	-179
Missouri adjusted gross income.....	414,884	610,517	-195,633
Total deductions.....	51,135	86,572	-35,437
<b>TAXABLE INCOME - Part-Year/Nonresident</b>			
Missouri income after deductions.....	363,749	523,945	-160,196
Missouri taxable income.....	363,749	523,945	-160,196
Missouri income tax.....	19,280	30,469	-11,189
Tax multiplied by MO income percentage..	19,280	7,071	12,209
Total tax.....	19,280	7,071	12,209
<b>TAX PAYMENTS AND CREDITS</b>			
Missouri income tax withheld.....	8,940	7,613	1,327
Total payments and credits.....	8,940	7,613	1,327
<b>REFUND OR AMOUNT DUE</b>			
Amount overpaid.....	0	542	-542
Amount refunded to you.....	0	542	-542
Amount you owe.....	10,340	0	10,340
<b>TAX RATES</b>			
Marginal tax rate.....	5.4%	5.9%	-0.5%
Effective tax rate.....	5.3%	1.3%	4.0%

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## Oklahoma Income Tax Summary

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	2019	2018	Diff
<b>FEDERAL ADJUSTED GROSS INCOME</b>			
Federal adjusted gross income.....	414,884	610,696	-195,812
<b>OKLAHOMA ADDITIONS - Schedule A</b>			
AGI plus total additions.....	414,884	610,696	-195,812
<b>OKLAHOMA SUBTRACTIONS - Schedule B</b>			
Interest on US government obligations....	0	179	-179
Total subtractions.....	0	179	-179
<b>ADJUSTED GROSS INCOME</b>			
Oklahoma AGI (OK source).....	1	489,530	-489,529
Oklahoma AGI (All sources).....	414,884	610,517	-195,633
<b>DEDUCTIONS &amp; EXEMPTIONS</b>			
Standard or itemized deductions.....	17,000	17,000	0
Exemptions.....	4,000	4,000	0
Total deductions and exemptions.....	21,000	21,000	0
<b>ADJUSTMENTS TO AGI - Schedule C</b>			
Total adjustments.....	0	0	0
Oklahoma income after adjustments.....	414,884	610,517	-195,633
Deductions and exemptions.....	21,000	0	21,000
Oklahoma taxable income.....	393,884	589,517	-195,633
<b>TAXES AND CREDITS</b>			
Oklahoma income tax.....	19,339	29,121	-9,782
Base tax.....	19,339	29,121	-9,782
Oklahoma income percentage.....	0.00%	80.18%	-80.18%
Oklahoma income tax.....	0	23,349	-23,349
Total credits.....	0	0	0
Income tax less nonrefundable credits....	0	23,349	-23,349
<b>PAYMENTS</b>			
Oklahoma income tax withheld.....	0	13,838	-13,838
Total payments.....	0	13,838	-13,838
<b>REFUND OR AMOUNT DUE</b>			
Balance of tax due.....	0	9,511	-9,511
Underpayment of estimated tax.....	0	332	-332
Penalty - Late payment.....	0	476	-476
Interest - Late payment.....	0	1,751	-1,751
Amount you owe.....	0	12,070	-12,070
<b>TAX RATES</b>			
Marginal tax rate.....	5.0%	5.0%	0.0%
Effective tax rate.....	0.0%	4.0%	-4.0%

## Missouri Disclosure Statements

### Statement: Refund Expectations

Generally, the timeframe for issuing refunds depends on when the return is filed and the incoming volumes. For returns filed in January with no problems noted, refunds can sometimes be issued within a week. However, refunds from returns filed in April can sometimes take 8 weeks, even if there is no problem with the return as the state manages its cash resources to meet all of its obligations. The timing of refunds is also affected by the Department's measures to prevent identity theft and refund fraud. Refunds will only be issued when the Department has taken reasonable steps to ensure that the individuals claiming the refunds are not using stolen identities.

### Statement: Payment Expectations

The due date for 2019 Missouri Individual Income Taxes is April 15, 2020. Payment for tax due can be made by debit/credit card, as a debit from a bank account, or by paper check. To ensure receipt and allow for tracking of a payment, the Department encourages tax due be paid online at <https://dor.mo.gov/personal/payonline.php>. Payments can also be made over the phone by calling 888-929-0513. If paying by paper check, payment should be mailed to the address indicated on the return or payment voucher.

### Statement: Driver's License/ID Card Expectations

Taxpayers have the option to include driver's license information when electronically filing their Missouri return. This information is used as an additional identifier to authenticate a tax return. Returns are not rejected if an individual fails to include this information, but the information does make the process more efficient while providing increased assurance that tax refunds are directed to legitimate filers.

## Oklahoma Disclosure Statements

### Statement: Refund Expectations

If the return was e-filed, taxpayers can generally begin checking on their refund about four business days after the return was accepted by the Oklahoma Tax Commission. If the return was paper filed, taxpayers should wait about three weeks to begin checking on their refund. Once processed, allow five working days for the deposit to be made to a bank account. For debit card refunds, allow five to seven working days for delivery. Visit the OTC website at [www.tax.ok.gov](http://www.tax.ok.gov) and click on the Check on a Refund link, which will lead to our Taxpayer Access Point (OkTAP).

### Statement: Payment Expectations

When you electronically file and pay your return, your due date is extended until April 20. If you do not electronically pay, your payment is due April 15. Electronic payments may be made as part of your e-filed return or you may pay through the OTC website. Visit the Online Services section at [www.tax.ok.gov](http://www.tax.ok.gov) to pay by e-check or credit card. If you are e-filing your return but making a non-electronic payment mail your payment to OTC using the payment voucher Form 511-V.

**Oklahoma Disclosure Statements (continued)****Statement: Driver's License/ID Card Expectations**

When e-filing, you may be asked to provide information from your driver license. In an effort to combat stolen-identity tax fraud, the state of Oklahoma is requesting additional information from taxpayers. This added voluntary measure is intended to ensure your tax refund goes to you. When e-filing, provide your driver license or state-issued card information when prompted. Providing this identity information is voluntary and we will not reject your return if the information is not provided.

**2019****General Information****Page 1****Client AGRAWALA****ARUN AGRAWAL AND ROOPALI MITTAL****270-13-2247**

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**Forms needed for this return**

Federal: 1040, Sch 1, Sch 2, Sch 3, 1040-V, Sch A, Sch B, Sch C, Sch D, Sch E  
 Sch E p2, 1116, 2441, 4952, 8582, 8867, 8879, 8889, 8949, 8960, 8995-A  
 Missouri: MO-1040, MO-A, MO-1040ES, MO-1040V  
 Oklahoma: 511-NR, 511-EF

**Tax Rates**

	<u>Marginal</u>	<u>Effective</u>
Federal	24.0%	19.0%
Missouri	5.4%	5.3%
Oklahoma	5.0%	0.%

**Carryovers to 2020**Federal Carryovers

Unallowed Passive Losses	70,145.
AMT Unallowed Passive Losses	70,145.
Unallowed PTP Passive Losses	2,448.
AMT Unallowed PTP Passive Losses	2,448.
Deductible State and Local Taxes - Missouri	10,340.

Oklahoma Carryovers

Unallowed Passive Losses - State Source Amounts	70,145.
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**Estimates****Missouri Estimates**

	<u>Estimate</u>	<u>Overpayment</u>	<u>Balance</u>
7/15/20	2,585.	0.	2,585.
7/15/20	2,585.	0.	2,585.
9/15/20	2,585.	0.	2,585.
1/15/21	2,585.	0.	2,585.
Total	\$ 10,340.	\$ 0.	\$ 10,340.

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## 2019 Federal Depreciation Schedule

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.	
Schedule E - 8224 NW 85TH																	
Buildings																	
5	8224 NW 85TH HOME	12/01/15		108,541							108,541	12,006	S/L	MM	27.5	.03636	3,947
	Total Buildings			108,541		0	0	0	0	0	108,541	12,006					3,947
Land																	
6	8224 NW 85TH LAND	12/01/15		20,000							20,000						0
	Total Land			20,000		0	0	0	0	0	20,000	0					0
	Total Depreciation			128,541		0	0	0	0	0	128,541	12,006					3,947
Schedule E - 712 WILLOWOOD DR																	
Buildings																	
3	712 WILLOWOOD HOME	11/01/15		99,194							99,194	11,272	S/L	MM	27.5	.03636	3,607
	Total Buildings			99,194		0	0	0	0	0	99,194	11,272					3,607
Land																	
4	712 WILLOWOOD LAND	11/01/15		20,000							20,000						0
	Total Land			20,000		0	0	0	0	0	20,000	0					0

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## 2019 Federal Depreciation Schedule

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.	
Total Depreciation				119,194		0	0	0	0	0	119,194	11,272				3,607	
Schedule E - 9929 SE RAILROAD LN																	
Buildings																	
1	9929 RAILROAD HOME	4/15/15		89,921							89,921	12,126	S/L	MM	27.5	.03636	3,270
Total Buildings				89,921		0	0	0	0	0	89,921	12,126					3,270
Land																	
2	9929 RAILROAD LAND	4/15/15		23,000							23,000						0
Total Land				23,000		0	0	0	0	0	23,000	0					0
Total Depreciation				112,921		0	0	0	0	0	112,921	12,126					3,270

Schedule E - 5133 SE 50TH

Buildings

7	5133 SE 50TH HOME	7/29/16		163,000							163,000	14,571	S/L	MM	27.5	.03636	5,927
Total Buildings				163,000		0	0	0	0	0	163,000	14,571					5,927

Land



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## 2019 Federal Depreciation Schedule

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.	
8	5133 SE 50TH LAND	7/29/16		20,000							20,000					0	
	Total Land			20,000		0	0	0	0	0	20,000	0				0	
	Total Depreciation			183,000		0	0	0	0	0	183,000	14,571				5,927	
Schedule E - 12621 OLD COUNTRY RD																	
9	12621 OLD COUNTRY RD HOME	6/01/18		309,500							309,500	6,097	S/L	MM	27.5	.03636	11,253
10	12621 OLD COUNTRY RD LAND	6/01/18		60,000							60,000						0
	Total			369,500		0	0	0	0	0	369,500	6,097					11,253
	Total Depreciation			369,500		0	0	0	0	0	369,500	6,097					11,253
	Grand Total Depreciation			913,156		0	0	0	0	0	913,156	56,072					28,004

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## 2019 Federal Alternative Minimum Tax Depreciation Schedule

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No.	Description	Date Acquired	Date Sold	AMT Basis	AMT Prior Depr	AMT Method	AMT Life	AMT Rate	AMT Depr	Reg. Depr	Ownr. Pct	Post-86 Depr Adj	Real Prop Pref	Leas Pers Prop Pref	59 (e)(2) Amort
Schedule E - 8224 NW 85TH															
Buildings															
5	8224 NW 85TH HOME	12/01/15		108,541	11,841	S/L MM	27.5	.03636	3,947	3,947					0
	Total Buildings			108,541	11,841				3,947	3,947		0	0	0	0
Land															
6	8224 NW 85TH LAND	12/01/15		20,000					0	0					0
	Total Land			20,000	0				0	0		0	0	0	0
	Total Depreciation			128,541	11,841				3,947	3,947		0	0	0	
Schedule E - 712 WILLOWOOD DR															
Buildings															
3	712 WILLOWOOD HOME	11/01/15		99,194	10,821	S/L MM	27.5	.03636	3,607	3,607					0
	Total Buildings			99,194	10,821				3,607	3,607		0	0	0	0
Land															
4	712 WILLOWOOD LAND	11/01/15		20,000					0	0					0
	Total Land			20,000	0				0	0		0	0	0	0
	Total Depreciation			119,194	10,821				3,607	3,607		0	0	0	

