

# Electronic Filing Instructions for your 2020 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Geno S Kedzierski & Tsetsegmaa Bayarsaikhan  
3424 Salem Walk, Apt. A1  
Northbrook, IL 60062

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$2,246.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 939236597 Routing Transit Number: 071000013.
<b>When Will You Get Your Refund?</b>	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2021. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.
<b>What You Need to Mail</b>	Form 8453   What is this form?   This is the form you will use to send any required forms or supporting documentation to the IRS.     When should I mail the form?   Mail Form 8453 promptly after your return is accepted with attached forms and supporting documents listed on Form 8453.   Attach the following items to Form 8453: Form 8949 or an acceptable Continuation Sheet for Schedule D.     Mail Form 8453 to:   Internal Revenue Service   Attn: Shipping and Receiving, 0254   Receipt and Control Branch   Austin, TX 73344-0254     Don't forget correct postage on the envelope.
<b>Do Not Mail</b>	Do not mail a paper copy of your tax return. Since you filed electronically, the Internal Revenue Service already has your return.
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form)   Printed copy of Form 8453 and attachment(s)   Printed copy of your federal return

Electronic Filing Instructions for your 2020 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Geno S Kedzierski & Tsetsegmaa Bayarsaikhan  
3424 Salem Walk, Apt. A1  
Northbrook , IL 60062

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<b>2020</b>		Adjusted Gross Income	\$	68,838.00
<b>Federal</b>		Taxable Income	\$	43,960.00
<b>Tax</b>		Total Tax	\$	4,876.00
<b>Return</b>		Total Payments/Credits	\$	7,122.00
<b>Summary</b>		Amount to be Refunded	\$	2,246.00
		Effective Tax Rate		7.08%

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**U.S. Individual Income Tax Transmittal for an IRS e-file Return**

For the year January 1–December 31, 2020

► See instructions on back.

► Go to [www.irs.gov/Form8453](http://www.irs.gov/Form8453) for the latest information.

OMB No. 1545-0074

**2020**

Please  
print or  
type.

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Your first name and initial

**Geno S**

Last name

**Kedzierski**

Your social security number

**260-71-4530**

If a joint return, spouse's first name and initial

**Tsetsegmaa**

Last name

**Bayarsaikhan**

Spouse's social security number

**860-49-7498**

Home address (number and street). If you have a P.O. box, see instructions.

**3424 Salem Walk**

Apt. no.

**A1**

City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.)

**Northbrook IL 60062**

Foreign country name

Foreign province/state/county

Foreign postal code



**Important!**  
You **must** enter  
your SSN(s) above.



**FILE THIS FORM ONLY IF YOU ARE ATTACHING ONE OR MORE  
OF THE FOLLOWING FORMS OR SUPPORTING DOCUMENTS.**

**Check the applicable box(es) to identify the attachments.**

- ☐ Form 1098-C, Contributions of Motor Vehicles, Boats, and Airplanes (or equivalent contemporaneous written acknowledgement)
- ☐ Form 2848, Power of Attorney and Declaration of Representative (or POA that states the agent is granted authority to sign the return)
- ☐ Form 3115, Application for Change in Accounting Method
- ☐ Form 3468 - attach a copy of the first page of NPS Form 10-168, Historic Preservation Certification Application (Part 2—Description of Rehabilitation), with an indication that it was received by the Department of the Interior or the State Historic Preservation Officer, together with proof that the building is a certified historic structure (or that such status has been requested)
- ☐ Form 4136 - attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- ☐ Form 5713, International Boycott Report
- ☐ Form 8283, Noncash Charitable Contributions, Section A (if any statement or qualified appraisal is required), or Section B, Donated Property, and any related attachments (including any qualified appraisal or partnership Form 8283)
- ☐ Form 8332, Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent (or certain pages from a divorce decree or separation agreement that went into effect after 1984 and before 2009) (see instructions)
- ☐ Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
- ☐ Form 8864 - attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the reseller
- ☐ Form 8885, Health Coverage Tax Credit, and all required attachments
- ☒ Form 8949, Sales and Other Dispositions of Capital Assets (or a statement with the same information), if you elect not to report your transactions electronically on Form 8949

**DON'T SIGN THIS FORM.**

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

REV 02/15/21 TTMac Form **8453** (2020)

Mail Form 8453 and any required attachments to:  
Internal Revenue Service  
Attn: Shipping and Receiving, 0254  
Receipt and Control Branch  
Austin, TX 73344-0254

**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 your 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>Geno S</b>		Last name <b>Kedzierski</b>		Your social security number <b>260-71-4530</b>	
If joint return, spouse's first name and middle initial <b>Tsetsegmaa</b>		Last name <b>Bayarsaikhan</b>		Spouse's social security number <b>860-49-7498</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>3424 Salem Walk</b>				Apt. no. <b>A1</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. If you have a foreign address, also complete spaces below. <b>Northbrook</b>			State <b>IL</b>	ZIP code <b>60062</b>	
Foreign country name		Foreign province/state/county		Foreign postal code	

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

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

**Age/Blindness** **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	<b>65,677.</b>
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2b</b>	<b>168.</b>
	<b>3a</b>	Qualified dividends . . . . . <b>12.</b>	<b>3b</b>	<b>30.</b>
	<b>4a</b>	IRA distributions . . . . .	<b>4b</b>	
<b>Standard Deduction for—</b> <ul style="list-style-type: none"><li>• Single or Married filing separately, \$12,400</li><li>• Married filing jointly or Qualifying widow(er), \$24,800</li><li>• Head of household, \$18,650</li><li>• If you checked any box under <i>Standard Deduction</i>, see instructions.</li></ul>	<b>5a</b>	Pensions and annuities . . . . .	<b>5b</b>	<b>Taxable amount . . . . .</b>
	<b>6a</b>	Social security benefits . . . . .	<b>6b</b>	<b>Taxable amount . . . . .</b>
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	<b>2,575.</b>
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .	<b>8</b>	<b>388.</b>
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	<b>68,838.</b>
	<b>10</b>	Adjustments to income:		
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>	
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>	
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	<b>68,838.</b>
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	<b>24,800.</b>
	<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>	<b>78.</b>
	<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>	<b>24,878.</b>
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	<b>43,960.</b>

<b>16</b>	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	4,876.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	4,876.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	4,876.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	4,876.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	4,722.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	4,722.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <span style="float: right;">No</span>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	2,400.
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	2,400.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	7,122.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,246.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,246.
Direct deposit? See instructions.	<b>b</b> Routing number 071000013 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 939236597		
	<b>36</b> Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
For details on how to pay, see instructions.	<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)
<b>Sign Here</b>	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
			<b>Driver</b>
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation
			<b>Unemployed</b>
	Phone no.	Email address	
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date
	Firm's name <b>Self-Prepared</b>	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's address	Phone no.	Firm's EIN

**SCHEDULE 1**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

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

Geno S Kedzierski &amp; Tsetsegmaa Bayarsaikhan

Your social security number

260-71-4530

**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>	388.
<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>	0.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	388.

**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 deduction. 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, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	

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

BAA

REV 02/15/21 TTMac

Schedule 1 (Form 1040) 2020

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

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

► Go to [www.irs.gov/ScheduleC](http://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.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **09**

Name of proprietor <b>Geno S Kedzierski</b>		Social security number (SSN) <b>260-71-4530</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Delivery</b>	<b>B</b> Enter code from instructions ► <b>4 9 2 0 0 0</b>	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.) 	
<b>E</b> Business address (including suite or room no.) ► <b>3424 Salem Walk, Apt. A1</b> City, town or post office, state, and ZIP code <b>Northbrook, IL 60062</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2020, check here . . . . . <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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>910.</b>
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>910.</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>910.</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>910.</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>690.</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 instructions):			<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>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
			<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	
			<b>b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .			<b>28</b>		<b>690.</b>
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .			<b>29</b>		<b>220.</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>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), line 3</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>220.</b>
<b>32</b> 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 <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b> <input type="checkbox"/> All investment is at risk. <b>32b</b> <input type="checkbox"/> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<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.

