E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single X Married filing jointly [ou checked the MFS box, enter the son is a child but not your depender	name of y	d filing separately rour spouse. If you								
Your first name	and m	iddle initial	Last nar	ne					Your s	ocial securi	ity number	
GALDAND	ORJ		VANY	A					133-	-99-138	2	
If joint return, s	pouse's	s first name and middle initial	Last nar	ne					Spous	e's social se	curity number	
AMARSAN	AΑ		PURE	VSUREN					748-	748-22-5182		
Home address	(numbe	er and street). If you have a P.O. box, se	e instructio	ons.				Apt. no.	Presid	ential Electi	ion Campaign	
3651 SA	LEM	WALK						A1		here if you,		
City, town, or p	ost offi	ce. If you have a foreign address, also c	omplete sp	aces below.	Sta	ite	ZIP	code		0,	ntly, want \$3 Checking a	
NORTHBRO	OOK				I	L	60	062	"	elow will not	•	
Foreign country	y name		F	oreign province/state	e/coun	ty	Fore	eign postal cod	e your ta	ax or refund	l. Spouse	
At any time du	ring 20	020, did you receive, sell, send, exc	change, o	r otherwise acquir	e any	financial interes	est in	any virtual	currency?	? Yes	⊠ No	
Standard Deduction		leone can claim: You as a d Spouse itemizes on a separate retu	•									
Age/Blindness	You	: Were born before January 2,	1956	Are blind S	oouse	: Was bo	rn be	fore Januar	2, 1956	Is b	lind	
Dependents	s (see	instructions):		(2) Social securi	ity	(3) Relations	hip	(4) 🗸 if	qualifies f	or (see instru	uctions):	
If more		irst name Last name		number to you			Child tax	credit	Credit for ot	ther dependents		
than four	MUN	KHTUGULDUR GALDANDORJ		655-35-45	84	Son		X				
dependents, see instruction	NUN	NKHJIN GALDANDORJ		222-53-3904 Son		Son					X	
and check												
here ▶										1		
	1	Wages, salaries, tips, etc. Attach	Form(s) V	V-2					. 1	1	15,426.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b 7	axable interes	st		. 2	b		
required.	3a	Qualified dividends	3a		b (Ordinary divide	ends		. 3	b		
	4a	IRA distributions	4a		b 7	axable amour	nt.		. 4	b		
	5a	Pensions and annuities	5a		b 7	axable amour	nt.		. 5	b		
Standard	6a	Social security benefits	6a		b 7	axable amour	nt.		. 6	b		
Deduction for— Single or	7	Capital gain or (loss). Attach Scho	edule D if	required. If not red	quirec	l, check here		🕨		_		
Married filing	8	Other income from Schedule 1, li	ne 9						. 8		22,135.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come				P 9	9	37 , 561.	
Married filing jointly or	10	Adjustments to income:				1						
Qualifying	а	From Schedule 1, line 22				10)a		94.			
widow(er), \$24,800	b	Charitable contributions if you take	e the stan	dard deduction. Se	e inst	ructions 10)b					
Head of	С	Add lines 10a and 10b. These are	your tot a	al adjustments to	inco	me			▶ 10	Ос	94.	
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	djusted gross ind	come				▶ 1		37,467.	
If you checked	12	Standard deduction or itemized	d deducti	ons (from Schedu	le A)				. 1	2	24,800.	
any box under Standard	13	Qualified business income deduc	tion. Atta	ch Form 8995 or F	orm 8	3995-A			. 1	3	247.	
Deduction, see instructions.	14	Add lines 12 and 13							. 1		25,047.	
	15	Taxable income. Subtract line 14	4 from line	e 11. If zero or less	s, ente	er -0			. 1	5	12,420.	

Form 1040 (2020))								Page 2
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		16	1,243.
	17	Amount from Schedule 2, lin	ne 3				-	17	
	18	Add lines 16 and 17						18	1,243.
	19	Child tax credit or credit for	other dependen	ts				19	1,243.
	20	Amount from Schedule 3, lin	ne 7					20	
	21	Add lines 19 and 20						21	1,243.
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	0.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 10 .			23	188.
	24	Add lines 22 and 23. This is	your total tax				•	24	188.
	25	Federal income tax withheld							
	а	Form(s) W-2				25a	615		
	b	Form(s) 1099				25b	2,088		
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	2,703.
If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20)19 return			26	
qualifying child,	27	Earned income credit (EIC)				27	3,339		
attach Sch. EIC. If you have	28	Additional child tax credit. A				28	1,257		
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29			
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30			
	31	Amount from Schedule 3, lin	ne 13			31			
	32	Add lines 27 through 31. Th	ese are your tota	al other paym	ents and refunda	able credits .	🕨	32	4,596.
	33	Add lines 25d, 26, and 32. These are your total payments							7,299.
Refund	34	If line 33 is more than line 2						34	7,111.
neiulia	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □						35a	7,111.
Direct deposit?	►b	Routing number 0 8 1 9 0 4 8 0 8 ► c Type: X Checking Savings						3	
See instructions.	►d	Account number 2 9 1 0 2 7 5 9 7 6 0 6 1							
	36	Amount of line 34 you want	applied to your	2021 estimate	ed tax ►	36			
Amount	37	Subtract line 33 from line 24	I. This is the am e	ount you owe	now		▶	37	
You Owe		Note: Schedule H and Sch	r						
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.							
instructions.	38	Estimated tax penalty (see instructions)							
Third Party	Do	you want to allow another	r person to disc	cuss this retu	rn with the IRS?				
Designee	ins	structions				. ▶ ∐ Yes. (Complete	below.	X No
		signee's me ▶		Phone			sonal ider nber (PIN)		
0:			that I have aversing	no. ►	d				
Sign	bel	der penalties of perjury, I declare lief, they are true, correct, and con	inat i nave examine iplete. Declaration	of preparer (othe	r than taxpayer) is b	ased on all informa	tion of wh	ch prepar	er has any knowledge and er has any knowledge.
Here		ur signature	•	Date	Your occupation				nt you an Identity
	k						Pr	otection P	IN, enter it here
Joint return?					ASSISTANT		(se	ee inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.	,				HOUSEWIFE			e inst.) ▶	ection Pila, enter it here
		one no.		Email address	HOOSEWIFE		(-		
		eparer's name	Preparer's signat			Date	PTIN		Check if:
Paid		•		- -					Self-employed
Preparer	———	m's name ▶ Self-Pr	enared				Dh	one no.	
Use Only		m's address •	CPULCU					m's EIN	<u> </u>
Co to warming and			act information		DAA	DEV 00/07/07		J LIIN P	Form 1040 (2020)
GO to www.irs.go	אירטווו	n1040 for instructions and the late	ət illioillidilöli.		BAA	REV 02/07/21 TTM	ac		rom 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