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No.	Description	Date Acquired	Date Sold	AMT Basis	AMT Prior Depr	AMT Method	AMT Life	AMT Rate	AMT Depr	Reg. Depr	Ownr. Pct	Post-86 Depr Adj	Real Prop Pref	Leas Pers Prop Pref	59 (e)(2) Amort
Schedule E - 9929 SE RAILROAD LN															
Buildings															
1	9929 RAILROAD HOME	4/15/15		89,921	9,810	S/L MM	27.5	.03636	3,270	3,270					0
	Total Buildings			89,921	9,810				3,270	3,270		0	0	0	0
Land															
2	9929 RAILROAD LAND	4/15/15		23,000					0	0					0
	Total Land			23,000	0				0	0		0	0	0	0
	Total Depreciation			112,921	9,810				3,270	3,270		0	0	0	
Schedule E - 5133 SE 50TH															
Buildings															
7	5133 SE 50TH HOME	7/29/16		163,000	14,571	S/L MM	27.5	.03636	5,927	5,927					0
	Total Buildings			163,000	14,571				5,927	5,927		0	0	0	0
Land															
8	5133 SE 50TH LAND	7/29/16		20,000					0	0					0
	Total Land			20,000	0				0	0		0	0	0	0
	Total Depreciation			183,000	14,571				5,927	5,927		0	0	0	

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No.	Description	Date Acquired	Date Sold	AMT Basis	AMT Prior Depr	AMT Method	AMT Life	AMT Rate	AMT Depr	Reg. Depr	Ownr. Pct	Post-86 Depr Adj	Real Prop Pref	Leas Pers Prop Pref	59 (e)(2) Amort
Schedule E - 12621 OLD COUNTRY RD															
9	12621 OLD COUNTRY RD HOME	6/01/18		309,500	6,097	S/L MM	27.5	.03636	11,253	11,253					0
10	12621 OLD COUNTRY RD LAND	6/01/18		60,000					0	0					0
Total				369,500	6,097				11,253	11,253		0	0	0	0
Total Depreciation				<u>369,500</u>	<u>6,097</u>				<u>11,253</u>	<u>11,253</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Grand Total Depreciation				<u>913,156</u>	<u>53,140</u>				<u>28,004</u>	<u>28,004</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

**IRS e-file Signature Authorization**

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

**2019**

Submission Identification Number (SID) ►

Taxpayer's name <b>ARUN AGRAWAL</b>	Social security number <b>270-13-2247</b>
Spouse's name <b>ROOPALI MITTAL</b>	Spouse's social security number <b>895-37-3114</b>

**Part I Tax Return Information – Tax Year Ending December 31, 2019 (Whole dollars only)**

1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35) .....	1	414,884.
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61) .....	2	70,607.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a) .....	3	27,448.
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a) .....	4	
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75) .....	5	43,159.

**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) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

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

- ☒ I authorize L Myles Smith & Co to enter or generate my PIN 17813 as my  
ERO firm name Enter five digits, but  
don't enter all zeros  
signature on my tax year 2019 electronically filed income tax return.
- ☐ 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 ► 6/05/2020**Spouse's PIN: check one box only**

- ☒ I authorize L Myles Smith & Co to enter or generate my PIN 29158 as my  
ERO firm name Enter five digits, but  
don't enter all zeros  
signature on my tax year 2019 electronically filed income tax return.
- ☐ 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 ► 6/05/2020**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. 73763499988  
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 ► TIMOTHY NELSON, CPA Date ► 6/05/2020

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

**BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Form **8879** (2019)

File only if you are making a payment with Form 1040. Return this voucher with check or money order payable to the "United States Treasury." Please write your social security number, daytime phone number, and "2019 Form 1040" on your check or money order. Please do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Make your check payable to the "United States Treasury" and  
mail Form 1040-V payments to:

Internal Revenue Service  
P.O. Box 931000  
Louisville, KY 40293-1000

Form **1040-V** (2019)

▼ **Detach Here and Mail With Your Payment and Return** ▼

Department of the Treasury  
Internal Revenue Service (99)

**2019**

## Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount  
of your payment . . . . . ▶

**43,159.**

FDIA8601L 09/03/19 1030



ARUN AGRAWAL & ROOPALI MITTAL  
5105 FORUM BLVD  
COLUMBIA MO 65203

INTERNAL REVENUE SERVICE  
P.O. BOX 931000  
LOUISVILLE KY 40293-1000

270132247 DH AGRA 30 0 201912 610

**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>ARUN AGRAWAL</b>		Last name <b>AGRAWAL</b>	Your social security number <b>270-13-2247</b>
If joint return, spouse's first name and middle initial <b>ROOPALI MITTAL</b>		Last name <b>MITTAL</b>	Spouse's social security number <b>895-37-3114</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>5105 FORUM BLVD</b>			<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>COLUMBIA, MO 65203</b>			
Foreign country name	Foreign province/state/county	Foreign postal code	If more than four dependents, see instructions and ✓ 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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
<b>BRIJANSHI AGRAWAL</b>		<b>050-15-1727</b>	<b>Daughter</b>	<input checked="" type="checkbox"/>	
<b>ATHARVA AGRAWAL</b>		<b>764-87-1098</b>	<b>Son</b>	<input checked="" type="checkbox"/>	
				<input 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.

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	<b>194,547.</b>
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable int. Att. Sch. B if reqd. . . . .	<b>2b</b>
<b>3a</b> Qualified dividends . . . . .	<b>3a</b> <b>2,765.</b>	<b>b</b> Ordinary div. Att. Sch. B if reqd. . . . .	<b>3b</b> <b>2,765.</b>
<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>	<b>d</b> Taxable amount . . . . .	<b>4d</b>
<b>5a</b> Social security benefits . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>6</b>		<b>217,562.</b>
<b>7a</b> Other income from Schedule 1, line 9 . . . . .	<b>7a</b>		<b>10.</b>
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . . ▶	<b>7b</b>		<b>414,884.</b>
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .	<b>8a</b>		
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . . ▶	<b>8b</b>		<b>414,884.</b>
<b>9</b> Standard deduction or itemized deductions (from Schedule A) . . . . .	<b>9</b> <b>43,848.</b>		
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>		
<b>11a</b> Add lines 9 and 10 . . . . .	<b>11a</b>		<b>43,848.</b>
<b>b</b> Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .	<b>11b</b>		<b>371,036.</b>

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

Form **1040** (2019)

<b>12a Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814		
2 <input type="checkbox"/> 4972    3 <input type="checkbox"/>	<b>12a</b> 69,135.	
<b>b</b> Add Schedule 2, line 3, and line 12a and enter the total		<b>12b</b> 69,135.
<b>13a</b> Child tax credit or credit for other dependents		<b>13a</b> 3,250.
<b>b</b> Add Schedule 3, line 7, and line 13a and enter the total		<b>13b</b> 4,794.
<b>14</b> Subtract line 13b from line 12b. If zero or less, enter -0-		<b>14</b> 64,341.
<b>15</b> Other taxes, including self-employment tax, from Schedule 2, line 10		<b>15</b> 6,266.
<b>16</b> Add lines 14 and 15. This is your <b>total tax</b>		<b>16</b> 70,607.
<b>17</b> Federal income tax withheld from Forms W-2 and 1099		<b>17</b> 27,448.
<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>d</b> Schedule 3, line 14	<b>18d</b>	
<b>e</b> Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>		<b>18e</b>
<b>19</b> Add lines 17 and 18e. These are your <b>total payments</b>		<b>19</b> 27,448.
<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>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>b</b> Routing number <input type="text"/> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <b>d</b> Account number <input type="text"/>		
<b>22</b> Amount of line 20 you want <b>applied to your 2020 estimated tax</b>		<b>22</b>
<b>23</b> Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions.		<b>23</b> 43,159.
<b>24</b> Estimated tax penalty (see instructions)		<b>24</b>

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

**Refund** Direct deposit? See instructions.

**Amount You Owe**

**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. ☐ Yes. Complete below. ☒ No

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.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	PHYSICIAN	
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	PHYSICIAN	
Phone no.	Email address		
<input type="text"/>	<input type="text"/>		

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
TIMOTHY NELSON, CPA	TIMOTHY NELSON, CPA	6/16/20	P01879737	<input checked="" type="checkbox"/> 3rd Party Designee
Firm's name	Firm's address	Phone no.	Firm's EIN	<input type="checkbox"/> Self-employed
L Myles Smith & Co	3408 French Park Drive Edmond, OK 73034	4053592273	73-1096510	



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

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► **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. **01**

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

**ARUN AGRAWAL AND ROOPALI MITTAL**

Your social security number

**270-13-2247**

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>1.</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 ► <u>INTERACTIVE BROKERS</u> .....	<b>8</b>	<b>9.</b>
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a .....	<b>9</b>	<b>10.</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>	<b>0.</b>

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

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

**SCHEDULE 2**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

▶ **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. **02**

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

ARUN AGRAWAL AND ROOPALI MITTAL

Your social security number

270-13-2247

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251.	<b>1</b>	0.
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962.	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b.	<b>3</b>	0.

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE.	<b>4</b>	
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919.	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required.	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H.	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required.	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input checked="" type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>8</b>	6,266.
<b>9</b>	Section 965 net tax liability installment from Form 965-A	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 15.	<b>10</b>	6,266.

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

**Schedule 2 (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

ARUN AGRAWAL AND ROOPALI MITTAL

Your social security number

270-13-2247

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required. ....	<b>1</b>	344.
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441. ....	<b>2</b>	1,200.
<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>	1,544.

**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>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 checked="" 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>	0.

**BAA For Paperwork Reduction Act Notice, see your tax return instructions.****Schedule 3 (Form 1040 or 1040-SR) 2019**

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

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**► Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2019**Attachment  
Sequence No. **07**

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

ARUN AGRAWAL AND ROOPALI MITTAL

Your social security number

270-13-2247

**Medical  
and  
Dental  
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- |   |   |   |    |
|---|---|---|----|
| 1 | Medical and dental expenses (see instructions) .....                        | 1 |    |
| 2 | Enter amount from Form 1040 or 1040-SR, line 8b .....                       | 2 |    |
| 3 | Multiply line 2 by 7.5% (0.075) .....                                       | 3 |    |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- ..... | 4 | 0. |

**Taxes You  
Paid**

- |   |  |    |         |
|---|--|----|---------|
| 5 | State and local taxes.<br>a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box. .... ► <input type="checkbox"/> | 5a | 18,451. |
|   | b State and local real estate taxes (see instructions) .....   | 5b | 3,662.  |
|   | c State and local personal property taxes .....  | 5c |         |
|   | d Add lines 5a through 5c .....  | 5d | 22,113. |
|   | e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) .....  | 5e | 10,000. |
| 6 | Other taxes. List type and amount ► .....  | 6  |         |
| 7 | Add lines 5e and 6 .....   | 7  | 10,000. |

**Interest You  
Paid****Caution:** Your mortgage interest deduction may be limited (see instructions).

- |    |   |    |         |
|----|---|----|---------|
| 8  | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box. .... ► <input type="checkbox"/>                                |    |         |
|    | a Home mortgage interest and points reported to you on Form 1098. See instructions if limited. ....   | 8a | 10,987. |
|    | b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► ..... | 8b |         |
|    | c Points not reported to you on Form 1098. See instructions for special rules. ....   | 8c |         |
|    | d Mortgage insurance premiums (see instructions) .....  | 8d |         |
|    | e Add lines 8a through 8d .....   | 8e | 10,987. |
| 9  | Investment interest. Attach Form 4952 if required. See instructions .....   | 9  | 22,861. |
| 10 | Add lines 8e and 9 .....  | 10 | 33,848. |

**Gifts to  
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- |    |  |    |    |
|----|--|----|----|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....  | 11 |    |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500. .... | 12 |    |
| 13 | Carryover from prior year .....  | 13 |    |
| 14 | Add lines 11 through 13 .....  | 14 | 0. |

**Casualty and  
Theft Losses**

- |    |  |    |    |
|----|--|----|----|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions. .... | 15 | 0. |
|----|--|----|----|

**Other  
Itemized  
Deductions**

- |    |   |    |    |
|----|---|----|----|
| 16 | Other—from list in instructions. List type and amount ► ..... | 16 | 0. |
|----|---|----|----|

**Total  
Itemized  
Deductions**

- |    |  |    |         |
|----|--|----|---------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9. ....              | 17 | 43,848. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box. .... ► <input type="checkbox"/> |    |         |