<b>43</b>	When did you place your vehicle in service for business purposes? (month/day/year)    ► 07/01/2020
<b>44</b>	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:
<b>a</b>	Business    1,200 <b>b</b> Commuting (see instructions)    600 <b>c</b> Other    0
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</b>	If "Yes," is the evidence written? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

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

<b>48</b>	<b>Total other expenses.</b> Enter here and on line 27a . . . . . <b>48</b>



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

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

► Go to [www.irs.gov/ScheduleC](http://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.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **09**

Name of proprietor <b>Tsetsegmaa Bayarsaikhan</b>		Social security number (SSN) <b>860-49-7498</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Delivery</b>	<b>B</b> Enter code from instructions ► <b>4 9 2 0 0 0</b>	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.) 	
<b>E</b> Business address (including suite or room no.) ► <b>3424 Salem Walk, Apt. A1</b> City, town or post office, state, and ZIP code <b>Northbrook, IL 60062</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>H</b> If you started or acquired this business during 2020, check here . . . . . <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

**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>1,721.</b>
<b>2</b>	Returns and allowances . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>1,721.</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>1,721.</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>1,721.</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>1,553.</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>	Depreciation . . . . .	<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 instructions):			<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>26</b>	Wages (less employment credits) . . . . .	<b>26</b>	
				<b>27a</b>	Other expenses (from line 48) . . . . .	<b>27a</b>	
				<b>b</b>	<b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>28</b>	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .			<b>28</b>	<b>1,553.</b>		
<b>29</b>	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .			<b>29</b>	<b>168.</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>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), line 3</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>168.</b>		
<b>32</b>	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 <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.						
				<b>32a</b>	<input checked="" type="checkbox"/> All investment is at risk.		
				<b>32b</b>	<input type="checkbox"/> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<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.

<b>43</b>	When did you place your vehicle in service for business purposes? (month/day/year)    ► 07/01/2020
<b>44</b>	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:
<b>a</b>	Business    2,700 <b>b</b> Commuting (see instructions)    500 <b>c</b> Other    0
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</b>	If "Yes," is the evidence written? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

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

<b>48</b>	<b>Total other expenses.</b> Enter here and on line 27a . . . . . <b>48</b>

**SCHEDULE D**  
**(Form 1040)**

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

**2020**

Attachment  
Sequence No. **12**

Name(s) shown on return

Geno S Kedzierski & Tsetsemaa Bayarsaikhan

Your social security number

260-71-4530

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

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

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	2,578.	3.	0.	2,575.
<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> 2,575.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

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

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

BAA

REV 02/15/21 TTMac

Schedule D (Form 1040) 2020

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	2,575.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. 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, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ►	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ►	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <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 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <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.	<b>21</b>	( )
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <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 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

**Sales and Other Dispositions of Capital Assets**

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Geno S Kedzierski &amp; Tsetsegmaa Bayarsaikhan

Social security number or taxpayer identification number

260-71-4530

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	See attached statement			2,578.	3.	M	0.	2,575.
<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) ►				2,578.	3.		0.	2,575.

**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. Do not enter name and social security number if shown on other side.

Geno S Kedzierski &amp; Tsetsegmaa Bayarsaikhan

Your social security number

260-71-4530

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

**Part II** **Income or Loss From Partnerships and S Corporations** – **Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

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

<b>28</b>	(a) Name	(b) Enter <b>P</b> for partnership; <b>S</b> for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
<b>A</b>	Enterprise Products Partners L.P.	P	<input type="checkbox"/>	76-0568219	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>B</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>		
(g) Passive loss allowed (attach <b>Form 8582</b> if required)	(h) Passive income from <b>Schedule K-1</b>	(i) Nonpassive loss allowed (see <b>Schedule K-1</b> )	(j) Section 179 expense deduction from <b>Form 4562</b>	(k) Nonpassive income from <b>Schedule K-1</b>
<b>A</b>				0.
<b>B</b>				
<b>C</b>				
<b>D</b>				
<b>29a</b> Totals				0.
<b>b</b> Totals				
<b>30</b> Add columns (h) and (k) of line 29a. . . . .			<b>30</b>	0.
<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>	0.

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

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

<b>Passive Income and Loss</b>		<b>Nonpassive Income and Loss</b>	
(c) Passive deduction or loss allowed (attach <b>Form 8582</b> if required)	(d) Passive income from <b>Schedule K-1</b>	(e) Deduction or loss from <b>Schedule K-1</b>	(f) Other income from <b>Schedule K-1</b>
<b>A</b>			
<b>B</b>			
<b>34a</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>	(a) Name	(b) Employer identification number	(c) Excess inclusion from <b>Schedules Q</b> , line 2c (see instructions)	(d) Taxable income (net loss) from <b>Schedules Q</b> , line 1b	(e) Income from <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), line 5 ▶	<b>41</b>	0.
<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 AD; 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>	

**Qualified Business Income Deduction  
Simplified Computation**

► Attach to your tax return.

► Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.**2020**Attachment  
Sequence No. **55**

Name(s) shown on return

Geno S Kedzierski &amp; Tsetsegmaa Bayarsaikhan

Your taxpayer identification number

260-71-4530

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Geno S Kedzierski	260-71-4530	220.
ii	Tsetsegmaa Bayarsaikhan	860-49-7498	168.
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	388.	
3	Qualified business net (loss) carryforward from the prior year	3	( )	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	388.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		78.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	1.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	1.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		78.
11	Taxable income before qualified business income deduction	11	44,038.	
12	Net capital gain (see instructions)	12	12.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	44,026.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		8,805.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ►	15		78.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	( 0. )	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	( 0. )	

# Tax History Report

► Keep for your records

2020

Name(s) Shown on Return

Geno S Kedzierski & Tsetsegmaa Bayarsaikhan

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status . . . . .		Single	Single	MFJ	MFJ
Total income . . . . .		1,601.	20,409.	36,418.	68,838.
Adjustments to income		74.	497.	499.	
Adjusted gross income		1,527.	19,912.	35,919.	68,838.
Tax expense . . . . .		21.	653.	1,670.	3,361.
Interest expense . . .					
Contributions . . . . .					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .		6,350.	12,000.	24,400.	24,800.
Exemption amount . .		4,050.	0.	0.	0.
QBI deduction . . . . .			1,308.	1,312.	78.
Taxable income . . . .		0.	6,604.	10,207.	43,960.
Tax . . . . .			663.	1,018.	4,876.
Alternative min tax . .					
Total credits . . . . .				216.	
Other taxes . . . . .		147.	994.	997.	
Payments . . . . .		169.	711.	1,797.	7,122.
Form 2210 penalty . .					
Amount owed . . . . .			946.	2.	
Applied to next year's estimated tax .					
Refund . . . . .		22.			2,246.
Effective tax rate % . .		-7.66	3.33	2.23	7.08
**Tax bracket % . . . .		10.0	10.0	10.0	12.0

\*\*Tax bracket % is based on Taxable income.



## IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$40.00 (the "RPS fee"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.  
The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://www.mymoney.gov).

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

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WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN  No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your debit card <sup>1</sup> .	Usually within 21 days <sup>2</sup>	\$40.00 <sup>3</sup>

<sup>1</sup>You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a debit card.

<sup>2</sup>However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

<sup>3</sup>This fee consists of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 4 of the Refund Processing Service Agreement for more details.

Questions? Call 877-908-7228

## We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax.

---

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2020 return to determine whether a portion of the refund can be used to pay for tax preparation.