GALDANDORJ VANYA & AMARSANAA PUREVSUREN

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 133-99-1382

Par	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	1,327.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	20,808.
8	Other income. List type and amount ▶		
_		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	22,135.
Par	t II Adjustments to Income	. 3	22,133.
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government	10	
••	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	94.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	94.

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

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

Additional Taxes

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

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 02

Your social security number

GALDANDORJ VANYA & AMARSANAA PUREVSUREN 133-99-1382 Part I Tax 1 Alternative minimum tax. Attach Form 6251 . . . 1 2 2 Excess advance premium tax credit repayment. Attach Form 8962 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17... 3 Part II **Other Taxes** 4 Self-employment tax. Attach Schedule SE 4 188. Unreported social security and Medicare tax from Form: a ☐ 4137 5 5 6 Additional tax on IRAs, other qualified retirement plans, and other tax-favored 6 7a Household employment taxes. Attach Schedule H 7a b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required 7b **a** ☐ Form 8959 **b** ☐ Form 8960 8 Taxes from: **c** ☐ Instructions; enter code(s) 8 Section 965 net tax liability installment from Form 965-A . . . 9 10 Add lines 4 through 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b 10 188.

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

REV 02/07/21 TTMac

BAA

Schedule 2 (Form 1040) 2020

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

Department of the Treasury

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074 Attachment Sequence No. 09

Name of proprietor						Social security number (SSN)		
GALI	DANDORJ VANYA					133-	-99-1382	
Α	Principal business or profession	n, incl	uding product or service (se	e instru	ictions)	B Ente	r code from instructions	
	Delivery						► 4 9 2 0 0 0 0	
С	Business name. If no separate	busin	ess name, leave blank.			D Empl	oyer ID number (EIN) (see instr.)	
Е	Business address (including si							
	City, town or post office, state				IL 60062			
F	Accounting method: (1)				Other (specify)			
G					2020? If "No," see instructions for li			
Н.					(a) 40000 O a disable of the sec			
					(s) 1099? See instructions			
J Pari		requi	rea Form(s) 1099?		<u> </u>			
			ione for line 1 and about the	hav if	this income was reported to you or			
1	•					1	4,777.	
2							,	
3							4,777.	
4							,	
5							4,777.	
6					efund (see instructions)			
7						7	4,777.	
Part	Expenses. Enter expe	nses	for business use of you	r hom	e only on line 30.			
8	Advertising	8		18	Office expense (see instructions)	18		
9	Car and truck expenses (see			19	Pension and profit-sharing plans	19		
	instructions)	9	3,450.	20	Rent or lease (see instructions):			
10	Commissions and fees .	10		а	Vehicles, machinery, and equipment	20a		
11	Contract labor (see instructions)	11		b	Other business property			
12	Depletion	12		21	Repairs and maintenance			
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III)			
	included in Part III) (see			23	Taxes and licenses	23		
	instructions)	13		24	Travel and meals:	-		
14	Employee benefit programs			a	Travel	24a		
45	(other than on line 19)	14 15		b	Deductible meals (see	046		
15 16	Insurance (other than health) Interest (see instructions):	15		25	instructions)	24b 25		
а	Mortgage (paid to banks, etc.)	16a		26	Utilities			
b	Other	16b		27a	Other expenses (from line 48) .	27a		
17	Legal and professional services	17		b	Reserved for future use	27b		
28			r business use of home. Add		through 27a	28	3,450.	
29						29	1,327.	
30	Expenses for business use o	f your	home. Do not report these	exper	nses elsewhere. Attach Form 8829	,		
	unless using the simplified me	thod.	See instructions.					
	Simplified method filers only	: Ente	r the total square footage of	(a) you	r home:	.		
	and (b) the part of your home	used fo	or business:		. Use the Simplified			
	Method Worksheet in the instr	uction	s to figure the amount to ent	er on li	ne 30	30		
31	Net profit or (loss). Subtract	line 30) from line 29.		,			
	If a profit, enter on both So							
	checked the box on line 1, see		uctions). Estates and trusts, e	enter o	Form 1041, line 3.	31	1,327.	
	If a loss, you must go to lin				J J			
32	If you have a loss, check the b				· 1			
	• If you checked 32a, enter t		•		"	322	★ All investment is at risk.	
	SE, line 2. (If you checked the Form 1041, line 3.	pox or	i line 1, see the line 31 instruc	tions).	Estates and trusts, enter on	32b		
	 If you checked 32b, you mu 	ı st atta	ach Form 6198. Your loss m	ay be li	mited.		at risk.	