FDIA0301L 01/15/20



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

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **09**

► Go to **www.irs.gov/ScheduleC** for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

**ROOPALI MITTAL**

Social security number (SSN)

**895-37-3114**

**A** Principal business or profession, including product or service (see instructions)

**PHYSICIAN**

**B** Enter code from instructions

► **621111**

**C** Business name. If no separate business name, leave blank.

**D** Employer ID number (EIN) (see instr.)

**E** Business address (including suite or room no.) ►

City, town or post office, state, and ZIP code

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

**G** Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses. ☒ Yes ☐ No

**H** If you started or acquired this business during 2019, check here ..... ☐

**I** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ..... ☐ Yes ☒ No

**J** If "Yes," did you or will you file required Forms 1099? ..... ☐ Yes ☐ No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. .... <input type="checkbox"/>	<b>1</b>	<b>1.</b>
<b>2</b> Returns and allowances. ....	<b>2</b>	
<b>3</b> Subtract line 2 from line 1. ....	<b>3</b>	<b>1.</b>
<b>4</b> Cost of goods sold (from line 42) .....	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3. ....	<b>5</b>	<b>1.</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) .....	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6. ....	<b>7</b>	<b>1.</b>

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising. ....	<b>8</b>		<b>18</b> Office expense (see instructions). ....	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions) .....	<b>9</b>		<b>19</b> Pension and profit-sharing plans. ....	<b>19</b>	
<b>10</b> Commissions and fees. ....	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions) .....	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment. ....	<b>20a</b>	
<b>12</b> Depletion. ....	<b>12</b>		<b>b</b> Other business property. ....	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) .....	<b>13</b>		<b>21</b> Repairs and maintenance. ....	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) .....	<b>14</b>		<b>22</b> Supplies (not included in Part III) .....	<b>22</b>	
<b>15</b> Insurance (other than health) ...	<b>15</b>		<b>23</b> Taxes and licenses. ....	<b>23</b>	
<b>16</b> Interest (see instr.):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.) .....	<b>16a</b>		<b>a</b> Travel. ....	<b>24a</b>	
<b>b</b> Other .....	<b>16b</b>		<b>b</b> Deductible meals (see instructions) .....	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities. ....	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a. ....	<b>28</b>	<b>1.</b>	<b>26</b> Wages (less employment credits) .....	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7. ....	<b>29</b>		<b>27a</b> Other expenses (from line 48) .....	<b>27a</b>	<b>1.</b>
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30. ....	<b>30</b>		<b>27b</b> <b>Reserved for future use</b> .....	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	<b>0.</b>			

**32** If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.

• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

**32a** ☐ All investment is at risk.

**32b** ☐ Some investment is not at risk.

**Part III Cost of Goods Sold** (see instructions)

<b>33</b> Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)	
<b>34</b> Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. ....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation. ....	<b>35</b>
<b>36</b> Purchases less cost of items withdrawn for personal use. ....	<b>36</b>
<b>37</b> Cost of labor. Do not include any amounts paid to yourself. ....	<b>37</b>
<b>38</b> Materials and supplies. ....	<b>38</b>
<b>39</b> Other costs. ....	<b>39</b>
<b>40</b> Add lines 35 through 39. ....	<b>40</b>
<b>41</b> Inventory at end of year. ....	<b>41</b>
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4. ....	<b>42</b>

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month, day, year) ▶ \_\_\_\_\_

**44** Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:

**a** Business \_\_\_\_\_ **b** Commuting (see instructions) \_\_\_\_\_ **c** Other \_\_\_\_\_

**45** Was your vehicle available for personal use during off-duty hours? ..... ☐ Yes ☐ No

**46** Do you (or your spouse) have another vehicle available for personal use? ..... ☐ Yes ☐ No

**47a** Do you have evidence to support your deduction? ..... ☐ Yes ☐ No

**b** If "Yes," is the evidence written? ..... ☐ Yes ☐ No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

NO BUSINESS ACTIVITY	1.
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a. ....	<b>48</b> 1.

**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

ARUN AGRAWAL AND ROOPALI MITTAL

Your social security number

270-13-2247

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.

	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	<b>(h) Gain or (loss)</b> 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 .....	1,143,566.	1,082,197.	45,063.	106,432.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....	330,084.	307,994.		22,090.
<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>7 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> 128,522.

**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.

	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	<b>(h) Gain or (loss)</b> 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 .....	405,513.	333,619.	16,964.	88,858.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....	10,544.	10,362.		182.
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<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 instrs. ....				<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>15 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> 89,040.



**Part III Summary**

16 Combine lines 7 and 15 and enter the result. ....	<b>16</b>	217,562.
<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>		
17 Are lines 15 and 16 <b>both</b> gains?		
<input checked="" 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.		
18 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>	0.
19 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>	
20 Are lines 18 and 19 <b>both</b> zero or blank?		
<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). <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.		
21 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:	<b>21</b>	
<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>		
<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?		
<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).		
<input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040 or 1040-SR) 2019

Form **8949**Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**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.

OMB No. 1545-0074

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

ARUN AGRAWAL AND ROOPALI MITTAL

SSN or taxpayer identification number

270-13-2247

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 shares 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 <b>Column (e)</b> 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	
	VARIOUS INTERACTIVE BROKERS S/T COVERED	Various	Various	1,143,566.	1,082,197.	W	45,063.	106,432.
<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, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked).				1,143,566.	1,082,197.	45,063.	106,432.

**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.

**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**

ARUN AGRAWAL AND ROOPALI MITTAL

SSN or taxpayer identification number

270-13-2247

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 shares 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	
	VARIOUS INTERACTIVE BROKERS S/T NONCOVERED	Various	Various	330,084.	307,994.			22,090.
<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, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked).			330,084.	307,994.		0.	22,090.

**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.

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

SSN or taxpayer identification number

ARUN AGRAWAL AND ROOPALI MITTAL

270-13-2247

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 shares 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). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	VARIOUS INTERACTIVE BROKERS I/T COVERED	Various	Various	405,513.	333,619.	W	16,964.	88,858.
<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, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked).			405,513.	333,619.		16,964.	88,858.

**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

SSN or taxpayer identification number

ARUN AGRAWAL AND ROOPALI MITTAL

270-13-2247

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 shares 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). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	VARIOUS INTERACTIVE BROKERS I/T NONCOVERED	5/07/13	9/25/19	10,544.	10,362.			182.
<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, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked).			10,544.	10,362.		0.	182.

**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.

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

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Supplemental Income and Loss**

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

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

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

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **13**

ARUN AGRAWAL AND ROOPALI MITTAL

Your social security number

270-13-2247

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No  
**B** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

<b>1 a</b>	Physical address of each property (street, city, state, ZIP code)			
<b>A</b>	8224 NW 85TH, OKC, OK 73132			
<b>B</b>	712 WILLOWOOD DR, YUKON, OK 73099			
<b>C</b>	9929 SE RAILROAD LN, MWC, OK 73130			
<b>1 b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days
<b>A</b>	1	<b>A</b>	365	
<b>B</b>	1	<b>B</b>	365	
<b>C</b>	1	<b>C</b>	365	

**Type of Property:**

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

Income:		Properties:	A	B	C
<b>3</b>	Rents received	<b>3</b>	13,200.	13,200.	14,400.
<b>4</b>	Royalties received	<b>4</b>			
<b>Expenses:</b>					
<b>5</b>	Advertising	<b>5</b>			
<b>6</b>	Auto and travel (see instructions)	<b>6</b>			
<b>7</b>	Cleaning and maintenance	<b>7</b>			
<b>8</b>	Commissions	<b>8</b>			
<b>9</b>	Insurance	<b>9</b>	1,420.	1,337.	1,330.
<b>10</b>	Legal and other professional fees	<b>10</b>			
<b>11</b>	Management fees	<b>11</b>	1,320.	1,264.	1,410.
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	4,481.	4,266.	3,649.
<b>13</b>	Other interest	<b>13</b>			
<b>14</b>	Repairs	<b>14</b>	175.	1,980.	950.
<b>15</b>	Supplies	<b>15</b>			
<b>16</b>	Taxes	<b>16</b>	1,723.	1,729.	1,757.
<b>17</b>	Utilities	<b>17</b>			
<b>18</b>	Depreciation expense or depletion	<b>18</b>	3,947.	3,607.	3,270.
<b>19</b>	Other (list) ► See Stmt 1	<b>19</b>		250.	
<b>20</b>	Total expenses. Add lines 5 through 19	<b>20</b>	13,066.	14,433.	12,366.
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	<b>21</b>	134.	-1,233.	2,034.
<b>22</b>	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	<b>22</b>		-2.	-2,034.
<b>23 a</b>	Total of all amounts reported on line 3 for all rental properties	<b>23 a</b>		67,300.	
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties	<b>23 b</b>			
<b>c</b>	Total of all amounts reported on line 12 for all properties	<b>23 c</b>		29,390.	
<b>d</b>	Total of all amounts reported on line 18 for all properties	<b>23 d</b>		28,004.	
<b>e</b>	Total of all amounts reported on line 20 for all properties	<b>23 e</b>		103,572.	
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. Do not include any losses	<b>24</b>			3,333.
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>			-3,332.
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	<b>26</b>			1.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040 or 1040-SR) 2019

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

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Supplemental Income and Loss**

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

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

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

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **13**

ARUN AGRAWAL AND ROOPALI MITTAL

Your social security number

270-13-2247

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No
- B** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

<b>1 a</b>	Physical address of each property (street, city, state, ZIP code)
<b>A</b>	5133 SE 50TH, OKC, OK 73135
<b>B</b>	12621 OLD COUNTRY RD, EDMOND, OK 73013
<b>C</b>	
<b>1 b</b>	Type of Property (from list below)
<b>A</b>	1
<b>B</b>	1
<b>C</b>	

<b>2</b>	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>		365		
<b>B</b>		365		
<b>C</b>				

**Type of Property:**

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

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received	<b>3</b>	19,200.	7,300.	
<b>4</b> Royalties received	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising	<b>5</b>			
<b>6</b> Auto and travel (see instructions)	<b>6</b>			
<b>7</b> Cleaning and maintenance	<b>7</b>			
<b>8</b> Commissions	<b>8</b>			
<b>9</b> Insurance	<b>9</b>	1,536.	5,451.	
<b>10</b> Legal and other professional fees	<b>10</b>		867.	
<b>11</b> Management fees	<b>11</b>	1,920.	480.	
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	5,548.	11,446.	
<b>13</b> Other interest	<b>13</b>			
<b>14</b> Repairs	<b>14</b>	180.	5,448.	
<b>15</b> Supplies	<b>15</b>		2,179.	
<b>16</b> Taxes	<b>16</b>	2,794.	4,441.	
<b>17</b> Utilities	<b>17</b>		1,635.	
<b>18</b> Depreciation expense or depletion	<b>18</b>	5,927.	11,253.	
<b>19</b> Other (list) ► See Stmt 2 See Stmt 3	<b>19</b>	130.	2,472.	
<b>20</b> Total expenses. Add lines 5 through 19	<b>20</b>	18,035.	45,672.	
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	<b>21</b>	1,165.	-38,372.	
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	<b>22</b>	-1,192.	-104.	
<b>23 a</b> Total of all amounts reported on line 3 for all rental properties	<b>23a</b>			
<b>b</b> Total of all amounts reported on line 4 for all royalty properties	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties	<b>23e</b>			
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>			
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	<b>26</b>			

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040 or 1040-SR) 2019

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

ARUN AGRAWAL AND ROOPALI MITTAL

270-13-2247

**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>	<b>(a) Name</b>	<b>(b) Enter P for partnership; S for S corporation</b>	<b>(c) Check if foreign partnership</b>	<b>(d) Employer identification number</b>	<b>(e) Check if basis computation is required</b>	<b>(f) Check if any amount is not at risk</b>
<b>A</b>	UNITED STATES OIL FUND LP	P		20-2830691		
<b>B</b>	UNITED STATES 12 MONTH OIL FUND, LP	P		26-0431897		
<b>C</b>						
<b>D</b>						

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

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

<b>33</b>	<b>(a) Name</b>	<b>(b) Employer ID no.</b>
<b>A</b>		
<b>B</b>		

<b>Passive Income and Loss</b>			<b>Nonpassive Income and Loss</b>	
<b>(c) Passive deduction or loss allowed</b> (attach <b>Form 8582</b> if required)	<b>(d) Passive income</b> from <b>Schedule K-1</b>	<b>(e) Deduction or loss</b> from <b>Schedule K-1</b>	<b>(f) Other income</b> from <b>Schedule K-1</b>	
<b>A</b>				
<b>B</b>				
<b>34 a</b> Totals.....				
<b>b</b> Totals.....				
<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> <b>Total estate and trust income or (loss).</b> 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>	<b>(a) Name</b>	<b>(b) Employer</b> identification number	<b>(c) Excess inclusion from</b> <b>Schedules Q</b> , line 2c (see instructions)	<b>(d) Taxable income</b> (net loss) from <b>Schedules Q</b> , line 1b	<b>(e) Income from</b> <b>Schedules Q</b> , 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 <b>Form 4835</b> . Also, complete line 42 below.....	<b>40</b>	
<b>41</b> <b>Total income or (loss).</b> 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 18. ....	<b>41</b>	1.
<b>42</b> <b>Reconciliation of farming and fishing income.</b> Enter your <b>gross</b> 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> <b>Reconciliation for real estate professionals.</b> 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

OMB No. 1545-0121

2019

Department of the Treasury  
Internal Revenue Service (99)

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.