Geno

First Name

Kedzierski

Last Name

Please type the date below:

02/17/2021

Date

Tsetsegmaa

Bayarsaikhan

02/17/2021

---

**Form 1099-NEC**  
**Nonemployee Compensation Worksheet**


**2020**

Name(s) Shown on Return  
Geno S Kedzierski

Social Security Number  
260-71-4530

**Payer's EIN** 46-2852392 **or SSN** \_\_\_\_\_  
**Payer's Name** . . . . . DoorDash, Inc  
**Account number (for your records only)**. . . . . \_\_\_\_\_

☐ **Spouse's 1099-NEC** ☐ **Do not transfer this 1099-NEC to next year**

**Box 1** Nonemployee compensation . . . . . 910.14  
Double click to link to: **Schedule C** . ▶ Delivery  
**Schedule F** . ▶ \_\_\_\_\_  
☐ Report on line 1 of Form 1040 or Form 1040-NR and Form 8919  
If checked, enter Reason Code for Form 8919 (see Help) . . . . . \_\_\_\_\_  
If Reason Code A or C, enter determination date . . . . . \_\_\_\_\_  
☐ Other Income  
☐ Back Wages from Lawsuit. Amount: \_\_\_\_\_ 

**Box 4** Federal income tax withheld . . . . . \_\_\_\_\_

**First state**  
**Box 5** State tax withheld . . . . . \_\_\_\_\_  
**Box 6** State . \_\_\_\_\_ Payer's state no.. . . . . \_\_\_\_\_  
**Box 7** State income. . . . . \_\_\_\_\_  
**Second state**  
**Box 5** State tax withheld . . . . . \_\_\_\_\_  
**Box 6** State . \_\_\_\_\_ Payer's state no.. . . . . \_\_\_\_\_  
**Box 7** State income. . . . . \_\_\_\_\_  
I confirm that the state withholding identification number(s) are accurate . . . . . ☐

FATCA filing requirement . . . . . ☐

**Additional Payer and Recipient Information**

**Payer's address and ZIP code**

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Foreign Country \_\_\_\_\_

**Recipient's address and ZIP code**

Transfer address from Federal Information Wks . ☐

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Foreign Country \_\_\_\_\_


**Form 1099-NEC**  
**Nonemployee Compensation Worksheet**

**2020**

Name(s) Shown on Return <u>Tsetsegmaa Bayarsaikhan</u>	Social Security Number <u>860-49-7498</u>
---	--

**Payer's EIN** 46-2852392 **or SSN** \_\_\_\_\_  
**Payer's Name** . . . . . DoorDash, Inc  
**Account number (for your records only)**. . . . . \_\_\_\_\_

☒ **Spouse's 1099-NEC** ☐ **Do not transfer this 1099-NEC to next year**

**Box 1** Nonemployee compensation . . . . . 1,720.82  
Double click to link to: [Schedule C . ► Delivery](#)  
[Schedule F . ►](#) \_\_\_\_\_  
☐ Report on line 1 of Form 1040 or Form 1040-NR and Form 8919  
If checked, enter Reason Code for Form 8919 (see Help) . . . . . \_\_\_\_\_  
If Reason Code A or C, enter determination date . . . . . \_\_\_\_\_  
☐ Other Income  
☐ Back Wages from Lawsuit. Amount: \_\_\_\_\_ 

**Box 4** Federal income tax withheld . . . . . \_\_\_\_\_

**First state**  
**Box 5** State tax withheld . . . . . \_\_\_\_\_  
**Box 6** State . \_\_\_\_\_ Payer's state no. . . . . \_\_\_\_\_  
**Box 7** State income. . . . . \_\_\_\_\_  
**Second state**  
**Box 5** State tax withheld . . . . . \_\_\_\_\_  
**Box 6** State . \_\_\_\_\_ Payer's state no. . . . . \_\_\_\_\_  
**Box 7** State income. . . . . \_\_\_\_\_  
I confirm that the state withholding identification number(s) are accurate . . . . . ☐

FATCA filing requirement . . . . . ☐

**Additional Payer and Recipient Information**

**Payer's address and ZIP code**

\_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Foreign Country \_\_\_\_\_

**Recipient's address and ZIP code**

Transfer address from Federal Information Wks . ☐  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Foreign Country \_\_\_\_\_

# Qualified Business Income Component Worksheet

2020

► Keep for your records

Name(s) Shown on Return Geno S Kedzierski & Tsetsemaa Bayarsaikhan	Social Security Number 260-71-4530
---	---------------------------------------

Aggregate trade or business name Geno S Kedzierski  
 Aggregate trade or business ID number (EIN) \_\_\_\_\_  
 Social Security Number of owner if no EIN available 260-71-4530  
 Reason for no EIN or SSN if none available \_\_\_\_\_

**For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.**

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.
Has this trade or business aggregation changed from the prior year? This includes changes due to a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

Business name	Tax ID	QBI	W2 wages	UBIA
Geno S Kedzierski		220.	0.	0.

- 1 Qualified business income (QBI) . . . . . 220.
- If using Simplified Worksheet, stop here.**
- 2 Taxable Income . . . . .
- 3 Threshold Amount. \$326,600 if MFJ, otherwise \$163,300 . . . . .
- 4 Subtract line 3 from line 2. If less than 0, enter 0. . . . .
- 5 Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000. . . . .
- 6 Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5.  
Otherwise, enter 1. . . . .
- 7 Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 . . . . .
- 8 Wages allocable to qualified business income. . . . .
- 9 Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable  
to qualified business income . . . . .
- Reductions for Specified Service Trades or Businesses**
- Check if Specified Service Trade or Business (SSTB) ☐
- 11 SSTB reduction to QBI . . . . .
- 12 SSTB reduction to allocable wages. . . . .
- 13 SSTB reduction to allocable UBIA . . . . .
- QBI, wages, and UBIA after applicable SSTB reductions**
- 14 Qualified business income . . . . .
- 15 Allocable wages . . . . .
- 16 Allocable UBIA . . . . .
- Tentative QBI component**
- 17 Adjustments for QBI losses . . . . .
- 18 Loss-adjusted QBI (line 14 plus line 17) . . . . .
- 19 Tentative QBI component before limitations (20% of line 18) . . . . .
- Wages and assets limits**
- 20 50% of W2 wages . . . . .
- 21 25% of W2 wages . . . . .
- 22 2.5% of UBIA . . . . .
- 23 Sum of 25% of W2 wages and 2.5% of UBIA . . . . .
- 24 Wage and Asset Limit. Larger of line 20 or line 23 . . . . .
- 25 Subtract wage/asset limit (line 24) from tentative QBI component (line 19)  
(But not less than 0) . . . . .
- 26 Reduction Amount. Multiply line 6 by line 25. . . . .
- 27 Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) . . . . .
- 28 Qualified payments from agricultural or horticultural coop . . . . .
- 29 Wages allocable to qualified payments from coop . . . . .
- 30 Patron reduction (lesser of 9% of line 28 or 50% of line 29) . . . . .
- Qualified business income component amount**
- 31 Subtract line 30 from line 27 . . . . .

# Qualified Business Income Component Worksheet

2020

► Keep for your records

Name(s) Shown on Return Geno S Kedzierski & Tsetsegmaa Bayarsaikhan	Social Security Number 260-71-4530
--	---------------------------------------

Aggregate trade or business name	Tsetsegmaa Bayarsaikhan
Aggregate trade or business ID number (EIN)	
Social Security Number of owner if no EIN available	860-49-7498
Reason for no EIN or SSN if none available	

**For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.**

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.
Has this trade or business aggregation changed from the prior year? This includes changes due to a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

Business name	Tax ID	QBI	W2 wages	UBIA
Tsetsegmaa Bayarsaikhan		168.	0.	0.