BAA

Schedule C (Form 1040) 2020 Page **2**

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to			
34	value closing inventory: a Cost b Lower of cost or market c Other (att. Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	y?	xplanation)	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or and are not required to file Form 4562 for this business. See the instructions for lile Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year) ▶ 01/09/201	9		
44	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle during 2020, enter the number of miles you used your vehicle during 2020, enter the number of miles you used your vehicle during 2020, enter the number of miles you used your vehicle during 2020, enter the number of miles you used your vehicle during 2020, enter the number of miles you used your vehicle during 2020, enter the number of miles you used your vehicle during 2020, enter the number of miles you used your vehicle during 2020, enter the number of miles you used your vehicle during 2020, enter the number of miles you used your vehicle during 2020, enter the number of miles you used your vehicle during the properties of th	ehicle	e for:	
а	Business 6,000 b Commuting (see instructions) 0 c C	ther		0
45	Was your vehicle available for personal use during off-duty hours?		Yes	⊠ No
46	Do you (or your spouse) have another vehicle available for personal use?		X Yes	☐ No
47a	Do you have evidence to support your deduction?		X Yes	☐ No
b	If "Yes," is the evidence written?		🗙 Yes	☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26 or lines	ne 30).	
48	Total other expenses. Enter here and on line 27a	48		

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Self-Employment Tax

▶ Go to www.irs.gov/ScheduleSE for instructions and the latest information. ► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) Social security number of person with **self-employment** income GALDANDORJ VANYA 133-99-1382

Part	Self-Employment Tax		
	If your only income subject to self-employment tax is church employee income , see instructions for how	v to re	port your income
and th	ne definition of church employee income.		
Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4 \$400 or more of other net earnings from self-employment, check here and continue with Part I		•
Skip li	nes 1a and 1b if you use the farm optional method in Part II. See instructions.		
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	(
Skip li	ne 2 if you use the nonfarm optional method in Part II. See instructions.		
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	1,327.
3	Combine lines 1a, 1b, and 2	3	1,327.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 .	4a	1,225.
	Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
С	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception : If less than \$400 and you had church employee income , enter -0- and continue	4c	1,225.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income		
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0	5b	0.
6	Add lines 4c and 5b	6	1,225.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020	7	137,700
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2)		,
ou	and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11		
b	Unreported tips subject to social security tax from Form 4137, line 10 8b		
C	Wages subject to social security tax from Form 8919, line 10 8c		
d	Add lines 8a, 8b, and 8c	8d	2,760.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	134,940.
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	152.
11	Multiply line 6 by 2.9% (0.029)	11	36.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	188.
13	Deduction for one-half of self-employment tax.		
	Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040),		
	line 14		
Part	II Optional Methods To Figure Net Earnings (see instructions)		
	Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than		
\$8,46	0, or (b) your net farm profits² were less than \$6,107.		
14	Maximum income for optional methods	14	5,640
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,640. Also, include		
	this amount on line 4b above	15	
	rm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$6,107		
	so less than 72.189% of your gross nonfarm income, and (b) you had net earnings from self-employment east \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.		
16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	
	Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.		
² From you w	Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount ⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065) ould have entered on line 1b had you not used the optional method.	i), box	14, code C.

BAA

Schedule SE (Form 1040) 2020 Attachment Sequence No. 17 Page 2

Ouricat	Attacliment Sequence No.		raye Z
Part	III Maximum Deferral of Self-Employment Tax Payments		
If line	4c is zero, skip lines 18 through 20, and enter -0- on line 21.		
18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	0.
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31,		
	2020	20	
21	Combine lines 19 and 20	21	
If line	5b is zero, skip line 22 and enter -0- on line 23.		
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020.	22	<u> </u>
23	Multiply line 22 by 92.35% (0.9235)	23	0.
24	Add lines 21 and 23	24	0.
25	Enter the smaller of line 9 or line 24	25	0.
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form		
	1040)	26	0.

REV 02/07/21 TTMac

BAA

Schedule SE (Form 1040) 2020

SCHEDULE EIC

(Form 1040)

Earned Income Credit

Qualifying Child Information

1040-SR ▶ Complete and attach to Form 1040 or 1040-SR only if you have a

OMB No. 1545-0074

Attachment Sequence No. **43**

Your social security number

133-99-1382

Department of the Treasury Internal Revenue Service (99)

qualifying child. ► Go to www.irs.gov/ScheduleEIC for the latest information.

Name(s) shown on return

GALDANDORJ VANYA & AMARSANAA PUREVSUREN

• See the instructions for Form 1040 or 1040-SR, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.