Attachment  
Sequence No. 19

Name ARUN AGRAWAL AND ROOPALI MITTAL ID no. as shown on page 1 of your tax return 270-13-2247

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

h Resident of (name of country) ▶

**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 columns A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession. ▶ CHILE				
1 a Gross income from sources within country shown above and of the type checked above (see instructions): See Statement 4				
	2,616.			1 a 2,616.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions.):</b>				
2 Expenses <b>definitely related</b> to the income on line 1a (attach statement).....				
3 Pro rata share of other deductions <b>not definitely related:</b>				
a Certain itemized deductions or standard deduction (see instructions).....	1,656.			
b Other deductions (attach statement).....				
c Add lines 3a and 3b.....	1,656.			
d Gross foreign source income (see instructions).....	2,616.			
e Gross income from all sources (see instructions).....	482,184.			
f Divide line 3d by line 3e (see instructions).....	0.005425			
g Multiply line 3c by line 3f.....	9.			
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.....	9.			6 9.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2..... ▶				7 2,607.

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

C O U N T R Y	Credit is claimed for taxes (you must check one) (i) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								(u) Total foreign taxes paid or accrued (add columns (q) through (t))
		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	
		(l) Date paid or accrued	(m) Dividends	(n) Rents & royalties		(o) Interest		(q) Dividends		(r) Rents & royalties
A						344.				344.
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2..... ▶ 8 344.

**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>	344.	
<b>10</b> Carryback or carryover (attach detailed computation). (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	<b>10</b>		
<b>11</b> Add lines 9 and 10. ....	<b>11</b>	344.	
<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>		344.
<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>	2,607.	
<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>	2,607.	
<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>	371,036.	
<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>		0.007026272
<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, lines 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>		69,135.
<b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), see instructions.			
<b>21</b> Multiply line 20 by line 19 (maximum amount of credit). ....	<b>21</b>		486.
<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>		344.

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

<b>23</b> Credit for taxes on section 951A category income. ....	<b>23</b>		
<b>24</b> Credit for taxes on foreign branch category 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>		344.
<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>		344.

Form 1116 (2019)

**Child and Dependent Care Expenses**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.**2019**Attachment  
Sequence No. **21**

Name(s) shown on return

Your social security number

ARUN AGRAWAL AND ROOPALI MITTAL

270-13-2247

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box. ☐**Part I** **Persons or Organizations Who Provided the Care**—You must complete this part.  
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	STEPHENS COLLEGE	1200 E BROADWAY COLUMBIA, MO 65215	430-67-0936	18,740.

Did you receive  
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040 or 1040-SR), line 7a; or Form 1040-NR, line 59a.**Part II** **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2019 for the person listed in column (a)
First	Last		
BRIJANSHI	AGRAWAL	050-15-1727	9,370.
ATHARVA	AGRAWAL	764-87-1098	9,370.

**3** Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31.....**3**

6,000.

**4** Enter your **earned income**. See instructions.....**4**

47,086.

**5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4.....**5**

147,461.

**6** Enter the **smallest** of line 3, 4, or 5.....**6**

6,000.

**7** Enter the amount from Form 1040 or 1040-SR, line 8b; or Form 1040-NR, line 35.....**7**

414,884.

**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0 — 15,000		.35
15,000 — 17,000		.34
17,000 — 19,000		.33
19,000 — 21,000		.32
21,000 — 23,000		.31
23,000 — 25,000		.30
25,000 — 27,000		.29
27,000 — 29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000 — 31,000		.27
31,000 — 33,000		.26
33,000 — 35,000		.25
35,000 — 37,000		.24
37,000 — 39,000		.23
39,000 — 41,000		.22
41,000 — 43,000		.21
43,000 — No limit		.20

**8**

X

.20

**9** Multiply line 6 by the decimal amount on line 8. If you paid 2018 expenses in 2019, see the instructions. ....**9**

1,200.

**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.....**10**

68,791.

**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Schedule 3 (Form 1040 or 1040-SR), line 2; or Form 1040-NR, line 47.....**11**

1,200.

**BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Form **2441** (2019)

Form **4952**Department of the Treasury  
Internal Revenue Service (99)**Investment Interest Expense Deduction**► Go to [www.irs.gov/Form4952](http://www.irs.gov/Form4952) for the latest information.  
► Attach to your tax return.

OMB No. 1545-0191

**2019**Attachment  
Sequence No. **51**

Name(s) shown on return

ARUN AGRAWAL AND ROOPALI MITTAL

Identifying number

270-13-2247

**Part I** **Total Investment Interest Expense**

1	Investment interest expense paid or accrued in 2019 (see instructions).....	1	22,861.
2	Disallowed investment interest expense from 2018 Form 4952, line 7.....	2	
3	<b>Total investment interest expense.</b> Add lines 1 and 2.....	3	22,861.

**Part II** **Net Investment Income**

4 a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment).....	4 a	2,765.	
4 b	Qualified dividends included on line 4a.....	4 b	2,765.	
4 c	Subtract line 4b from line 4a.....	4 c		
4 d	Net gain from the disposition of property held for investment.....	4 d	217,562.	
4 e	Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition of property held for investment. See instructions.....	4 e	89,040.	
4 f	Subtract line 4e from line 4d.....	4 f	128,522.	
4 g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions.....	4 g		
4 h	Investment income. Add lines 4c, 4f, and 4g.....	4 h	128,522.	
5	Investment expenses (see instructions).....	5		
6	<b>Net investment income.</b> Subtract line 5 from line 4h. If zero or less, enter -0-.....	6	128,522.	

**Part III** **Investment Interest Expense Deduction**

7	Disallowed investment interest expense to be carried forward to 2020. Subtract line 6 from line 3. If zero or less, enter -0-.....	7	0.
8	<b>Investment interest expense deduction.</b> Enter the <b>smaller</b> of line 3 or line 6. See instructions.....	8	22,861.

**BAA** For Paperwork Reduction Act Notice, see separate instructions.Form **4952** (2019)

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

Social security number of HSA  
beneficiary. If both spouses have  
HSAs, see instructions ►

ARUN AGRAWAL

270-13-2247

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions).....	►	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).....		2	
3	If you were under age 55 at the end of 2019 and, on the first day of <b>every</b> month during 2019, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,500 (\$7,000 for family coverage). <b>All others</b> , see the instructions for the amount to enter.....		3	7,000.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs.....		4	
5	Subtract line 4 from line 3. If zero or less, enter -0-.....		5	7,000.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter.....		6	3,500.
7	If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions).....		7	
8	Add lines 6 and 7.....		8	3,500.
9	Employer contributions made to your HSAs for 2019.....	9	400.	
10	Qualified HSA funding distributions.....	10		
11	Add lines 9 and 10.....	11	400.	
12	Subtract line 11 from line 8. If zero or less, enter -0-.....	12	3,100.	
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25..... <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).	13		

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14 a	Total distributions you received in 2019 from all HSAs (see instructions).....	14 a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions).....	14 b	
c	Subtract line 14b from line 14a.....	14 c	
15	Qualified medical expenses paid using HSA distributions (see instructions).....	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter 'HSA' and the amount on the line next to the box.....	16	
17 a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here.....	►	<input type="checkbox"/>
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter 'HSA' and the amount on the line next to the box.....	17 b	

**BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Form **8889** (2019)

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b> Last-month rule .....	<b>18</b>	
<b>19</b> Qualified HSA funding distribution .....	<b>19</b>	
<b>20</b> <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. On the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21, enter 'HSA' and the amount. ....	<b>20</b>	
<b>21</b> <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter 'HDHP' and the amount on the line next to the box .....	<b>21</b>	

Form **8889** (2019)

**Qualified Business Income Deduction**

► Attach to your tax return.

► Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.

OMB No. 1545-0123

**2019**Attachment  
Sequence No. **55A**

Name(s) shown on return

ARUN AGRAWAL AND ROOPALI MITTAL

Your taxpayer identification number

270-13-2247

**Part I Trade, Business, or Aggregation Information**Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed.  
See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	ROOPALI MITTAL	<input type="checkbox"/>	<input type="checkbox"/>	895-37-3114	<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**Part II Determine Your Adjusted Qualified Business Income**

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions. ....	2		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$160,700 or less (\$160,725 if married filing separately; \$321,400 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13. ....	3		
4 Allocable share of W-2 wages from the trade, business, or aggregation. ....	4		
5 Multiply line 4 by 50% (0.50). ....	5		
6 Multiply line 4 by 25% (0.25). ....	6		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property. ....	7		
8 Multiply line 7 by 2.5% (0.025). ....	8		
9 Add lines 6 and 8. ....	9		
10 Enter the greater of line 5 or line 9. ....	10		
11 W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10. ....	11		
12 Phased-in reduction. Enter the amount from line 26, if any. See instructions. ....	12		
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12. ....	13		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions. ....	14		
15 Qualified business income component. Subtract line 14 from line 13. ....	15		
16 Total qualified business income component. Add all amounts reported on line 15. .... ►	16		

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

Form 8995-A (2019)

**Part III** **Phased-in Reduction**

Complete Part III only if your taxable income is more than \$160,700 but not \$210,700 (\$160,725 and \$210,725 if married filing separately; \$321,400 and \$421,400 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

			A	B	C
17	Enter the amounts from line 3.	17			
18	Enter the amounts from line 10.	18			
19	Subtract line 18 from line 17.	19			
20	Taxable income before qualified business income deduction.	20			
21	Threshold. Enter \$160,700 (\$160,725 if married filing separately; \$321,400 if married filing jointly).	21			
22	Subtract line 21 from line 20.	22			
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly).	23			
24	Phase-in percentage. Divide line 22 by line 23.	24	%		
25	Total phase-in reduction. Multiply line 19 by line 24.	25			
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business.	26			

**Part IV** **Determine Your Qualified Business Income Deduction**

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16.	27			
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions.	28			
29	Qualified REIT dividends and PTP (loss) carryforward from prior years.	29			
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-.	30			
31	REIT and PTP component. Multiply line 30 by 20% (0.20).	31			
32	Qualified business income deduction before the income limitation. Add lines 27 and 31.	32			
33	Taxable income before qualified business income deduction.	33	371,036.		
34	Net capital gain. See instructions.	34	91,805.		
35	Subtract line 34 from line 33. If zero or less, enter -0-.	35		279,231.	
36	Income limitation. Multiply line 35 by 20% (0.20).	36		55,846.	
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36.	37			
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37.	38			
39	Total qualified business income deduction. Add lines 37 and 38.	39			
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-.	40			

Form 8995-A (2019)