- 1 Qualified business income (QBI) . . . . . 168.
- If using Simplified Worksheet, stop here.**
- 2 Taxable Income . . . . .
- 3 Threshold Amount. \$326,600 if MFJ, otherwise \$163,300 . . . . .
- 4 Subtract line 3 from line 2. If less than 0, enter 0. . . . .
- 5 Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000. . . . .
- 6 Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5.  
Otherwise, enter 1. . . . .
- 7 Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 . . . . .
- 8 Wages allocable to qualified business income. . . . .
- 9 Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable  
to qualified business income . . . . .
- Reductions for Specified Service Trades or Businesses**
- Check if Specified Service Trade or Business (SSTB) ☐
- 11 SSTB reduction to QBI . . . . .
- 12 SSTB reduction to allocable wages. . . . .
- 13 SSTB reduction to allocable UBIA . . . . .
- QBI, wages, and UBIA after applicable SSTB reductions**
- 14 Qualified business income . . . . .
- 15 Allocable wages . . . . .
- 16 Allocable UBIA . . . . .
- Tentative QBI component**
- 17 Adjustments for QBI losses . . . . .
- 18 Loss-adjusted QBI (line 14 plus line 17) . . . . .
- 19 Tentative QBI component before limitations (20% of line 18) . . . . .
- Wages and assets limits**
- 20 50% of W2 wages . . . . .
- 21 25% of W2 wages . . . . .
- 22 2.5% of UBIA . . . . .
- 23 Sum of 25% of W2 wages and 2.5% of UBIA . . . . .
- 24 Wage and Asset Limit. Larger of line 20 or line 23 . . . . .
- 25 Subtract wage/asset limit (line 24) from tentative QBI component (line 19)  
(But not less than 0) . . . . .
- 26 Reduction Amount. Multiply line 6 by line 25. . . . .
- 27 Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) . . . . .
- 28 Qualified payments from agricultural or horticultural coop . . . . .
- 29 Wages allocable to qualified payments from coop . . . . .
- 30 Patron reduction (lesser of 9% of line 28 or 50% of line 29) . . . . .
- Qualified business income component amount**
- 31 Subtract line 30 from line 27 . . . . .

# Qualified Business Income Deduction Summary

2020

► Keep for your records

Name(s) Shown on Return	Social Security Number
Geno S Kedzierski & Tsetsegmaa Bayarsaikhan	260-71-4530

**QuickZoom** to QBI Component Worksheet . . . . . ► \_\_\_\_\_  
**QuickZoom** to Form 8995. . . . . ► \_\_\_\_\_  
**QuickZoom** to Form 8995-A . . . . . ► \_\_\_\_\_

<b>1</b>	Trade or business name	Net QBI
	Geno S Kedzierski	220.
	Tsetsegmaa Bayarsaikhan	168.

---

**2** Net qualified business income (QBI) from qualified trades or businesses . . . . . 388.  
**3** Loss from previous year . . . . .  
**4** Sum of activities with gains (only positive amounts from table on line 1) . . . . . 388.  
**5** Sum of activities with losses (only negative amounts from table on line 1) . . . . .

**6** Check if using Simplified Computation (Form 8995) ☒

**7** QBI component from Form 8995 line 5 or Form 8995A line 16 . . . . . 78.  
**8** QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6 . . . . . 0.

**9** Total REIT dividends . . . . . 1.  
**10** PTP Income from non-SSTBs . . . . .  
**11** PTP Income from SSTBs . . . . .  
**12** Allowed PTP Income from SSTBs . . . . .  
**13** Total Allowed PTP income (sum of line 10 and line 12) . . . . .  
**14** Carryover REIT/PTP losses from prior year . . . . .  
**15** Total REIT/PTP income . . . . . 1.  
**16** 20% of total REIT/PTP income . . . . . 0.  
**17** Disallowed REIT/PTP loss . . . . . 0.

**18** Combined QBI Amount (QBI component plus 20% of REIT/PTP income). . . . . 78.

**19** Taxable income before qualified business income deduction. . . . . 44,038.  
**20** Net capital gains . . . . . 12.  
**21** Taxable income minus net capital gains. If zero or less, enter -0- . . . . . 44,026.  
**22** 20% of taxable income minus net capital gains . . . . . 8,805.

**23** QBI deduction before DPAD. . . . . 78.  
*Lesser of Combined QBI Amount or 20% of taxable income minus cap gains*

**24** Section 199A(g) deduction for domestic production activities . . . . .

**25** **Total 199A (QBI) deduction** (sum of lines 23 and 24) . . . . . 78.



# Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2020

Line 16

► Keep for your records

Name(s) Shown on Return

Geno S Kedzierski & Tsetsegmaa Bayarsaikhan

Social Security Number

260-71-4530

1	Enter the amount from Form 1040 or 1040-SR, line 15. . . . .	1	43,960.
2	Enter the amount from Form 1040 or 1040-SR, line 3a . . . . .	2	12.
3	Are you filing Schedule D?		
	<input checked="" type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .		
	3 0.		
	<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040 or 1040-SR, line 7.		
4	Add lines 2 and 3 . . . . .	4	12.
5	Subtract line 4 from line 1. If zero or less, enter -0- . . . . .	5	43,948.
6	Enter:		
	\$40,000 if single or married filing separately,	}	6 80,000.
	\$80,000 if married filing jointly or qualifying widow(er),		
	\$53,600 if head of household.		
7	Enter the smaller of line 1 or line 6 . . . . .	7	43,960.
8	Enter the smaller of line 5 or line 7 . . . . .	8	43,948.
9	Subtract line 8 from line 7 (this amount taxed at 0%) . . . . .	9	12.
10	Enter the smaller of line 1 or line 4 . . . . .	10	12.
11	Enter the amount from line 9 . . . . .	11	12.
12	Subtract line 11 from line 10. . . . .	12	0.
13	Enter:		
	\$441,450 if single,	}	13 496,600.
	\$248,300 if married filing separately,		
	\$496,600 if married filing jointly or qualifying widow(er),		
	\$469,050 if head of household.		
14	Enter the smaller of line 1 or line 13 . . . . .	14	43,960.
15	Add lines 5 and 9 . . . . .	15	43,960.
16	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	16	0.
17	Enter the smaller of line 12 or line 16 . . . . .	17	0.
18	Multiply line 17 by 15% (0.15) . . . . .	18	0.
19	Add lines 9 and 17. . . . .	19	12.
20	Subtract line 19 from line 10 . . . . .	20	0.
21	Multiply line 20 by 20% (0.20) . . . . .	21	0.
22	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet. . . . .		
		22	4,876.
23	Add lines 18, 21, and 22 . . . . .	23	4,876.
24	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . .		
		24	4,882.
25	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16. . . . .		
		25	4,876.

## 2020

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Name(s) Shown on Return  
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**Name of reporting financial institution** ▶ No Financial Institution

**Acct Number . . . . .** ▶ **555074566**

Reporter's Tax ID . . . ▶

Owner of account . . . . . ►

Transactions were not reported to IRS . . . . . **X**

## Form 8949 Reporting Exception Transactions

*Any transactions that are eligible to be reported directly on Schedule D, bypassing Form 8949, may be summarized here.*

**Box A transactions to report directly on Sch D, Line 1a (short term)**

**Box D transactions to report directly on Sch D, Line 8a (long term)**

(Do **not** duplicate any transactions summarized above when making entries in the table below.)

Proceeds	Cost Basis

## Quick Entry Table

**If you have additional sale info to enter for a sale, double-click on any field in the table to QuickZoom to the associated Capital Gain (Loss) Adjustments Worksheet. (See field help for more details.)**

Sale#	Property Description												
8949 Box	Date Sold			Date Acquired			Sales Price (Proceeds)		Cost or Other Basis		Disallowed Wash Sale		
Adjustment Amount			Adjustment Code(s)			Holding Period		Basis Reported to IRS?		Reported on Form 1099B?			
1			No Financial Institution - see attached statement				Check here if this summarizes multiple sales. . . . . ▶						X
C							2,577.83		2.72				
			S			Yes		X No		Yes		X No	
For interview use only													
							Check here if this summarizes multiple sales. . . . . ▶						
						Yes		No		Yes		No	
For interview use only													
							Check here if this summarizes multiple sales. . . . . ▶						
						Yes		No		Yes		No	
For interview use only													
							Check here if this summarizes multiple sales. . . . . ▶						
						Yes		No		Yes		No	
For interview use only													
							Check here if this summarizes multiple sales. . . . . ▶						
						Yes		No		Yes		No	
For interview use only													

Sale(s) missing info?