Before you begin:

- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card.
 - Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

	4
CAU	TION

- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Q	ualifying Child Information	Chi	ld 1	C	hild 2	C	hild 3
1	Child's name	First name	Last name	First name	Last name	First name	Last name
	If you have more than three qualifying children, you have to list only three to get the maximum credit.	MUNKHTUGULDUR	GALDANDORJ	MUNKHJIN	GALDANDORJ		
2	Child's SSN						
	The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 27, unless the child was born and died in 2020. If your child was born and died in 2020 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	655–35	5-4584	222-	53-3904		
3	Child's year of birth						
		If born after 2001	(or your spouse, if	younger than ye	0 0 3 01 and the child is ou (or your spouse, if kip lines 4a and 4b;	younger than yo	01 and the child is ou (or your spouse, if kip lines 4a and 4b;
4 8	Was the child under age 24 at the end of						
	2020, a student, and younger than you (or your spouse, if filing jointly)?	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.
ı	Was the child permanently and totally disabled during any part of 2020?	Yes.	No.	Yes.	No.	Yes.	No.
			The child is not a ualifying child.	Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.
5	Child's relationship to you						
	(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son		Son			
6	Number of months child lived with you in the United States during 2020						
	• If the child lived with you for more than half of 2020 but less than 7 months, enter "7."						
	• If the child was born or died in 2020 and your home was the child's home for more than half the time he or she was alive during 2020, enter "12."	Do not enter mo months.	.2 months ore than 12	Do not enter months.	12 months more than 12	Do not enter months.	months more than 12

SCHEDULE 8812

(Form 1040)

Additional Child Tax Credit

1040-SR 1040-NR 8812 ▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **47**

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on return

GALDANDORJ VANYA & AMARSANAA PUREVSUREN

Your social security number 133-99-1382

Part	All Filers		
Cauti	on: If you file Form 2555, stop here; you cannot claim the additional child tax credit.		
1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise, enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet. (See the instructions for Forms 1040 and 1040-		
	SR, line 19, or the instructions for Form 1040-NR, line 19.)	1	2,500.
2	Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR	2	1,243.
3	Subtract line 2 from line 1. If zero, stop here ; you cannot claim this credit	3	1,257.
4	Number of qualifying children under 17 with the required social security number: 1 x \$1,400.		
	Enter the result. If zero, stop here ; you cannot claim this credit	4	1,400.
	TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.		
5	Enter the smaller of line 3 or line 4	5	1,257.
6a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
7	Is the amount on line 6a more than \$2,500?		
	No. Leave line 7 blank and enter -0- on line 8.		
	Yes. Subtract \$2,500 from the amount on line 6a. Enter the result		
8	Multiply the amount on line 7 by 15% (0.15) and enter the result	8	2,124.
	Next. On line 4, is the amount \$4,200 or more?		
	No. If line 8 is zero, stop here ; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15.		
	☐ Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15.		
	Otherwise, go to line 9.		
Part	II Certain Filers Who Have Three or More Qualifying Children		
9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see		
	instructions		
10	Enter the total of the amounts from Schedule 1 (Form 1040), line 14, and Schedule 2		
	(Form 1040), line 5, plus any taxes that you identified using code "UT" and entered on		
	Schedule 2 (Form 1040), line 8		
11	Add lines 9 and 10		
12	1040 and Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 10.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 10.		
13	Subtract line 12 from line 11. If zero or less, enter -0	13	
14	Enter the larger of line 8 or line 13	14	
	Next, enter the smaller of line 5 or line 14 on line 15.		
Part			
15	This is your additional child tax credit	15	1,257.
			this amount on : 1040, line 28;
	1040 1040-SR 1040-NR	Form Form	1040, time 28, 1040-SR, line 28; or 1040-NR, line 28.

REV 02/07/21 TTMac

Qualified Business Income Deduction Simplified Computation

► Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

Attachment Sequence No. 55

Internal Revenue Service Name(s) shown on return

Department of the Treasury

GALDANDORJ VANYA & AMARSANAA PUREVSUREN

Your taxpayer identification number 133-99-1382

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	(c) Qualified business income or (loss)		
i	GALDANDORJ VANYA	133-99-1382		1,233.
ii_				
_iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 1,233.		
3	Qualified business net (loss) carryforward from the prior year	3 (1	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 1,233.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	247.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)	6		
7	(see instructions)	7 (
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	
10	Qualified business income deduction before the income limitation. Add lines 5 an	1	10	247.
11 12	Taxable income before qualified business income deduction	11 12,667. 12 0.	1	
13		13 12,667.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	2,533.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also the applicable line of your return	enter this amount on	15	247.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0	nd 7. If greater than	17	(0.)
For Pr		17/21 TTMac		Form 8995 (2020)

Tax History Report ► Keep for your records

Name(s) Shown on Return

GALDANDORJ VANYA & AMARSANAA PUREVSUREN

	Five Year Tax History:						
	2016	2017	2018	2019	2020		
Filing status			MFJ	MFJ	MFJ		
Total income			20,000.	26,731.	37,561.		
Adjustments to income			1,413.		94.		
Adjusted gross income			18,587.	26,731.	37,467.		
Tax expense			0.	1,464.	1,664.		
Interest expense			_				
Contributions			_				
Misc. deductions			_				
Other itemized ded'ns			_				
Total itemized/ standard deduction			24,000.	24,400.	24,800.		
Exemption amount			0.	0.	0.		
QBI deduction			0.	59.	247.		
Taxable income			0.	2,272.	12,420.		
Tax			_	226.	1,243.		
Alternative min tax			_				
Total credits			0.	226.	1,243.		
Other taxes			2,826.		188.		
Payments			8,129.	9,928.	7,299.		
Form 2210 penalty			_				
Amount owed			_				
Applied to next year's estimated tax .			_				
Refund			5,303.	9,928.	7,111.		
Effective tax rate %			-43.73		-12.27		
**Tax bracket %			10.0	10.0	10.0		

^{**}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 <u>directly</u> from the Internal Revenue Service ("IRS") <u>for free.</u> 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 .