Form **8867**Department of the Treasury  
Internal Revenue Service**Paid Preparer's Due Diligence Checklist***Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

- **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**  
 ► **Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

OMB No. 1545-0074

**2019**Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return

**ARUN AGRAWAL AND ROOPALI MITTAL**

Taxpayer identification number

**270-13-2247**

Enter preparer's name and PTIN

**TIMOTHY NELSON, CPA P01879737****Part I Due Diligence Requirements**

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

☐ EIC☒ CTC/ACTC/ODC☐ AOTC☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information? .....	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) .....	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents, if any, that you relied on.			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a Did you complete the required recertification Form 8862? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**BAA For Paperwork Reduction Act Notice, see separate instructions.**Form **8867** (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"/>	
<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"/>	
<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 Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

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

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

	Yes	No
<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 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"/>

Form **8867** (2019)

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

▶ **Attach to your tax return.**  
▶ **Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.**

OMB No. 1545-2227

**2019**

Attachment  
Sequence No. **72**

Name(s) shown on your tax return

**ARUN AGRAWAL AND ROOPALI MITTAL**

Your social security number or EIN

**270-13-2247**

**Part I Investment Income**

- ☐ Section 6013(g) election (see instructions)  
☐ Section 6013(h) election (see instructions)  
☐ Regulations section 1.1411-10(g) election (see instructions)

<b>1</b>	Taxable interest (see instructions) .....	<b>1</b>	
<b>2</b>	Ordinary dividends (see instructions) .....	<b>2</b>	2,765.
<b>3</b>	Annuities (see instructions) .....	<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) .....	<b>4a</b>	1.
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) .....	<b>4b</b>	
<b>c</b>	Combine lines 4a and 4b .....	<b>4c</b>	1.
<b>5a</b>	Net gain or loss from disposition of property (see instructions) .....	<b>5a</b>	217,562.
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) .....	<b>5b</b>	
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions) .....	<b>5c</b>	
<b>d</b>	Combine lines 5a through 5c .....	<b>5d</b>	217,562.
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions) .....	<b>6</b>	
<b>7</b>	Other modifications to investment income (see instructions) .....	<b>7</b>	158.
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 .....	<b>8</b>	220,486.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

<b>9a</b>	Investment interest expenses (see instructions) .....	<b>9a</b>	22,861.
<b>b</b>	State, local, and foreign income tax (see instructions) .....	<b>9b</b>	9,806.
<b>c</b>	Miscellaneous investment expenses (see instructions) .....	<b>9c</b>	
<b>d</b>	Add lines 9a, 9b, and 9c .....	<b>9d</b>	32,667.
<b>10</b>	Additional modifications (see instructions) .....	<b>10</b>	
<b>11</b>	Total deductions and modifications. Add lines 9d and 10 .....	<b>11</b>	32,667.

**Part III Tax Computation**

<b>12</b>	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0- .....	<b>12</b>	187,819.
<b>Individuals:</b>			
<b>13</b>	Modified adjusted gross income (see instructions) .....	<b>13</b>	414,884.
<b>14</b>	Threshold based on filing status (see instructions) .....	<b>14</b>	250,000.
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	164,884.
<b>16</b>	Enter the smaller of line 12 or line 15 .....	<b>16</b>	164,884.
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions) .....	<b>17</b>	6,266.
<b>Estates and Trusts:</b>			
<b>18a</b>	Net investment income (line 12 above) .....	<b>18a</b>	
<b>b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions) .....	<b>18b</b>	
<b>c</b>	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0- .....	<b>18c</b>	
<b>19a</b>	Adjusted gross income (see instructions) .....	<b>19a</b>	
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions) .....	<b>19b</b>	
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0- .....	<b>19c</b>	
<b>20</b>	Enter the smaller of line 18c or line 19c .....	<b>20</b>	
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions) .....	<b>21</b>	

**Passive Activity Loss Limitations**

OMB No. 1545-1008

Department of the Treasury  
Internal Revenue Service (99)

► See separate instructions.  
 ► Attach to Form 1040, Form 1040-SR, or Form 1041.  
 ► Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

**2019**Attachment  
Sequence No. **88**

Name(s) shown on return

ARUN AGRAWAL AND ROOPALI MITTAL

Identifying number

270-13-2247

**Part I 2019 Passive Activity Loss****Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

<b>1 a</b> Activities with net income (enter the amount from Worksheet 1, column (a))....	<b>1 a</b>	3,333.		
<b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b)).....	<b>1 b</b>	-39,605.		
<b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)).	<b>1 c</b>	-33,873.		
<b>d</b> Combine lines 1a, 1b, and 1c.....	<b>1 d</b>		-70,145.	

**Commercial Revitalization Deductions From Rental Real Estate Activities**

<b>2 a</b> Commercial revitalization deductions from Worksheet 2, column (a).....	<b>2 a</b>			
<b>b</b> Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b).....	<b>2 b</b>			
<b>c</b> Add lines 2a and 2b.....	<b>2 c</b>			

**All Other Passive Activities**

<b>3 a</b> Activities with net income (enter the amount from Worksheet 3, column (a))....	<b>3 a</b>			
<b>b</b> Activities with net loss (enter the amount from Worksheet 3, column (b)).....	<b>3 b</b>			
<b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)).	<b>3 c</b>			
<b>d</b> Combine lines 3a, 3b, and 3c.....	<b>3 d</b>			

<b>4</b> Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used.....	<b>4</b>		-70,145.	
---	----------	--	----------	--

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

<b>5</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4.....	<b>5</b>	70,145.	
<b>6</b> Enter \$150,000. If married filing separately, see instructions.....	<b>6</b>	150,000.	
<b>7</b> Enter modified adjusted gross income, but not less than zero. See instructions....	<b>7</b>	414,883.	
<b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.			
<b>8</b> Subtract line 7 from line 6.....	<b>8</b>		
<b>9</b> Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions.	<b>9</b>		
<b>10</b> Enter the <b>smaller</b> of line 5 or line 9.....	<b>10</b>		0.
If line 2c is a loss, go to Part III. Otherwise, go to line 15.			

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities****Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

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

**Part IV Total Losses Allowed**

<b>15</b> Add the income, if any, on lines 1a and 3a and enter the total.....	<b>15</b>	3,333.	
<b>16</b> <b>Total losses allowed from all passive activities for 2019.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return.....	<b>16</b>	3,333.	

**BAA For Paperwork Reduction Act Notice, see instructions.**Form **8582** (2019)

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.**Worksheet 1 – For Form 8582, Lines 1a, 1b, and 1c** (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
8224 NW 85TH	134.			134.	
712 WILLOWOOD DR		1,233.			1,233.
9929 SE RAILROAD LN	2,034.		2,496.		462.
5133 SE 50TH	1,165.		15,484.		14,319.
12621 OLD COUNTRY RD		38,372.	15,893.		54,265.
Total. Enter on Form 8582, lines 1a, 1b, and 1c	3,333.	39,605.	33,873.		

**Worksheet 2 – For Form 8582, Lines 2a and 2b** (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

**Worksheet 3 – For Form 8582, Lines 3a, 3b, and 3c** (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

**Worksheet 4 – Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

**Worksheet 5 – Allocation of Unallowed Losses** (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
712 WILLOWOOD DR	Sch E Ln 22	1,233.	0.017544	1,231.
9929 SE RAILROAD LN	Sch E Ln 22	462.	0.006574	461.
5133 SE 50TH	Sch E Ln 22	14,319.	0.203745	14,292.
12621 OLD COUNTRY RD	Sch E Ln 22	54,265.	0.772137	54,161.
Total		70,279.	1.00	70,145.

**Worksheet 6 – Allowed Losses** (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
712 WILLOWOOD DR	Sch E Ln 22	1,233.	1,231.	2.
9929 SE RAILROAD LN	Sch E Ln 22	2,496.	461.	2,035.
5133 SE 50TH	Sch E Ln 22	15,484.	14,292.	1,192.
12621 OLD COUNTRY RD	Sch E Ln 22	54,265.	54,161.	104.
<b>Total</b> .....		<b>73,478.</b>	<b>70,145.</b>	<b>3,333.</b>

**Worksheet 7 – Activities With Losses Reported on Two or More Forms or Schedules** (see instructions)

	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Name of activity:					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule. . . . . ▶					
b Net income from form or schedule. . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0-. . . . ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule. . . . . ▶					
b Net income from form or schedule. . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0-. . . . ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule. . . . . ▶					
b Net income from form or schedule. . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0-. . . . ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule. . . . . ▶					
b Net income from form or schedule. . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0-. . . . ▶					
Total . . . . . ▶		0.	1.00	0.	0.

**Name of activity:**

Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule. .... ▶					
b Net income from form or schedule. .... ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0-. .... ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule. .... ▶					
b Net income from form or schedule. .... ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0-. .... ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule. .... ▶					
b Net income from form or schedule. .... ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0-. .... ▶					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule. .... ▶					
b Net income from form or schedule. .... ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0-. .... ▶					
<b>Total</b> .....	0.	1.00	0.	0.	

2019

## Federal Statements

Page 1

Client AGRAWALA

ARUN AGRAWAL AND ROOPALI MITTAL

270-13-2247

6/16/20

02:53PM

**Statement 1**  
**Schedule E, Line 19 - 712 WILLOWOOD DR**  
**Other Rental and Royalty Expenses**

Plumbing and Electrical.....	\$	250.
Total	\$	<u>250.</u>

**Statement 2**  
**Schedule E, Line 19 - 5133 SE 50TH**  
**Other Rental and Royalty Expenses**

Plumbing and Electrical.....	\$	130.
Total	\$	<u>130.</u>

**Statement 3**  
**Schedule E, Line 19 - 12621 OLD COUNTRY RD**  
**Other Rental and Royalty Expenses**

Gardening.....	\$	160.
HOA DUES.....		350.
Pest Control.....		1,962.
Total	\$	<u>2,472.</u>

**Statement 4**  
**Form 1116, Line 1a - Passive Category Income**  
**Gross Income From Sources Outside U.S.****Foreign country or U.S. possession: CHILE**

Foreign Source Qualified Dividends.....	\$	2,616.
Total	\$	<u>2,616.</u>

Client AGRAWALA

ARUN AGRAWAL AND ROOPALI MITTAL

270-13-2247

6/16/20

02:53PM

**Section 1.263(a)-1(f) De Minimis Safe Harbor Election**

The Taxpayer hereby makes the de minimis safe harbor election under Regulation 1.263(a)-1(f).

ARUN AGRAWAL  
270-13-2247  
ROOPALI MITTAL  
895-37-3114  
5105 FORUM BLVD  
COLUMBIA, MO 65203



ARUN AGRAWAL AND ROOPALI MITTAL  
5105 FORUM BLVD  
COLUMBIA, MO 65203

Missouri Department of Revenue  
P.O. Box 371  
Jefferson City, MO 65105-0371

CUT HERE



Missouri Department of Revenue  
**2019 Individual Income Tax  
Payment Voucher (Form MO-1040V)**

Please print. Make check payable to Missouri Department of Revenue. Mail Form MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371.

Name AGRAWAL, ARUN		
Spouse's Name MITTAL, ROOPALI		
Street Address 5105 FORUM BLVD		
City COLUMBIA	State MO	ZIP Code 65203
Full payment of taxes must be submitted by April 15, 2020 to avoid interest and additions to tax for failure to pay. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. MOIA1401L 01/14/20		

Social Security Number 270 - 13 - 2247

Name Control AGRA

Spouse's Social Security Number 895 - 37 - 3114

Spouse's Name Control MITT

Amount of Payment  
(U.S. funds only) \$ 10340 . 00



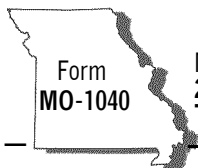
19347011032

Department Use Only

Department Use Only

1032 Form MO-1040V (Revised 12-2019)

055 032 000000 2701322478 010718015 8953731143 19 001034000 8



Missouri Department of Revenue  
**2019 Individual Income  
Tax Return — Long Form**

For Calendar Year January 1 - December 31, 2019

Print in BLACK ink only and DO NOT STAPLE.