## Sale Results for Form 8949

[illegible]

**Brokerage Statement (Form 1099-B or substitute) Summary Table**

*This table shows gains and losses by "8949 Box" (i.e. the Box to be checked on Form 8949) to assist in reconciling the transactions in the Quick Entry Table with the brokerage statement they may have been reported on. Note that individual sales are rounded off to the nearest dollar. As result, the various summarized values below may differ slightly from statement totals.*

8949 Box	Proceeds	Cost Basis	Gain/(Loss)	Adjustment Amt	Adj Gain/(Loss)	Code(s)
Box C	2,578.	3.	2,575.	0.	2,575.	M
Short term sales not reported to the IRS						
<b>Totals</b>	<b>2,578.</b>	<b>3.</b>	<b>2,575.</b>	<b>0.</b>	<b>2,575.</b>	

Total Federal Backup Withholding . . . . . \_\_\_\_\_

**State ID**

State Backup Withholding . . . . . \_\_\_\_\_

Total State Backup Withholding . . . . . \_\_\_\_\_

Total Collectible Gain . . . . . \_\_\_\_\_

Qualified Small Business (QSB) gain (Sec 1202)

	Total Gain	Excluded Gain	Net Gain
Maximum 50% exclusion gain . . . . . ▶			
Maximum 60% exclusion gain . . . . . ▶			
Maximum 75% exclusion gain . . . . . ▶			
Maximum 100% exclusion gain . . . . . ▶			

**PDF Attachment**

Taxpayer must mail in a statement with more details? . . . . . ☒ Yes ☐ No

*If yes, you'll need to submit a copy of your 1099-B to the IRS to provide documentation for some of the transactions on your sales summary.*

# Capital Gain (Loss) Adjustments Worksheet

► Keep for your records

2020

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## Part I Values for Form 8949

Click on any field in Part I to QuickZoom to its corresponding entry on the Form 1099-B Worksheet.

Form 8949 Box\* . . . C Description . See attached statement

Date Sold . . . . .		Date Acquired . . . . .	
Sales Price/Proceeds . . . . .	2,578.	Cost Basis . . . . .	3.
Adjustment Code(s) . . . . .	M	Adjustment Amount . . . . .	0.
Gain/(Loss) . . . . .	2,575.	Holding Period . . . . .	S

\*The fields above, other than **Adjustment Code(s)** and **Adjustment Amount**, will typically match their corresponding fields on the Form 1099-B Worksheet. See **Part I** in the help for this form for exceptions. (Form help can be accessed by right-clicking on any field above.)

**NOTE:** Cost Basis or Sales Price of more than \$9,999,999.99 can be entered in the fields above.

## Part II Manual Adjustments

For adjustments not entered in Part III, the adjustment code(s) and amount may be entered here. Do **not** duplicate code(s) or amounts entered elsewhere. Adjustments requiring entries on forms other than Form 8949 will require manual entries in Part IV, or in some cases, on the specific form.

Adjustment Code(s) . . . . . Adjustment Amount . . . . . 0.

☒ The cost basis and proceeds are totals from **multiple sales** (code **M**).

## Part III Specific Adjustments

☐ Form 1099-B reports an **incorrect basis** (code **B**). Corrected basis . . . . . ►  
☐ Check this box for employee stock sales requiring adjustments.  
**QuickZoom to Employee Stock Transaction Worksheet** if basis is incorrect, compensation income should be reported, or for **all** Incentive Stock Option (ISO) sales . . . . . ►

Allocated amounts from **Employer Stock Transaction Worksheet**

a Number of shares . . . . .  
b Date acquired . . . . .  
c Date sold . . . . .  
d Sales price . . . . .  
e Cost or other basis . . . . .  
f Adjustment amount . . . . .

Short-Term	Long-Term	Total

**Note:** For employee stock sales with both short-term and long-term components, any adjustments will be ratably allocated on a per share basis. If this is not an accurate allocation for this sale, then report the short- and long-term components separately.

☐ This is a sale of a **collectible** item (code **C**).  
☐ Sale includes an **accrued market discount** (code **D**). Amount . . . . . ►  
☐ Amounts reported on Form 1099-B do not reflect **sales fees/expenses** that were charged (code **E**).  
Amount of sales fees/expenses . . . . . ►

This sale cannot generate a loss for the following reason (code **L**):

☐ This is a vacation home or other **personal use property** with no business or rental activity.  
☐ This is a sale to a **related party**.  
☐ This sale is **nondeductible for another reason** (except wash sale).

☐ Any gain/loss from sale should not be included because asset held by a **nominee** (code **N**).  
If only part of the gain (loss) is nominee, enter offsetting adjustment here . . . . . ►

☐ **Other adjustments** are required (code **O**).  
Amount (positive to increase gain, negative to reduce) . . . . . ►

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**Part III Specific Adjustments (cont.)**

- ☐ Loss from this sale is **ordinary loss** from a section 1242 small business (code **O**).  
Ordinary loss amount (leave blank if entire loss is ordinary) . . . . . ▶ \_\_\_\_\_
- ☐ Gain from this **Qualified Small Business (QSB)** stock is excludible under IRC section 1202 (code **Q**).  
☐ This QSB stock is eligible for **50%** exclusion under section 1202.  
☐ This is empowerment zone stock eligible for **60%** exclusion under section 1202.  
For 60% exclusion, enter gain as of 12/31/2018 . . . . . ▶ \_\_\_\_\_  
☐ This QSB stock is eligible for **75%** exclusion under section 1202.  
☐ This QSB stock is eligible for **100%** exclusion under section 1202.  
Amount of gain eligible for exclusion . . . . . ▶ \_\_\_\_\_  
Amount of gain excluded . . . . . ▶ \_\_\_\_\_
- ☐ All or part of the gain is deferred due to a **rollover** (code **R**). This includes rollovers of gain from Qualified Small Business and Empowerment Zone stock, and certain stock sold to ESOP plans.  
Amount reinvested in qualified stock (leave blank if sold to ESOP/co-op) . . . . ▶ \_\_\_\_\_  
Amount of gain deferred . . . . . ▶ \_\_\_\_\_
- ☐ Loss from this sale is **ordinary loss** from a section 1244 small business (code **S**).  
Ordinary loss amount (leave blank if entire loss is ordinary) . . . . . ▶ \_\_\_\_\_
- ☐ Form 1099-B reports an **incorrect holding period** (code **T**).
- ☐ Sale includes a disallowed **wash sale** loss (code **W**). Amount (leave blank if all) . . ▶ \_\_\_\_\_
- ☐ Part or all of the gain is from **DC Zone/qualified community assets** eligible for exclusion (code **X**).  
Amount of exclusion (leave blank if entire gain should be excluded) . . . . . ▶ \_\_\_\_\_

**Part IV Amounts That Will Be Reported on Forms Other Than Form 8949**

- ☐ Check if ordinary gain/loss  
☐ FATCA requirement
- |                                     |       |                                 |         |
|-------------------------------------|-------|---------------------------------|---------|
| Federal tax withheld . . . . .      | _____ | Collectible gain/loss . . . . . | ▶ _____ |
| State name . . . . .                | _____ | Accrued interest to Sch B . . . | ▶ _____ |
| State tax withheld . . . . .        | _____ | Sec. 1242 loss on Form 4797 .   | ▶ _____ |
| State identification number . . . . | _____ | Sec. 1244 loss on Form 4797 .   | ▶ _____ |

## 2020

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	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	07/15/20		07/15/20			07/15/20		
2	07/15/20		07/15/20			07/15/20		
3	09/15/20		09/15/20			09/15/20		
4	01/15/21		01/15/21			01/15/21		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2020 . . . .					
7	Credited by estates and trusts . . . .					
8	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2020 extensions . . . . .					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2 . . . . .				4,722.	3,252.	
11	Forms W-2G . . . . .						
12	Forms 1099-R . . . . .						
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G .						
14	Schedules K-1 . . . . .						
15	Forms 1099-INT, DIV and OID . . . . .						
16	Social Security and Railroad Benefits . . . . .						
17	Form 1099-B . . . . .	St		Loc			
18 a	Other withholding . . . . .	St		Loc			
b	Other withholding . . . . .	St		Loc			
c	Other withholding . . . . .	St		Loc			
d	Positive Adjustment . . . . .	St		Loc			
e	Negative Adjustment . . . . .	St		Loc			
f	Additional Medicare Tax. . . . .						
19	<b>Total Withholding</b> Lines 10 through 18f . . . . .				4,722.	3,252.	
20	<b>Total Tax Payments for 2020</b> . . . . .				4,722.	3,252.	

Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2019 extensions . . . . .				
22	2019 estimated tax paid after 12/31/2019 . . . . .				
23	Balance due paid with 2019 return . . . . .	106.	IL		
24	Other (amended returns, installment payments, etc) . .				

# Federal Carryover Worksheet

**2020**

► Keep for your records

Name(s) Shown on Return <b>Geno S Kedzierski &amp; Tsetsegmaa Bayarsaikhan</b>	Social Security Number <b>260-71-4530</b>
---	--

## 2019 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
IL			1,447.	106.		
<b>Totals . .</b>			1,447.	106.		

## 2019 State Extension Information

(a) State	(b) Paid With Extension

## 2019 Locality Extension Information

(a) Locality	(b) Paid With Extension

## 2019 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

## 2019 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

## 2019 State Taxes Due Information

(a) State	(e) Paid With Return
IL	106.

## 2019 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

## 2019 State Refund Applied Information

(a) State	(g) Applied Amount

## 2019 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

## 2019 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
IL	1,447.	

## 2019 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

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Other Tax and Income Information			2019	2020
1	Filing status . . . . .	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions . . . . .	3	1,670.	3,361.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	35,919.	68,838.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	1,799.	4,876.
7	Alternative minimum tax . . . . .	7		
8	Federal overpayment applied to next year estimated tax . . . . .	8		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

Excess Contributions			2019	2020
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b	Spouse's excess HSA contributions as of 12/31 . . . . .	b		

Loss and Expense Carryovers			2019	2020
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss . . . . .	12 a		
b	AMT Short-term capital loss . . . . .	b		
13 a	Long-term capital loss . . . . .	13 a		
b	AMT Long-term capital loss . . . . .	b		
14 a	Net operating loss available to carry forward . . . . .	14 a		
b	AMT Net operating loss available to carry forward . . . . .	b		
15 a	Investment interest expense disallowed . . . . .	15 a		
b	AMT Investment interest expense disallowed . . . . .	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2020 . . . . .	a		
	b 2019 . . . . .	b		
	c 2018 . . . . .	c		
	d 2017 . . . . .	d		
	e 2016 . . . . .	e		
	f 2015 . . . . .	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2020 . . . . .	a		
	b 2019 . . . . .	b		
	c 2018 . . . . .	c		
	d 2017 . . . . .	d		
	e 2016 . . . . .	e		
	f 2015 . . . . .	f		



Credit Carryovers				2019	2020
18	General business credit . . . . .			18	
19	Adoption credit from:	a	2020 . . . . .	19a	
		b	2019 . . . . .	b	
		c	2018 . . . . .	c	
		d	2017 . . . . .	d	
		e	2016 . . . . .	e	
		f	2015 . . . . .	f	
20	Mortgage interest credit from:	a	2020 . . . . .	20a	
		b	2019 . . . . .	b	
		c	2018 . . . . .	c	
		d	2017 . . . . .	d	
21	Credit for prior year minimum tax . . . . .			21	
22	District of Columbia first-time homebuyer credit . . . . .			22	
23	Residential energy efficient property credit . . . . .			23	
Other Carryovers				2019	2020
24	Section 179 expense deduction disallowed . . . . .			24	
25	Excess	a	Taxpayer (Form 2555, line 46) . . . . .	25a	
	foreign	b	Taxpayer (Form 2555, line 48) . . . . .	b	
	housing	c	Spouse (Form 2555, line 46) . . . . .	c	
	deduction:	d	Spouse (Form 2555, line 48) . . . . .	d	

## Charitable Contribution Carryovers

26	2019 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2019 . . . . .					
b	2018 . . . . .					
c	2017 . . . . .					
d	2016 . . . . .					
e	2015 . . . . .					
27	2020 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2020 . . . . .					
b	2019 . . . . .					
c	2018 . . . . .					
d	2017 . . . . .					
e	2016 . . . . .					

28 Amount overpaid less earned income credit . . . . . 0.

Qualified Business Income Deduction (Section 199A) carryovers				2019	2020
29	Qualified business loss carryforward . . . . .			29	
30	Qualified PTP loss carryforward . . . . .			30	
31	Applicable percentage	2018 . . . . .	31 a		
		2019 . . . . .	b	100.00	

## 2019 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

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[illegible]

\* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

## 2020

► Keep for your records

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[illegible]

\* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

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\* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

## 2020

- Keep for your records

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\* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

## 2020

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<p>1 Can you be claimed as a dependent on another person's 2020 return?</p> <p><input checked="" type="checkbox"/> <b>No.</b> Go to line 2</p> <p><input type="checkbox"/> <b>Yes. Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p>		
<p>2 Does your 2020 return include a valid social security number for you, and if filing a joint return, your spouse?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Skip lines 3 and 4 and go to line 5.</p> <p><input type="checkbox"/> <b>No.</b> If you are filing a joint return, go to line 3. If you aren't filing a joint return, <b>Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p>		
<p>3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number?</p> <p><input type="checkbox"/> <b>Yes.</b> Your credit is not limited. Go to line 5.</p> <p><input type="checkbox"/> <b>No.</b> Go to line 4.</p>		
<p>4 Does one of you have a valid social security number?</p> <p><input type="checkbox"/> <b>Yes.</b> Your credit is limited. Go to line 5.</p> <p><input type="checkbox"/> <b>No. Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p>		
5 Enter:	<ul style="list-style-type: none"> <li>• \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or</li> <li>• \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3. . . . .</li> </ul>	5 <u>2,400.</u>
6 Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number . . . . .		6 <u>          </u>
7 Add lines 5 and 6 . . . . .		7 <u>2,400.</u>
8 Enter:	<ul style="list-style-type: none"> <li>• \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or</li> <li>• \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3. . . . .</li> </ul>	8 <u>1,200.</u>
9 Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number . . . . .		9 <u>          </u>
10 Add lines 8 and 9 . . . . .		10 <u>1,200.</u>
11 Enter the amount from line 11 of Form 1040 or 1040-SR . . . . .		11 <u>68,838.</u>
12 Enter the amount shown below for your filing status:		12 <u>          </u>
<ul style="list-style-type: none"> <li>• \$150,000 if married filing jointly or qualifying widow(er)</li> <li>• \$112,500 if head of household</li> <li>• \$75,000 if single or married filing separately</li> </ul>	}	12 <u>150,000.</u>
13 Is the amount on line 11 more than the amount on line 12?		13 <u>          </u>
<input checked="" type="checkbox"/> <b>No.</b> Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.		14 <u>          </u>
<input type="checkbox"/> <b>Yes.</b> Subtract line 12 from line 11. . . . .		15 <u>2,400.</u>
14 Multiply line 13 by 5% (0.05) . . . . .		16 <u>          </u>
15 Subtract line 14 from line 7. If zero or less, enter -0- . . . . .		17 <u>1,200.</u>
16 Enter the amount, if any, of the economic impact payment (EIP) 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here. . . . .		18 <u>1,200.</u>
17 Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15 you don't have to pay back the difference . . . . .		19 <u>0.</u>
18 Subtract line 14 from line 10. If zero or less, enter -0- . . . . .		20 <u>1,200.</u>
19 Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here. . . . .		21 <u>2,400.</u>
20 Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18 you don't have to pay back the difference . . . . .		
21 <b>Recovery rebate credit.</b> Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR. . . . .		