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.

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 2	No additional cost.
Gervice	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks 2	
ELECTRONIC FILING (E-FILE)	IRS direct deposit to your personal bank account.	Usually within 21 days 2	No additional cost.
No Refund Processing Service	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days 2	
ELECTRONIC FILING (E-FILE)	(a) Direct deposit to your personal bank account, or	Usually within 21 days 2	\$40.003
Refund Processing Service	(b) Load to your debit card 1.		

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

²However, 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.

³This 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.

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*.

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.

Galdandorj Vanya First Name Last Name

Please type the date below: 02/14/2021

Amarsanaa Purevsuren

02/14/2021

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Green Dot Bank, Member FDIC ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

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. If you agree to the disclosure of your tax return information, 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*.

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 disclose to BANK and SBTPG that portion of my 2020 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Galdandorj Vanya

Please type the date below: 02/14/2021 Date

Amarsanaa Purevsuren

02/14/2021

sbia1301.SCR 12/17/15

2020

Form 1099-NEC Nonemployee Compensation Worksheet

Name(s) Sho			Social Security Number 133-99-1382
	Payer's EIN 85-2148793 or Payer's Name Pizza 1911 LLC Account number (for your records only)		
Spo	use's 1099-NEC Do	not transfer this	1099-NEC to next year
Box 1	Nonemployee compensation	IR and Form 8919 (see Help) Ite	
	Back Wages from Lawsuit.	mount:	<u>lia</u>
Box 4	Federal income tax withheld		
Box 5 Box 6 Box 7	First state State tax withheld	· ·	
Box 5 Box 6 Box 7	Second state State tax withheld		·
	I confirm that the state withholding identification numb	er(s) are accurate	
FATCA filir	ng requirement		
Additional	Payer and Recipient Information		
Street	Transfer Street City	nt's address and address from Fede	ZIP code eral Information Wks .
State Foreign Cou	ZIP Code State ntry Foreign 0	ZIP Co Country	de

2020

Form 1099-NEC Nonemployee Compensation Worksheet

Name(s) Sho	own on Return RJ VANYA		Social Security Number 133–99–1382
	Payer's EIN 45-2647441 Payer's Name <u>Uber Technolo</u> Account number (for your records only)	gies, Inc	
Spo	use's 1099-NEC	Do not transfer this	1099-NEC to next year
Box 1	Nonemployee compensation	Delivery orm 1040-NR and Form 8919 Form 8919 (see Help)	
	Back Wages from Lawsuit.	Amount:	<u> Lin</u>
Box 4	Federal income tax withheld		
Box 5 Box 7 Box 5 Box 6 Box 7	First state State tax withheld		
	I confirm that the state withholding identification	ation number(s) are accurate	
FATCA fili	ng requirement		
Additional	Payer and Recipient Information		
Payer's add Street City State	Iress and ZIP code	Recipient's address and Transfer address from Fed Street City State ZIP Co	eral Information Wks .
Foreign Cou		Foreign Country	