☐ **Amended Return**    ☐ **Composite Return**  
(For use by S corporations or Partnerships)

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)    Fiscal Year Ending (MM/DD/YY)

Vendor Code

Department Use Only

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1032
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Filing Status	<input type="checkbox"/> Single	<input type="checkbox"/> Claimed as a Dependent	<input checked="" type="checkbox"/> Married Filing Combined	<input type="checkbox"/> Married Filing Separately	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)
---------------	---------------------------------	---	---	--	--	---

**Age 62 through 64**

**Age 65 or Older**

**Blind**

**100% Disabled**

**Non-Obligated Spouse**

Yourself ☐ Spouse ☐    Yourself ☐ Spouse ☐    Yourself ☐ Spouse ☐    Yourself ☐ Spouse ☐    Yourself ☐ Spouse ☐

Name	Social Security Number		Deceased in 2019	Spouse's Social Security Number		Deceased in 2019								
	<table border="1"><tr><td>270</td><td>13</td><td>2247</td></tr></table>		270	13	2247	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td>895</td><td>37</td><td>3114</td></tr></table>		895	37	3114	<table border="1"><tr><td></td></tr></table>	
	270	13	2247											
	895	37	3114											
First Name	M.I.	Last Name	Suffix											
<table border="1"><tr><td>ARUN</td></tr></table>	ARUN	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td>AGRAWAL</td></tr></table>	AGRAWAL	<table border="1"><tr><td></td></tr></table>								
ARUN														
AGRAWAL														
Spouse's First Name	M.I.	Spouse's Last Name	Suffix											
<table border="1"><tr><td>ROOPALI</td></tr></table>	ROOPALI	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td>MITTAL</td></tr></table>	MITTAL	<table border="1"><tr><td></td></tr></table>								
ROOPALI														
MITTAL														
In Care Of Name (Attorney, Executor, Personal Representative, etc.)														
<table border="1"><tr><td></td></tr></table>														

Address	Present Address (Include Apartment Number or Rural Route)					
	<table border="1"><tr><td>5105 FORUM BLVD</td></tr></table>			5105 FORUM BLVD		
	5105 FORUM BLVD					
	City, Town, or Post Office	State	ZIP Code			
<table border="1"><tr><td>COLUMBIA</td></tr></table>	COLUMBIA	<table border="1"><tr><td>MO</td></tr></table>	MO	<table border="1"><tr><td>65203</td></tr></table> - <table border="1"><tr><td></td></tr></table>	65203	
COLUMBIA						
MO						
65203						
County of Residence						
<table border="1"><tr><td>BOON</td></tr></table>			BOON			
BOON						

You may contribute to any one or all of the trust funds on Line 46. See pages 10-11 of the instructions for more trust fund information.

 Children's Trust Fund	 Veterans Trust Fund	 Elderly Home Delivered Meals Trust Fund	 Missouri National Guard Trust Fund	 Workers' Memorial Fund	 Childhood Lead Testing Fund	 Missouri Military Family Relief Fund	 General Revenue Fund	 Organ Donor Program Fund	 Kansas City Regional Law Enforcement Memorial Foundation Fund	 Soldiers Memorial Military Museum in St. Louis Fund
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Yourself (Y)

Spouse (S)

Income

	1Y	2Y	3Y	4Y	5Y	6	7Y
1 Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions) <b>See AGI Wksh</b>	158,642		158,642		158,642		
2 Total additions (from <b>Form MO-A</b> , Part 1, Line 7)							
3 Total income — Add Lines 1 and 2	158,642		158,642		158,642		
4 Total subtractions (from <b>Form MO-A</b> , Part 1, Line 18)							
5 Missouri adjusted gross income — Subtract Line 4 from Line 3	158,642		158,642		158,642		
6 Total Missouri adjusted gross income — Add columns 5Y and 5S						414,884	
7 Income percentages — Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)							38 %

Exemptions and Deductions

8 Pension, Social Security, Social Security Disability, and Military exemption (from <b>Form MO-A</b> , Part 3, Section E)	8	
9 Tax from federal return	9	64,341
10 Other tax from federal return	10	344
11 Total tax from federal return. Do not enter federal income tax withheld.	11	64,685
12 Federal tax percentage — Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	
Missouri Adjusted Gross Income Range, Line 6:      Federal Tax Percentage: \$25,000 or less ..... 35% \$25,001 to \$50,000 ..... 25% \$50,001 to \$100,000 ..... 15% \$100,001 to \$125,000 ..... 5% \$125,001 or more ..... 0%		
13 Federal income tax deduction — Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers	13	
14 Missouri standard deduction or itemized deductions. • Single or Married Filing Separate — \$12,200 • Head of Household — \$18,350 • Married Filing Combined or Qualifying Widow(er) — \$24,400 If age 65 or older, blind, or claimed as a dependent, see page 6. If itemizing, see <b>Form MO-A</b> , Part 2	14	51,135
15 Long-term care insurance deduction	15	
16 Health care sharing ministry deduction	16	
17 Military income deduction	17	
18 Bring jobs home deduction	18	
19 Transportation facilities deduction	19	

☐ **A** Port Cargo Expansion    ☐ **B** International Trade Facility    ☐ **C** Qualified Trade Activities


## Deductions Continued

20	First Time Home Buyers deduction.	A		B		20		.00
21	Total deductions — Add Lines 8 and 13 through 20 .....					21	51,135	.00
22	Subtotal — Subtract Line 21 from Line 6. ....					22	363,749	.00
23	Multiply Line 22 by appropriate percentages (%) on Lines 7Y and 7S .....	23Y	138,225	.00	23S	225,524	.00	
24	Enterprise zone or rural empowerment zone income modification .....	24Y		.00	24S		.00	

## Tax

25	Taxable income — Subtract Line 24 from Line 23 .....	25Y	138,225	.00	23S	225,524	.00	
26	Tax (see tax chart on page 22 of the instructions) .....	26Y	7,283	.00	24S	11,997	.00	
27	Resident credit — Attach <b>Form MO-CR</b> and other states' income tax return(s) .....	27Y		.00	25S		.00	
28	Missouri income percentage — Enter 100% unless you are completing <b>Form MO-NRI</b> . Attach Form MO-NRI and a copy of your federal return if less than 100% .....	28Y		%	26S		%	
29	Balance — Subtract Line 27 from Line 26; OR multiply Line 26 by percentage on Line 28 .....	29Y	7,283	.00	27S	11,997	.00	
30	Other taxes — Select box and attach federal form indicated.							
	<input type="checkbox"/> Lump sum distribution (Form 4972)							
	<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	30Y		.00	30S		.00	
31	Subtotal — Add Lines 29 and 30 .....	31Y	7,283	.00	31S	11,997	.00	
32	Total Tax — Add Lines 31Y and 31S .....				32	19,280	.00	

## Payments and Credits

33	MISSOURI tax withheld — Attach Forms W-2 and 1099 .....	33	8,940	.00			
34	2019 Missouri estimated tax payments — Include overpayment from 2018 applied to 2019 .....	34		.00			
35	Missouri tax payments for nonresident partners or S corporation shareholders — Attach Forms MO-2NR and MO-NRP .....	35		.00			
36	Missouri tax payments for nonresident entertainers — Attach Form MO-2ENT .....	36		.00			
37	Amount paid with Missouri extension of time to file ( <b>Form MO-60</b> ) .....	37		.00			
38	Miscellaneous tax credits (from <b>Form MO-TC</b> , Line 13) — Attach Form MO-TC .....	38		.00			
39	Property tax credit — Attach <b>Form MO-PTS</b> .....	39		.00			
40	Total payments and credits — Add Lines 33 through 39 .....	40	8,940	.00			



Amended Return

### Refund

Reserved



**49** If Line 32 is larger than Line 40 or Line 43, enter the difference.

Amount of UNDERPAYMENT (see the instructions for Line 49) .....

**49** 10,340 .00

**50** Underpayment of estimated tax penalty — Attach **Form MO-2210**. Enter penalty amount here .....

**50** .00

☐

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

**51 AMOUNT DUE** — Add Lines 49 and 50.

If you pay by check, you authorize the Department of Revenue to process the check

electronically. Any returned check may be presented again electronically .....

**51** 10,340 .00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under **Section 143.561, RSMo**. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in **Chapter 143, RSMo**, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Date (MM/DD/YY)

Spouse's Signature (If filing combined, BOTH must sign)

Date (MM/DD/YY)

E-mail Address

Daytime Telephone

Preparer's Signature

TIMOTHY NELSON, CPA

Date (MM/DD/YY)

06 16 20

Preparer's FEIN, SSN, or PTIN

73-1096510

Preparer's Telephone

405-359-2273

Preparer's Address

3408 French Park Drive Edmond

State

ZIP Code

OK 73034

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm .....

☒

Yes

☐

No

#### Department Use Only

☐ A

☐ FA

☐ E10

☐ DE

☐ F

**Mail To: Balance Due:**  
Missouri Department of Revenue  
P.O. Box 3370  
Jefferson City, MO 65105-3370

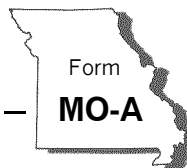
**Refund or No Amount Due:**  
Missouri Department of Revenue  
P.O. Box 3222  
Jefferson City, MO 65105-3222

**Phone (Balance Due):** (573) 751-7200  
**Phone (Refund or No Amount Due):** (573) 751-3505  
**Fax:** (573) 751-2195  
**E-mail:** [income@dor.mo.gov](mailto:income@dor.mo.gov)

(Revised 12-2019)



Adjusted Gross Income Worksheet for Combined Return	Federal Form 1040 or Federal Form 1040-SR	Y - Yourself			S - Spouse	
1 Wages, salaries, tips, etc.....	1	47,086	00	1	147,461	00
2 Taxable interest income .....	2b		00	2		00
3 Dividend income .....	3b	2,765	00	3		00
4 State and local income tax refunds (from Schedule 1, Part 1) .....	1		00	4		00
5 Alimony received (from Schedule 1, Part 1).....	2a		00	5		00
6 Business income or (loss) (from Schedule 1, Part 1).....	3		00	6		00
7 Capital gain or (loss) .....	6	108,781	00	7	108,781	00
8 Other gains or (losses) (from Schedule 1, Part 1) .....	4		00	8		00
9 Taxable IRA distributions .....	4b		00	9		00
10 Taxable pensions and annuities.....	4d		00	10		00
11 Rents, royalties, partnerships, S corporations, trusts, etc. (from Schedule 1, Part 1) ..	5	1	00	11		00
12 Farm income or (loss) (from Schedule 1, Part 1) .....	6		00	12		00
13 Unemployment compensation (from Schedule 1, Part 1).....	7		00	13		00
14 Taxable social security benefits .....	5b		00	14		00
15 Other income (from Schedule 1, Part 1) .....	8	9	00	15		00
16 Total (add Lines 1 through 15) .....		158,642	00	16	256,242	00
17 Less: federal adjustments to income (from Schedule 1, Part 2)....	22		00	17		00
18 Federal adjusted gross income (Line 16 less Line 17) Enter amounts here and on Lines 1Y and 1S, Form <b>MO-1040</b> .....	8b	158,642	00	18	256,242	00



Missouri Department of Revenue  
**2019 Individual Income Tax Adjustments**

Department Use Only  
(MM/DD/YY)

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Attach to Form MO-1040. Attach your federal return. See instructions to assist you in completing this form.