**Santa Barbara Tax Products Group, LLC****and Green Dot Bank Refund Processing Service Agreement ("Agreement")**

Name: Geno S Kedzierski & Tsetsegmaa Bayarsaikhan  
 Social Security No.: 260-71-4530

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2020 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

**1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.**

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$40.00 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES, AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT INC. BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2020 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2021). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2020 federal tax refund. You also authorize Intuit Inc., as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the Refund Processing Service being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit Inc. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. None of Intuit Inc., Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

**3. Summary of Terms**

Expected Federal Refund . . . . .	\$ 2,246.00
Less Processor Refund Processing Fee . . . . .	\$ 40.00
Less TurboTax Fees . . . . .	\$ 0.00
Less Fees for Additional Products and Services Purchased . . . . .	\$
<b>Expected Proceeds*</b> . . . . .	<b>\$ 2,206.00</b>

\* These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2020 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased, plus applicable taxes. You also authorize Processor

to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2020 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2020 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the \$ 40.00 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$30.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtptg.com>.

7. Disbursement Methods (Select One): You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

a) ☐ Direct Deposit to Turbo(SM) Debit Visa(R) Card: If you choose this option, you authorize and request Processor to transfer the balance of your Deposit Account to Bank, which issues the Turbo(SM) Debit Visa Card ("Card") you have obtained or are obtaining, so that Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the Card. Please review the Deposit Account Agreement associated with the use of your Card to learn of other fees, charges, terms and conditions that will apply. Processor will not be responsible for your funds once they have been deposited with Bank.**

b) ☒ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

**DIRECT DEPOSIT ACCOUNT TYPE:**

☒ Checking  
☐ Savings

RTN # . . . . . 071000013

Account # . . . . . 939236597

**Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number.** If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$30.00 may be charged if we are required to



provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$60.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

You must notify Processor in writing 3 business days prior to the date the account will be debited (as set forth in the email and/or written notices sent to you) to revoke the authorization for applicable fees agreed to in Section 4, and to afford Processor a reasonable opportunity to act on your request. You may notify us in writing at: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. **FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES:** In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

**Business Days:** Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

**Confidentiality:** We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

**Our Liability:** If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. **Compensation.** In addition to any fees paid directly by you to Intuit Inc., Processor will pay compensation to Intuit Inc. in consideration of Intuit Inc.'s provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.

10. **Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

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**11. Arbitration Provision.** You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

#### ARBITRATION NOTICE

**THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.**

**11.1. Arbitration of Claims:** Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in court or to have a jury trial. The AAA's phone number is 800-778-7879 and website is <http://www.adr.org>. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

**11.2. Other Claims Subject to Arbitration:** In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

**11.3. Exceptions:** We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

**11.4. Individual Claims Only:** Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

**11.5. Arbitration Fees:** If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

**11.6. Procedure:** A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years' experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

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**12. Customer Identity Validation Disclosure.** To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

#### **YOUR AGREEMENT**

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2020 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2020 TurboTax<sup>(R)</sup> User Agreement, (iii) You consent to the release of your 2020 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

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Rev. 10/2019

**FACTS WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?**

<b>Why?</b>	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
<b>What?</b>	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> <li>• Social Security number and account balances</li> <li>• account transactions and purchase history</li> <li>• transaction history and overdraft history</li> </ul>	
<b>How?</b>	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.	
	<b>Reasons we can share your personal information</b>	<b>Does Green Dot Bank share?</b>
	<b>For our everyday business purposes</b> — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes
	<b>For our marketing purposes</b> — to offer our products and services to you.	No
	<b>For joint marketing with other financial companies.</b>	Yes
	<b>For our affiliates' everyday business purposes</b> — information about your transactions and experiences.	Yes
	<b>For our affiliates' everyday business purposes</b> — information about your creditworthiness.	No
	<b>For our affiliates to market to you.</b>	No
	<b>For nonaffiliates to market to you.</b>	Yes
<b>To limit our sharing</b>	Visit us online: <a href="https://turbodebitcard.intuit.com/privacy-settings">https://turbodebitcard.intuit.com/privacy-settings</a> Your choice(s) will apply to only the card number you enter when making your choice(s). If you have more than one card or account with us, you will need to make your choice(s) for each card or account separately. <b>Please note:</b> If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.	
<b>Questions?</b>	Call 1-888-285-4169 or go to <a href="https://turbodebitcard.intuit.com">turbodebitcard.intuit.com</a>	

**Page 2**

<b>What we do</b>	
<b>How does Green Dot Bank protect my personal information?</b>	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
<b>How does Green Dot Bank collect my personal information?</b>	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> <li>• open an account or make deposits or withdrawals from your account</li> <li>• use your debit card or provide account information</li> <li>• give us your contact information</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
<b>Why can't I limit all sharing?</b>	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> <li>• sharing for affiliates' everyday business purposes — information about your creditworthiness</li> <li>• affiliates from using your information to market to you</li> <li>• sharing for nonaffiliates to market to you.</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
<b>What happens when I limit sharing for an account I hold jointly with someone else?</b>	Your choices will apply to everyone on your account.
<b>Definitions</b>	
<b>Affiliates</b>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• <i>Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation) and tax processing services companies such as Santa Barbara Tax Products Group, LLC.</i></li> </ul>
<b>Nonaffiliates</b>	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• <i>The only nonaffiliates we share with are Intuit Inc. and its affiliates and subsidiaries.</i></li> </ul>
<b>Joint marketing</b>	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>• <i>The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries.</i></li> </ul>
<b>Other important information</b>	
<p>Depending on where you live, you may have additional privacy protections under state law. We will comply with applicable state laws before sharing nonpublic personal information about you. We may do this by sending a separate notice of those rights to you. For example, if you are a resident of California, Illinois, North Dakota or Vermont, we will not share with nonaffiliates except for our everyday business purposes or with your consent.</p>	

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** Geno S Kedzierski & Tsetsegmaa Bayarsaikhan  
**Primary SSN:** 260-71-4530

**Federal Return Submitted:** February 20, 2021 05:44 AM PST  
**Federal Return Acceptance Date:** \_\_\_\_\_

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Your return was electronically transmitted on 02/20/2021

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The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2021. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2021, your Intuit electronic postmark will indicate April 15, 2021, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2021, and a corrected return is submitted and accepted before April 20, 2021. If your return is submitted after April 20, 2021, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2021. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2021, and the corrected return is submitted and accepted by October 20, 2021.

### 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

# Electronic Filing Instructions for your 2020 Illinois Tax Return

Important: Your taxes are not finished until all required steps are completed.