Qualified Business Income Component Worksheet • Keep for your records

Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1. Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 Wages allocable to qualified business income. 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 Businesses Check if Specified Service Trade or Businesses Check if Specified Service Trade or Business (SSTB) SSTB reduction to QBI SSTB reduction to allocable wages. SSTB reduction to allocable UBIA QBI, wages, and UBIA after applicable SSTB reductions Qualified business income Allocable wages Allocable UBIA Tentative QBI component Adjustments for QBI losses Loss-adjusted QBI (line 14 plus line 17) Tentative QBI component before limitations (20% of line 18) Wages and assets limits 50% of W2 wages 25% of W2 wages 25% of W2 wages 25% of UBIA Sum of 25% of W2 wages and 2.5% of UBIA Wage and Asset Limit. Larger of line 20 or line 23 Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0) Reduction Amount. Multiply line 6 by line 25. Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) Qualified payments from agricultural or horticultural coop Wages allocable to qualified payments from coop		s) Shown on Return ANDORJ VANYA & AMARSANA	AA PUREVSUREN		Social Sec 133-99-	curity Number -1382
Aggregate trade or business ID number (EIN) Social Security Number of owner in to EIN available 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 a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain. Business name Tax ID QBI W2 wages UBIA 3ALDANDORJ VANYA 1, 233. 0. Qualified business income (QBI) 1, 233. 0. Qualified business income (QBI) 1, 233. 0. Guildied business income (QBI) 1, 233. 0. If using Simplified Worksheet, stop here. 1, 234. Threshold Amount. \$326,600 if MFJ, otherwise \$163,300 Subtract line 3 from line 2. If less than 0, enter 0. Phase-in range amount. Enter \$100,000 if flinig joint, otherwise \$50,000 Florewise, enter 1. Applicable percentage. Subtract the reduction ratio (line 6) from 1,0000 Wages allocable to qualified business income Reductions for Specified Service Trades or Businesses Check if Specified Service Trade or Businesses Check if Specified Service Trade or Businesses Check if Specified Service Trade or Businesses (SSTB) SSTB reduction to allocable wages. SSTB reduction to Blo Sanges. 2.5% of UBIA after applicable SSTB reduction to allocable wages. 2.5% of UBIA after applicable SSTB reduction to allocable wages. 2.5% of UBIA after applicable SSTB reduction to allocable wages. SSTB reduction to allocable wages. 2.5% of UBIA after applicable SSTB reduction to allocable wages. 2.5% of UBIA after applicable SSTB reduction to allocable UBIA Wages and Asset Limit. Larger of line 20 or line 23 Subtract wage/asset limit (line 24) from	Δαι	gregate trade or husiness name		CAT.DANDOR.T	ναννα	
Social Security Number of owner if no EIN available 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 a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain. Has this trade or business aggregation changed from the prior year? This includes changes due to a a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain. Business name Tax ID QBI W2 wages UBIA PALDANDORJ VANYA 1, 233 0 0. Qualified business income (QBI) 1, 233 0 0. If using Simplified Worksheet, stop here. 1, 233 0 0. Subtract line 3 from line 2. If less than 0, enter 0. 1, 24 by line 5. Otherwise, enter 1. Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 Wages allocable to qualified business income. 1, 24 by line 5. Otherwise, enter 1. Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 Wages allocable to qualified business income. 1, 24 by line 5. Otherwise, enter 1. Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 Wages allocable to qualified business income. 1, 24 by line 5. Otherwise, enter 1. Applicable Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income. 1, 24 by line 5. Otherwise, and UBIA after applicable SSTB reductions Qualified business income Adjustments for QBI losses			per (EIN)	GALDANDONO	VANIA	
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 a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain. Business name	Soc	cial Security Number of owner if n	o EIN available		133-99-	-1382
Business name Tax ID QBI W2 wages UBIA ALDANDORJ VANYA 1, 2.33. 0. Qualified business income (QBI) If using Simplified Worksheet, stop here. Taxable Income Threshold Amount. \$326,600 if MFJ, otherwise \$163,300 Subtract line 3 from line 2. If less than 0, enter 0. Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000 Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1. Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 Wages allocable to qualified business income. Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income Reductions for Specified Service Trade or Businesses Check if Specified Service Trade or Businesses (SSTB) SSTB reduction to QBI SSTB reduction to allocable wages. SSTB reduction to allocable wages. SSTB reduction to allocable wages Allocable Usila QBI, wages, and UBIA after applicable SSTB reductions Qualified business income Adjustments for QBI losses Loss-adjusted QBI (line 14 plus line 17) Tentative QBI component before limitations (20% of line 18) Wages and assets limits So% of W2 wages 25% of W2 wages 25% of W2 wages 25% of UBIA Subtract Wage Ages and 2.5% of UBIA Wage and Asset Limit. Larger of line 20 or line 23 Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) (But not less than 0) Reduction floss of line 20 or line 25. Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) Qualified payments from agricultural or horticultural coop Wages allocable to qualified payments from coop Patron reduction (lesser of 9% of line 28 or 50% of line 29)	exp Pro	planation statements below. vide a description of the trade or l	business and an ex	planation of the fa	•	
Qualified business income (QBI) If using Simplified Worksheet, stop here. Taxable Income Threshold Amount. \$326,600 if MFJ, otherwise \$163,300 Subtract line 3 from line 2. If less than 0, enter 0. Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000. Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000. Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1. Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 Wages allocable to qualified business income 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 Businesses Check if Specif						ue to a
Qualified business income (QBI) If using Simplified Worksheet, stop here. Taxable Income Threshold Amount. \$326,600 if MFJ, otherwise \$163,300 Subtract line 3 from line 2. If less than 0, enter 0. Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000. Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000. Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1. Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 Wages allocable to qualified business income 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 Businesses Check if Specif	Bu	siness name	Tax ID	QBI	W2 wages	UBIA
Qualified business income (QBI) If using Simplified Worksheet, stop here. Taxable Income Threshold Amount. \$326,600 if MFJ, otherwise \$163,300 Subtract line 3 from line 2. If less than 0, enter 0. Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000. Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1. Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 Wages allocable to qualified business income. Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income Reductions for Specified Service Trade or Businesses Check if Specified Service Trade or Businesses Check if Specified Service Trade or Businesses Check if Specified Service Trade or Businesses SSTB reduction to allocable UBIA QBI, wages, and UBIA after applicable SSTB reductions Qualified business income Allocable wages Allocable UBIA. Tentative QBI component Adjustments for QBI losses Loss-adjusted QBI (line 14 plus line 17) Tentative QBI component before limitations (20% of line 18) Wages and assets limits So% of W2 wages 2.5% of W2 wages 2.5% of W2 wages 2.5% of W2 wages 2.5% of UBIA. Wage and Asset Limit. Larger of line 20 or line 23 Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0) Reduction Amount. Multiply line 6 by line 25. Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) Qualified payments from agricultural or horticultural coop Wages allocable to qualified payments from coop Patron reduction (lesser of 9% of line 28 or 50% of line 29).	_					021