Name	Social Security Number			Spouse's Social Security Number							
	270	-	13	-	2247	895	-	37	-	3114	
	First Name		M.I.	Last Name		First Name		M.I.	Last Name		
	ARUN			AGRAWAL				ROOPALI			MITTAL

Additions		Yourself (Y)		Spouse (S)			
1	Interest on state and local obligations other than Missouri source	1Y		00	1S		00
2	<input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> S Corporation <input type="checkbox"/> Business Interest						
	<input type="checkbox"/> Net Operating Loss (Carryback/Carryforward)						
	<input type="checkbox"/> Other (description) <input type="text"/>	2Y		00	2S		00
3	Nonqualified distribution received from a qualified 529 plan (education savings program) not used for qualified expenses...	3Y		00	3S		00
4	Food Pantry contributions included on Federal Schedule A.....	4Y		00	4S		00
5	Nonresident Property Tax.....	5Y		00	5S		00
6	Nonqualified distribution received from a qualified Achieving a Better Life Experience Program (ABLE) not used for qualified expenses.....	6Y		00	6S		00
7	Total Additions — Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2.....	7Y		00	7S		00
<b>Subtractions</b>							
8	Interest from exempt federal obligations included in federal adjusted gross income. Attach a detailed list or all Federal Form(s) 1099.....	8Y		00	8S		00
9	Any state income tax refund included in federal adjusted gross income.....	9Y		00	9S		00
10	<input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> S Corporation <input type="checkbox"/> Railroad Retirement Benefits <input type="checkbox"/> Military (nonresident)						
	<input type="checkbox"/> Combat Pay <input type="checkbox"/> Build America and Recovery Zone Bond Interest <input type="checkbox"/> MO Public-Private Transportation Act						
	<input type="checkbox"/> Net Operating Loss <input type="checkbox"/> Federal Reserves Bank Interest <input type="checkbox"/> Business Interest						
	<input type="checkbox"/> Other (description) <input type="text"/>	10Y		00	10S		00
11	Exempt contributions made to a qualified 529 plan (education savings program).....	11Y		00	11S		00
12	Qualified Health Insurance Premiums — Attach the Qualified Health Insurance Premiums Worksheet (Form 5695) and supporting documentation.....	12Y		00	12S		00



19340011032



Part 1 Continued

13	Missouri depreciation adjustment ( <b>Section 143.121, RSMo</b> )	13Y		00	13S		00
	<input type="checkbox"/> Sold or disposed property previously taken as <input type="checkbox"/> addition modification.....						
14	Home Energy Audit Expenses - Attach the Home Energy Audit Expense ( <b>Form MO-HEA</b> ) .....	14Y		00	14S		00
15	Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE) .....	15Y		00	15S		00
16	Agriculture Disaster Relief .....	16Y		00	16S		00
17	Business Income Deduction- see worksheet .....	17Y		00	17S		00
18	Total Subtractions — Add Lines 8 through 17. Enter here and on Form MO-1040, Line 4. ....	18Y		00	18S		00

Part 2 - Missouri Itemized Deductions

Complete this section only if you itemize deductions on your federal return. Attach your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.							
1	Total federal itemized deductions from Federal Form 1040 or Federal Form 1040-SR, Line 9 .....	1	43,848	00			
2	2019 Social security tax — (Yourself) .....	2	3,838	00			
3	2019 Social security tax — (Spouse) .....	3	8,240	00			
4	2019 Railroad retirement tax — Tier I and Tier II (Yourself) .....	4		00			
5	2019 Railroad retirement tax — Tier I and Tier II (Spouse) .....	5		00			
6	2019 Medicare tax — Yourself and Spouse (see instructions) .....	6	3,509	00			
7	2019 Self-employment tax — (see instructions) .....	7		00			
8	Total — Add Lines 1 through 7 .....	8	59,435	00			
9	State and local income taxes — from Federal Schedule A, Line 5 or enter \$0 if completing worksheet below .....	9		00			
10	Earnings taxes included in Line 9 .....	10		00			
11	Net state income taxes — Subtract Line 10 from Line 9 or enter Line 7 from worksheet below .....	11	8,300	00			
12	Missouri Itemized Deductions — Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14 .....	12	51,135	00			

Part 2 Worksheet - Net State Income Taxes, Line 11

Complete this worksheet only if your total state and local taxes included in your federal itemized deductions (Federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate filers).							
1	Enter the sum of your state and local taxes on Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5d. ....	1	22,113	00			
2	State and local income taxes from Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5a. ....	2	18,451	00			
3	Earnings taxes included on Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5a. ....	3		00			
4	Subtract Line 3 from Line 2 .....	4	18,451	00			
5	Divide Line 4 by Line 1 .....	5	83	%			
6	Enter \$10,000 (\$5,000 if married filing separately) .....	6	10,000	00			
7	Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 11, above .....	7	8,300	00			



2019  
Form 511EF

See instructions on Page 2 to determine if you are required to send Form 511EF to the OTC.

Your first name and middle initial	Last name
ARUN	AGRAWAL
If a joint return, spouse's first name and middle initial	Last name
ROOPALI	MITTAL
Mailing address (number and street, including apartment number, rural route or PO Box)	
5105 FORUM BLVD	
City, State, ZIP	
COLUMBIA, MO 65203	

Your social security number 270-13-2247

Spouse's social security number 895-37-3114

Filing status 2Total number of exemptions 

4
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<b>1</b>	Oklahoma Adjusted Gross Income (511, Line 7) <b>or</b> Adjusted Gross Income: All Sources (511NR, Line 7) .....	<b>1</b>	414,884.	00
<b>2</b>	Oklahoma Income Tax and Use Tax (511, Line 22 or 511NR, Line 26) .....	<b>2</b>		00
<b>3</b>	Oklahoma Income Tax Payments and Credits (511, Line 33 or 511NR, Line 34) .....	<b>3</b>		00
<b>4</b>	Refund (511, Line 38 or 511NR, Line 39) .....	<b>4</b>		00
<b>5</b>	Balance Due (511, Line 43 or 511NR, Line 44) .....	<b>5</b>		00

For a balance due return with an electronic payment complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

**6a** ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2019 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

**6b** ☐ I authorize the Oklahoma State 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 Oklahoma taxes owed on this return and/or a payment of estimated tax. 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.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2019 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

<b>Sign Here:</b>	6/05/20		6/05/20
Your Signature	Date	Spouse's Signature (If joint return, both must sign)	Date

I declare I have reviewed the above taxpayer's return and the entries on Form 511EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2019). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use Only	TIMOTHY NELSON, CPA	6/05/20	P01879737
	ERO or Paid Preparer's Signature	Date	PTIN

**Paid Preparer Use Only**

Paid Preparer Signature	Date	PTIN
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Firm name (or yours if self-employed), L Myles Smith & Co  
3408 French Park Drive  
address and ZIP Edmond, OK 73034  
Phone number 4053592273

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## Instructions on Requirement to Mail or Retain this Form

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Most people do not mail Form 511EF or any documentation to the Oklahoma Tax Commission (OTC). For most taxpayers, electronic filing is a completely paperless process.

However, if your return contains any of the forms or supporting schedules shown in the table below, you are required to either mail the documentation to the OTC or send the documentation as a PDF attachment with your electronically filed return. If your software does not support PDF attachments, mail any items shown in the table below along with the Form 511EF to the address shown at the bottom of this form.

If you are mailing the documentation, mail with Form 511EF as a cover page. **Do not mail** your Oklahoma tax return (Form 511 or 511NR), your Federal return (Form 1040) or withholding statements (W-2, W-2G or 1099s).

Form	Description
Form OW-8-P-SUP-I	Annualized Income Installment Method for Individuals
Form 511-NOL or 511NR-NOL	Oklahoma Net Operating Loss
Form 573	Farm Income Averaging
FTAC's Form	Oklahoma Volunteer Firefighter Tax Credit
	Include a copy of other state's income tax return if Form 511TX is filed.
	Include any Oklahoma statements containing additional information as required by the instructions in the 511 or 511NR Packet.

**NOTE: Do not enclose a payment with this form.** If you need to make a payment, use Form 511-V "Oklahoma Income Tax Payment Voucher" and mail to the address on the payment voucher or make your payment electronically. For electronic payment options visit our website ([www.tax.ok.gov](http://www.tax.ok.gov)).

**Do not mail your Oklahoma tax return (Form 511 or 511NR), your Federal return (Form 1040), or withholding statements (W-2, W-2G or 1099s).**

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If no additional forms or documentation are required for your electronically filed return, do not mail Form 511EF. Retain for your records.

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If you are required to mail documentation and Form 511EF to the OTC, mail to:

**Oklahoma Tax Commission  
Income Tax  
Post Office Box 26800  
Oklahoma City, OK 73126-0800**



# Oklahoma Nonresident/ Part-Year Income Tax Return

Your Social Security Number <b>270-13-2247</b>	Place an 'X' in this box if this taxpayer is deceased <input type="checkbox"/>	<b>AMENDED RETURN!</b> Place an 'X' in this box if this is an amended 511NR. See Schedule 511NR-H. <input type="checkbox"/>
Spouse's Social Security Number (joint return only) <b>895-37-3114</b>	Place an 'X' in this box if this taxpayer is deceased <input type="checkbox"/>	

Name and Address Please Print or Type	Your first name <b>ARUN</b>	Middle initial	Last name <b>AGRAWAL</b>
	If a joint return, spouse's first name <b>ROOPALI</b>	Middle initial	Last name <b>MITTAL</b>
	Mailing address (number and street, including apartment no., rural route or PO Box) <b>5105 FORUM BLVD</b>		
	City <b>COLUMBIA</b>	State <b>MO</b>	ZIP <b>65203</b>

## Not Required to File

Place an 'X' in this box if you are a nonresident whose gross income from Oklahoma sources is less than \$1,000. (see instructions). ☐

\* NOTE: If claiming Special Exemption, see instructions on page 8 of 511NR Packet.

Exemptions	Regular			*Special	Blind			
	1	+		+		1	(a)	
	1	+		+		1	(b)	
	Number of dependents					2	(c)	
	Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:					4		

Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

Filing Status	1 <input type="checkbox"/> Single
	2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income)
	3 <input type="checkbox"/> Married filing separate • If spouse is also filing, list name and SSN in the boxes: Name: _____ SSN: _____
	4 <input type="checkbox"/> Head of household with qualifying person
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child • Please list the year spouse died in box at right: _____

Residency Status	<input checked="" type="checkbox"/> Nonresident(s) State of Residence: <b>MO</b>
	<input type="checkbox"/> Part-Year Resident(s) From _____ to _____
	<input type="checkbox"/> Resident/Part-Year Resident/Nonresident State of Residence: Yourself _____ Spouse _____

Age 65 OR Over? (Please see instructions)	<input type="checkbox"/> Yourself	<input type="checkbox"/> Spouse
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Complete Schedule 511NR-1 "Income Allocation for Nonresidents and Part-Year Residents" to arrive at Oklahoma Source Income (line 1) and Federal adjusted gross income (line 2).

Please Round to Nearest Whole Dollar

	Federal Amount	Oklahoma Amount
1 Oklahoma source income (Schedule 511NR-1, line 18)		1 1.00
2 Federal adjusted gross income (Schedule 511NR-1, line 19)	414,884.00	2
3 Oklahoma additions: Schedule 511NR-A, line 8	.00	3 .00
4 Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3)	414,884.00	4 1.00
5 Oklahoma subtractions: Schedule 511NR-B, line 17	.00	5 .00
6 Adjusted gross income: Oklahoma Source (line 4 minus line 5)		6 1.00
7 Adjusted gross income: All Sources (line 4 minus line 5) Also enter on line 8	414,884.00	7
8 Adjusted gross income: All Sources (from line 7)		8 414,884.00
9 Oklahoma Adjustments (Schedule 511NR-C, line 7)		9 .00
10 Income after adjustments (line 8 minus line 9)		10 414,884.00
11 Oklahoma itemized deductions (Schedule 511NR-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350)		11 17,000.00
12 Exemptions: Enter the total number of exemptions claimed above <b>4</b> X \$1,000		12 4,000.00
13 Total deductions and exemptions (add lines 11 and 12)		13 21,000.00
14 Oklahoma Taxable Income: (line 10 minus line 13)		14 393,884.00
15 (a) Oklahoma Income Tax from Tax Table or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 15	19,339.00	15a
(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 15	.00	15b
Oklahoma Income Tax (line 15a plus line 15b)		15 19,339.00
16 Oklahoma child care/child tax credit (see instructions)		16 .00
17 Subtract line 16 from line 15 (This is your tax base) (Do not enter less than zero)		17 19,339.00

**STOP AND READ:** If line 7 is equal to or larger than line 2, complete line 16. If line 7 is smaller than line 2, see Schedule 511NR-E.