G S Kedzierski & T Bayarsaikhan  
3424 Salem Walk  
Northbrook , IL 60062

<b>Balance Due/Refund</b>	Your Illinois state tax return (Form IL-1040) shows a refund due to you in the amount of \$75.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 939236597 Routing Transit Number: 071000013.												
<b>Where's My Refund?</b>	Before you call the Illinois Department of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Illinois Department of Revenue directly at 1-217-782-3336. From outside of Illinois use 1-800-732-8866. You can also visit the Illinois Department of Revenue web site at <a href="http://www.ILtax.com">www.ILtax.com</a> .												
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.												
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form)   Printed copy of your state and federal returns   Copies of all W-2 and 1099 forms   Copies of other states' tax returns, if applicable												
<b>2020 Illinois Tax Return Summary</b>	<table><tr><td>Taxable Income</td><td>\$</td><td>64,188.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>3,177.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>3,252.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>75.00</td></tr></table>	Taxable Income	\$	64,188.00	Total Tax	\$	3,177.00	Total Payments/Credits	\$	3,252.00	Amount to be Refunded	\$	75.00
Taxable Income	\$	64,188.00											
Total Tax	\$	3,177.00											
Total Payments/Credits	\$	3,252.00											
Amount to be Refunded	\$	75.00											



# Illinois Department of Revenue 2020 Form IL-1040

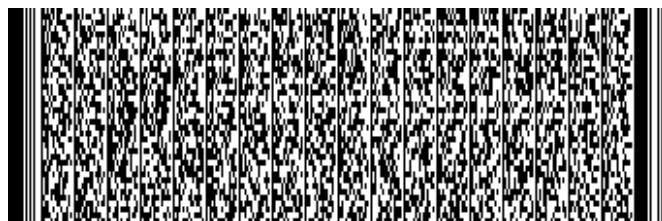
Individual Income Tax Return

or for fiscal year ending \_\_\_\_/\_\_\_\_/\_\_\_\_

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit [tax.illinois.gov](http://tax.illinois.gov).

## Step 1: Personal Information

1989  
260-71-4530 860-49-7498 1990  
Geno S Kedzierski  
Tsetsegmaa Bayarsaikhan  
3424 Salem Walk A1  
Northbrook IL 60062 COOK



**B** Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Widowed ☐ Head of household

**C** **Check** If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. ☐ You ☐ Spouse

**D** **Check** the box if this applies to you during 2020: ☐ Nonresident - **Attach** Sch. NR ☐ Part-year resident - **Attach** Sch. NR

## Step 2: Income

(Whole dollars only)

**1** Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. **1** 68,838.00  
**2** Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. **2** .00  
**3** Other additions. **Attach** Schedule M. **3** .00  
**4** **Total income.** Add Lines 1 through 3. **4** 68,838.00

## Step 3: Base Income

**5** Social Security benefits and certain retirement plan income received if included in Line 1. **Attach** Page 1 of federal return. **5** .00  
**6** Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. **6** .00  
**7** Other subtractions. **Attach** Schedule M. **7** .00  
Check if Line 7 includes any amount from Schedule 1299-C. ☐  
**8** Add Lines 5, 6, and 7. This is the total of your subtractions. **8** .00  
**9** **Illinois base income.** Subtract Line 8 from Line 4. **9** 68,838.00

## Step 4: Exemptions

**10 a** Enter the exemption amount for yourself and your spouse. **See instructions.** **a** 4,650.00  
**b** **Check** if 65 or older: ☐ You + ☐ Spouse **# of checkboxes X \$1,000 =** **b** .00  
**c** **Check** if legally blind: ☐ You + ☐ Spouse **# of checkboxes X \$1,000 =** **c** .00  
**d** If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. **Attach** Schedule IL-E/EIC. **d** 0.00  
**Exemption allowance.** Add Lines a through d. **10** 4,650.00

## Step 5: Net Income and Tax

**11** **Residents: Net income.** Subtract Line 10 from Line 9. **11** 64,188.00  
**Nonresidents and part-year residents:** Enter the **Illinois net income** from Schedule NR. **Attach** Schedule NR. **11** 64,188.00  
**12** **Residents:** Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. **12** 3,177.00  
**Nonresidents and part-year residents:** Enter the tax from Schedule NR. **12** 3,177.00  
**13** Recapture of investment tax credits. **Attach** Schedule 4255. **13** .00  
**14** **Income tax.** Add Lines 12 and 13. Cannot be less than zero. **14** 3,177.00

## Step 6: Tax After Nonrefundable Credits

**15** Income tax paid to another state while an Illinois resident. **Attach** Schedule CR. **15** .00  
**16** Property tax and K-12 education expense credit amount from Schedule ICR. **Attach** Schedule ICR. **16** .00  
**17** Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. **17** .00  
**18** Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. **18** 0.00  
**19** **Tax after nonrefundable credits.** Subtract Line 18 from Line 14. **19** 3,177.00

## Step 7: Other Taxes

**20** Household employment tax. See instructions. **20** .00  
**21** Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. **Do not** leave blank. **21** 0.00  
**22** Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. **22** .00  
**23** **Total Tax.** Add Lines 19, 20, 21, and 22. **23** 3,177.00

IL-1040 2D Front (R-12/20)

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



Staple W-2 and 1099 forms here

Staple your check and IL-1040-V





24 Total tax from Page 1, Line 23.

24 3,177.00

**Step 8: Payments and Refundable Credit**

25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT. 25 3,252.00

26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00

27 Pass-through withholding. **Attach** Schedule K-1-P or K-1-T. 27 .00

28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC. 28 .00

29 **Total payments and refundable credit.** Add Lines 25 through 28. 29 3,252.00

**Step 9: Total**

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 75.00

31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 .00

**Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.**

32 Late-payment penalty for underpayment of estimated tax. 32 .00

a ☐ Check if at least two-thirds of your federal gross income is from farming.

b ☐ Check if you or your spouse are 65 or older and permanently living in a nursing home.

c ☐ Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. **Attach** Form IL-2210.

d ☐ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.

33 Voluntary charitable donations. **Attach** Schedule G. 33 .00

34 **Total penalty and donations.** Add Lines 32 and 33. 34 .00

**Step 11: Refund**

35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your **overpayment**. 35 75.00

36 Amount from Line 35 you want **refunded to you**. Check **one** box on Line 37. See instructions. 36 75.00

37 I choose to receive my refund by

a ☒ **direct deposit** - Complete the information below if you check this box.

Routing number 0 7 1 0 0 0 0 1 3 ☒ Checking or ☐ Savings

Account number 9 3 9 2 3 6 5 9 7

b ☐ **Illinois Individual Income Tax refund debit card.** I acknowledge I have reviewed the card information found at <http://tax.illinois.gov/DebitCard> prior to making this election.

c ☐ **paper check.**

38 Amount to be **credited forward**. Subtract Line 36 from Line 35. See instructions. 38 .00

**Step 12: Amount You Owe**

39 If you have an amount on Line 31, add Lines 31 and 34. - or -  
If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the **amount you owe**. See instructions. 39 .00

**Step 13: If this is a joint return, both you and your spouse must sign below.**

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

<b>Sign Here</b>					(770) 710-8980
	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
<b>Paid Preparer Use Only</b>			<b>Self-Prepared</b>		<input type="checkbox"/> Check if self-employed
	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)
	Firm's name	Firm's FEIN			
	Firm's address	Firm's phone		( )	
<b>Third Party Designee</b>			( )		<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.
	Designee's name (please print)		Designee's phone number		

**Refer to the 2020 IL-1040 Instructions for the address to mail your return.**



Illinois Department of Revenue

# 2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule.

IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

## Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Geno S Kedzierski

Your name as shown on Form IL-1040

2 6 0 - 7 1 - 4 5 3 0  
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	31-1000719	\$ 7,394.00	\$ 7,394.00	\$ 366.00
2 W	581853319-000	\$ 25,101.00	\$ 25,101.00	\$ 1,243.00
3 W	58-1997395	\$ 8,582.00	\$ 8,582.00	\$ 425.00
4		\$ .00	\$ .00	\$ .00
5		\$ .00	\$ .00	\$ .00

## Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Tsetsegmaa Bayarsaikhan

Your spouse's name as shown on Form IL-1040

8 6 0 - 4 9 - 7 4 9 8  
Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6 W	81-4724004	\$ 24,600.00	\$ 24,600.00	\$ 1,218.00
7		\$ .00	\$ .00	\$ .00
8		\$ .00	\$ .00	\$ .00
9		\$ .00	\$ .00	\$ .00
10		\$ .00	\$ .00	\$ .00

## Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 3,252.00

→ Attach all Schedules IL-WIT to your IL-1040. ←