If using Simplified Worksheet, stop here. Taxable Income Threshold Amount. \$326,600 if MFJ, otherwise \$163,300 Subtract line 3 from line 2. If less than 0, enter 0. Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000. Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1. Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 Wages allocable to qualified business income. 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 Businesses Check if Specified Service Trade or Businesses Check if Specified Service Business (SSTB) SSTB reduction to allocable wages. SSTB reduction to allocable UBIA QBI, wages, and UBIA after applicable SSTB reductions Qualified business income Allocable wages Allocable UBIA Tentative QBI component Adjustments for QBI losses Loss-adjusted QBI (line 14 plus line 17) Tentative QBI component before limitations (20% of line 18) Wages and assets limits 50% of W2 wages 2.5% of W2 wages 2.5% of W2 wages 3.5% of UBIA 3.5% of W2 wages 3.5% of W3 wages 3.5% of W2 wages 3.5% of UBIA 3.5% of W2 wages 3.5% of UBIA 4.5% of W2 wages 3.5% of UBIA 5.5% of W3 wages 3.5% of UBIA 5.5% of W3 wages and 2.5% of UBIA 6.5% of W4 wages and 2.5% of UBIA 7.5% of UBIA 8.5% of W3 wages 8.5% of UBIA 8.5% of UBIA 8.5% of W3 wages and 2.5% of UBIA 9.5% of W3 wages and 2.5% of UBIA 9.5% of W3 wages and 2.5% of UBIA 9.5% of UBIA 9.5% of W3 wages 9.5% of UBIA 9.5% of W3 wages and 2.5% of UBIA 9.5% of UBI		-		,====	7 -	
If using Simplified Worksheet, stop here. Taxable Income Threshold Amount. \$326,600 if MFJ, otherwise \$163,300 Subtract line 3 from line 2. If less than 0, enter 0. Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000. Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1. Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000 Wages allocable to qualified business income. 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 Businesses Check if Specified Service Trade or Businesses Check if Specified Service Business (SSTB) SSTB reduction to allocable wages. SSTB reduction to allocable UBIA QBI, wages, and UBIA after applicable SSTB reductions Qualified business income Allocable wages Allocable UBIA Tentative QBI component Adjustments for QBI losses Loss-adjusted QBI (line 14 plus line 17) Tentative QBI component before limitations (20% of line 18) Wages and assets limits 50% of W2 wages 2.5% of W2 wages 2.5% of W2 wages 3.5% of UBIA 3.5% of W2 wages 3.5% of W3 wages 3.5% of W2 wages 3.5% of UBIA 3.5% of W2 wages 3.5% of UBIA 4.5% of W2 wages 3.5% of UBIA 5.5% of W3 wages 3.5% of UBIA 5.5% of W3 wages and 2.5% of UBIA 6.5% of W4 wages and 2.5% of UBIA 7.5% of UBIA 8.5% of W3 wages 8.5% of UBIA 8.5% of UBIA 8.5% of W3 wages and 2.5% of UBIA 9.5% of W3 wages and 2.5% of UBIA 9.5% of W3 wages and 2.5% of UBIA 9.5% of UBIA 9.5% of W3 wages 9.5% of UBIA 9.5% of W3 wages and 2.5% of UBIA 9.5% of UBI						
QBI, wages, and UBIA after applicable SSTB reductions Qualified business income Allocable wages Allocable UBIA Tentative QBI component Adjustments for QBI losses Loss-adjusted QBI (line 14 plus line 17) Tentative QBI component before limitations (20% of line 18) Wages and assets limits 50% of W2 wages 25% of W2 wages 25% of W2 wages 25% of UBIA Sum of 25% of W2 wages and 2.5% of UBIA Wage and Asset Limit. Larger of line 20 or line 23 Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0) Reduction Amount. Multiply line 6 by line 25. Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) Qualified payments from agricultural or horticultural coop Wages allocable to qualified payments from coop Patron reduction (lesser of 9% of line 28 or 50% of line 29)	3 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Threshold Amount. \$326,600 if N Subtract line 3 from line 2. If less Phase-in range amount. Enter \$ Reduction ratio. If line 4 is less to Otherwise, enter 1. Applicable percentage. Subtract Wages allocable to qualified bus Unadjusted Basis Immediately a to qualified business income Reductions for Specified Serv Check if Specified Service Trade SSTB reduction to QBI SSTB reduction to allocable wages.	MFJ, otherwise \$16: s than 0, enter 0	3,300	00	
Qualified business income Allocable wages Allocable UBIA Tentative QBI component Adjustments for QBI losses Loss-adjusted QBI (line 14 plus line 17) Tentative QBI component before limitations (20% of line 18) Wages and assets limits 50% of W2 wages 25% of W2 wages 25% of W2 wages 25% of WBIA Sum of 25% of W2 wages and 2.5% of UBIA Wage and Asset Limit. Larger of line 20 or line 23 Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0) Reduction Amount. Multiply line 6 by line 25. Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) Qualified payments from agricultural or horticultural coop Wages allocable to qualified payments from coop Patron reduction (lesser of 9% of line 28 or 50% of line 29)	•	QBI, wages, and UBIA after ap	plicable SSTB red	uctions		
Allocable wages Allocable UBIA Tentative QBI component Adjustments for QBI losses Loss-adjusted QBI (line 14 plus line 17) Tentative QBI component before limitations (20% of line 18) Wages and assets limits 50% of W2 wages 25% of W2 wages 2.5% of UBIA Sum of 25% of W2 wages and 2.5% of UBIA Wage and Asset Limit. Larger of line 20 or line 23 Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0) Reduction Amount. Multiply line 6 by line 25. Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) Qualified payments from agricultural or horticultural coop Wages allocable to qualified payments from coop Patron reduction (lesser of 9% of line 28 or 50% of line 29)	4	Qualified business income			<u> </u>	
Tentative QBI component Adjustments for QBI losses	5	Allocable wages				
Adjustments for QBI losses Loss-adjusted QBI (line 14 plus line 17) Tentative QBI component before limitations (20% of line 18) Wages and assets limits 50% of W2 wages 25% of W2 wages 2.5% of UBIA Sum of 25% of W2 wages and 2.5% of UBIA Wage and Asset Limit. Larger of line 20 or line 23 Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0) Reduction Amount. Multiply line 6 by line 25. Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) Qualified payments from agricultural or horticultural coop Wages allocable to qualified payments from coop Patron reduction (lesser of 9% of line 28 or 50% of line 29)	3	Allocable UBIA			· · · · · · · · · -	
Loss-adjusted QBI (line 14 plus line 17) Tentative QBI component before limitations (20% of line 18) Wages and assets limits 50% of W2 wages 25% of W2 wages 2.5% of UBIA Sum of 25% of W2 wages and 2.5% of UBIA Wage and Asset Limit. Larger of line 20 or line 23 Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0) Reduction Amount. Multiply line 6 by line 25. Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) Qualified payments from agricultural or horticultural coop Wages allocable to qualified payments from coop Patron reduction (lesser of 9% of line 28 or 50% of line 29)	7					
Tentative QBI component before limitations (20% of line 18) Wages and assets limits 50% of W2 wages 25% of W2 wages 2.5% of UBIA Sum of 25% of W2 wages and 2.5% of UBIA Wage and Asset Limit. Larger of line 20 or line 23 Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0) Reduction Amount. Multiply line 6 by line 25. Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) Qualified payments from agricultural or horticultural coop Wages allocable to qualified payments from coop Patron reduction (lesser of 9% of line 28 or 50% of line 29)	3	Loss-adjusted QBI (line 14 plus	line 17)			
Wages and assets limits 50% of W2 wages 25% of W2 wages 2.5% of UBIA Sum of 25% of W2 wages and 2.5% of UBIA Wage and Asset Limit. Larger of line 20 or line 23 Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0) Reduction Amount. Multiply line 6 by line 25. Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) Qualified payments from agricultural or horticultural coop Wages allocable to qualified payments from coop Patron reduction (lesser of 9% of line 28 or 50% of line 29)	9	Tentative QBI component before	e limitations (20% of	f line 18)		
25% of W2 wages		Wages and assets limits				
2. 2.5% of UBIA		50% of W2 wages			· · · · · · · · · · · · · · · · · · ·	
Sum of 25% of W2 wages and 2.5% of UBIA		25% of LIRIA				
Wage and Asset Limit. Larger of line 20 or line 23 Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0) Reduction Amount. Multiply line 6 by line 25. Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19) Qualified payments from agricultural or horticultural coop Wages allocable to qualified payments from coop Patron reduction (lesser of 9% of line 28 or 50% of line 29)	<u>-</u> 3	Sum of 25% of W2 wages and 2	.5% of UBIA	· · · · · · · · · · <u>-</u>		
Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0) Reduction Amount. Multiply line 6 by line 25. Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19). Qualified payments from agricultural or horticultural coop. Wages allocable to qualified payments from coop. Patron reduction (lesser of 9% of line 28 or 50% of line 29).	4	Wage and Asset Limit. Larger of	line 20 or line 23			
Reduction Amount. Multiply line 6 by line 25	5	Subtract wage/asset limit (line 24	4) from tentative QE	31 component (line	10)	
Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)		(But not less than 0)	0.1 11			
Wages allocable to qualified payments from coop	6	Reduction Amount. Multiply line	6 by line 25	ODLD " " :	<u> </u>	
Wages allocable to qualified payments from coop	7 B	Subtract the Reduction Amount	(line 26) from Tent.	QBI Ded'n (line 19))	
Patron reduction (lesser of 9% of line 28 or 50% of line 29)	8 9	Wages allocable to qualified page	ments from coop			
Qualified business income component amount	9	Patron reduction (lesser of 9% o	f line 28 or 50% of	ine 29).		
waamiya yadiiidda iiiddiiid ddiiipdiidiit amiddilt	-	Qualified business income con	mponent amount			