## 2019 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 2

Name(s) shown on Form 511NR: <b>ARUN AGRAWAL AND ROOPALI MITTAL</b>		Your Social Security Number: <b>270-13-2247</b>	
<b>18</b>	Amount from line 17 on page 1	<b>18</b>	19,339.00
<b>19</b>	Tax percentage: <b>Oklahoma Amount</b> (from line 6) <b>a)</b> <u>1.</u> ÷ <b>Federal Amount</b> (from line 7) <b>b)</b> <u>414,884.</u>	<b>19</b>	%
<b>20</b>	<b>Oklahoma Income Tax.</b> Multiply line 18 by line 19 If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "1" in box. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "2" in the box) <span style="float: right;"><input type="checkbox"/></span>	<b>20</b>	.00
<b>21</b>	Oklahoma earned income credit (Sch. 511NR-F, line 4)	<b>21</b>	.00
<b>22</b>	Credit for taxes paid to another state (provide Form 511TX) nonresidents do not qualify	<b>22</b>	.00
<b>23</b>	Form 511CR - Other Credits Form - List 511CR line number claimed here: <span style="float: right;"><input type="checkbox"/></span>	<b>23</b>	.00
<b>24</b>	Line 20 minus lines 21, 22 and 23 <b>(Do not enter less than zero)</b>	<b>24</b>	.00
<b>25</b>	Use tax due on Internet, mail order, or other out-of-state purchases while living in Oklahoma. If you certify that no use tax is due, place an 'X' here: <span style="float: right;"><input type="checkbox"/></span>	<b>25</b>	.00
<b>26</b>	Balance (add lines 24 and 25)	<b>26</b>	.00
<b>27</b>	Oklahoma withholding (provide W-2s, 1099s or withholding statement)	<b>27</b>	.00
<b>28</b>	2019 Oklahoma estimated tax payments If you are a qualified farmer, place an 'X' here: <span style="float: right;"><input type="checkbox"/></span>	<b>28</b>	.00
<b>29</b>	2019 payment with extension	<b>29</b>	.00
<b>30</b>	Credits from Form <b>a)</b> <input type="checkbox"/> 577 <b>b)</b> <input type="checkbox"/> 578	<b>30</b>	.00
<b>31</b>	Amount paid with original return plus additional paid after it was filed (amended return only)	<b>31</b>	.00
<b>32</b>	<b>Payments and credits</b> (add lines 27-31)	<b>32</b>	.00
<b>33</b>	Overpayment, if any, as shown on original return and/or prior amended return(s) or as previously adjusted by Oklahoma (amended return only)	<b>33</b>	.00
<b>34</b>	<b>Total payments and credits</b> (line 32 minus line 33)	<b>34</b>	.00
<b>35</b>	If line 34 is more than line 26, subtract line 26 from line 34. This is your <b>overpayment</b>	<b>35</b>	.00
<b>36</b>	Amount of line 35 to be applied to 2020 estimated tax (original return only) (see page 4 of 511NR Packet for further information) <span style="float: right;"><input type="checkbox"/></span>	<b>36</b>	.00

Schedule 511NR-G provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from Schedule 511NR-G in the box. If you give to more than one organization, put a "99" in the box. Provide Schedule 511NR-G ☐

<b>37</b>	Donations from your refund (total from Schedule 511NR-G)	<b>37</b>	.00
<b>38</b>	Total deductions from refund (add lines 36 and 37)	<b>38</b>	.00
<b>39</b>	Amount to be <b>refunded</b> (line 35 minus line 38)	<b>39</b>	.00

<b>Direct Deposit Note:</b> Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card. See the 511NR Packet for direct deposit and debit card information.	Is this refund going to or through an account that is located outside of the United States? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>Deposit my refund in my:</b> <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <b>Routing Number:</b> <input style="width: 150px;" type="text"/> <b>Account Number:</b> <input style="width: 150px;" type="text"/>
---	--

<b>40</b>	If line 26 is more than line 34, subtract line 34 from line 26. This is your <b>tax due</b>	<b>40</b>	.00
<b>41</b>	<b>a) Donation: Support the Oklahoma General Revenue Fund (original return only)</b>	<b>41a</b>	.00
<b>41b</b>	<b>b) Donation: Public School Classroom Support Fund (original return only)</b>	<b>41b</b>	.00
<b>42</b>	Underpayment of estimated tax interest (annualized installment method <span style="float: right;"><input type="checkbox"/></span> )	<b>42</b>	.00
<b>43</b>	<b>For delinquent payment</b> add penalty of 5% <span style="float: right;">\$</span> <span style="float: right;"><input type="text"/></span> plus interest of 1.25% per month <span style="float: right;">\$</span> <span style="float: right;"><input type="text"/></span>	<b>43</b>	.00
<b>44</b>	<b>Total tax, donation, penalty and interest</b> (add lines 40-43)	<b>44</b>	0.00

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief.

Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. ☒

Taxpayer's signature <span style="float: right;">Date</span>  Taxpayer's occupation <b>PHYSICIAN</b> Daytime Phone Number (optional)	Spouse's signature <span style="float: right;">Date</span>  Spouse's occupation <b>PHYSICIAN</b>	Paid Preparer's signature <span style="float: right;">Date</span> <b>TIMOTHY NELSON, CPA 6/16/20</b> Paid Preparer's address and phone number <b>4053592273</b> <b>L Myles Smith &amp; Co</b> <b>3408 French Park Drive</b> <b>Edmond, OK 73034</b> Paid Preparer's PTIN <b>P01879737</b>
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**A COPY OF FEDERAL RETURN  
MUST BE PROVIDED.**

**Please remit to: Oklahoma Tax Commission, P.O. Box 26800, Oklahoma City, OK 73126-0800**  
 The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

OKIA0912L 11/04/19



Name(s) shown on Form 511NR: ARUN AGRAWAL AND ROOPALI MITTAL

Your Social Security Number: 270-13-2247

## Schedule 511NR-1: Income Allocation for Nonresidents and Part-Year Residents

Lines 1-19: In the Federal column, enter the amounts from your Federal tax return. See the instructions to figure the amounts to report in the Oklahoma column.

	Federal Amount	Oklahoma Amount
1 Wages, salaries, tips, etc. ....	194,547.00	1 .00
2 Taxable interest income. ....	.00	2 .00
3 Dividend income. ....	2,765.00	3 .00
4 Taxable IRA distribution. ....	.00	4 .00
5 Taxable pensions and annuities. ....	.00	5 .00
6 Taxable Social Security benefits (also enter on line 2 of Schedule 511NR-B). ....	.00	6 .00
7 Capital gains or losses (Federal Schedule D). ....	217,562.00	7 .00
8 Taxable refunds (state income tax). ....	.00	8 .00
9 Alimony received. ....	.00	9 .00
10 Business income or (loss) (Federal Schedule C). ....	.00	10 .00
11 Other gains or losses (Federal Form 4797). ....	.00	11 .00
12 Rental real estate, royalties, partnerships, etc. ....	1.00	12 1.00
13 Farm income or (loss). ....	.00	13 .00
14 Unemployment compensation. ....	.00	14 .00
15 Other income (identify: INTERACTIVE BROKERS )	9.00	15 .00
16 Add lines 1 through 15. ....	414,884.00	16 1.00
17 Total Federal adjustments to income (identify: )	.00	17 .00
18 Oklahoma source income (line 16 minus line 17) Enter here and on page 1, line 1. ....		18 1.00
19 Federal adjusted gross income (line 16 minus line 17) Enter here and on page 1, line 2. ....	414,884.00	19

## SCHEDULE 511NR-A:Oklahoma Additions

See instructions for details on qualifications and required documents.

	Federal Amount	Oklahoma Amount
1 State and municipal bond interest. ....	.00	1 .00
2 Lump sum distributions (not included in your Federal AGI). ....	.00	2 .00
3 Federal net operating loss. ....	.00	3 .00
4 Recapture depletion claimed on a lease bonus or add back of excess Federal depletion. ....	.00	4 .00
5 Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s). ....	.00	5 .00
6 Oklahoma loss distributed by an electing PTE. ....	.00	6 .00
7 Miscellaneous: Other additions. (enter number in box for the type of addition <input type="text"/> )	.00	7 .00
8 Total additions (add lines 1-7, enter total here and on line 3 of Form 511NR). ....	.00	8 .00



Name(s) shown on Form 511NR: <b>ARUN AGRAWAL AND ROOPALI MITTAL</b>	Your Social Security Number: <b>270-13-2247</b>
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## Schedule 511NR-D: Oklahoma Itemized Deductions

If you claimed itemized deductions on your Federal return, you must claim Oklahoma Itemized Deductions.

<b>1</b>	Federal itemized deductions from Federal Sch. A, line 17.....	<b>1</b>	43,848.00
<b>2</b>	State and local sales or income taxes from Federal Sch. A, line 5a (If Federal Sch A, line 5e is limited, enter that portion of Federal Sch A, line 5a included in line 5e).....	<b>2</b>	8,344.00
<b>3</b>	Line 1 minus line 2 .....	<b>3</b>	35,504.00
<b>4</b>	Medical and Dental expenses from Federal Sch. A, line 4.....	<b>4</b>	.00
<b>5</b>	Gifts to Charity from Federal Sch. A, line 14.....	<b>5</b>	.00
<b>6</b>	Line 3 minus lines 4 and 5 .....	<b>6</b>	35,504.00
<b>7</b>	Is line 6 more than \$17,000?		
	<input checked="" type="checkbox"/> YES. Your itemized deductions are limited. Complete lines 9-11. <input type="checkbox"/> NO. Your itemized deductions are not limited. Skip lines 9 & 10. Go to line 11.		
<b>8</b>	Maximum amount allowed for itemized deductions. (exception, lines 9 & 10).....	<b>8</b>	17,000.00
<b>9</b>	Medical and Dental expenses from Federal Sch. A, line 4 .....	<b>9</b>	.00
<b>10</b>	Gifts to Charity from Federal Sch. A, line 14.....	<b>10</b>	.00
<b>11</b>	<b>Oklahoma Itemized Deductions</b> If you responded YES on line 7: Add lines 8, 9 and 10 If you responded NO on line 7: enter the amount from line 3. ....		
		<b>11</b>	17,000.00

Enter your Oklahoma Itemized Deductions on line 11 of Form 511NR.

<h2 style="margin: 0;">Schedule 511NR-E: Child Care/Child Tax Credit</h2>	See instructions for details on qualifications and required documents.
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If your Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credit for child care expenses or the child tax credit on your Federal return, then as a resident, part-year resident or nonresident military, you are allowed a credit against your Oklahoma tax. Your Oklahoma credit is the **greater** of:

- 20% of the credit for child care expenses allowed by the IRS Code. Your allowed Federal credit cannot exceed the amount of your Federal tax reported on your Federal return, **OR**
- 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundable child tax credit and the refundable additional child tax credit.

The credit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income. If your Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy of your Federal return and, if applicable, the Federal child care credit schedule.

<b>1</b>	Enter your Federal child <b>care</b> credit .....	<b>1</b>	.00
<b>2</b>	Multiply line 1 by 20%.....	<b>2</b>	.00
<b>3</b>	Enter your Federal child <b>tax</b> credit (total of child tax credit & additional child tax credit).....	<b>3</b>	.00
<b>4</b>	Multiply line 3 by 5% .....	<b>4</b>	.00
<b>5</b>	Enter the larger of line 2 or line 4.....	<b>5</b>	.00
<b>6</b>	Divide the amount on line 7 of Form 511NR by the amount on line 2 of Form 511NR <div style="display: flex; align-items: center; justify-content: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 150px; height: 25px; margin-right: 10px;"></div> <div style="font-size: 24px; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 25px; margin-right: 10px;"></div> </div> Enter the percentage from the above calculation here ( <b>do not enter more than 100%</b> ) .....		
		<b>6</b>	%
<b>7</b>	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit. Enter total here and on line 16 of Form 511NR.....	<b>7</b>	.00

**2019 TAX RETURN**

Client Copy

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**Date:** June 16, 2020

**Comments:**

**Route to:** \_\_\_\_\_