Qualified Business Income Deduction Summary ► Keep for your records

		Social Security Number
	QuickZoom to QBI Component Worksheet	.▶
1	Trade or business name GALDANDORJ VANYA	Net QBI 1,233
	Net qualified business income (QBI) from qualified trades or businesses	
3 4 5	Loss from previous year	1,233
6	Check if using Simplified Computation (Form 8995)	Х
7 8	QBI component from Form 8995 line 5 or Form 8995A line 16 QBI loss carryover from Form 8895 line 16 or Form 8995A Schedule C line 6 .	
9 10 11 12	Total REIT dividends	_
13 14 15 16	Total Allowed PTP income (sum of line 10 and line 12)	
17	Disallowed REIT/PTP loss Combined ORI Amount (ORI component plus 20% of REIT/PTP income)	0
18 19 20 21 22	Combined QBI Amount (QBI component plus 20% of REIT/PTP income) Taxable income before qualified business income deduction	67. 0. 12,667
23	QBI deduction before DPAD	247
24	Section 199A(g) deduction for domestic production activities	
25	Total 199A (QBI) deduction (sum of lines 23 and 24)	247

Tax Payments Worksheet ► Keep for your records

Name(s) Shown on Return	Social Security Number
GALDANDORJ VANYA & AMARSANAA PUREVSUREN	133-99-1382

Estimated Tax Payments for 2020 (If more than 4 payments for any state or locality, see Tax Help)

	Fed	leral		St	ate				Local		
	Date	Amount	Date	е	Amount	ID	Da	te	Amount	IC	D
1 _	07/15/20		07/15	5/20			07/1	5/20		_ _	
2	07/15/20		07/15	5/20			07/1	5/20		_ _	
3 _	09/15/20		09/15	5/20			09/1	5/20		_	
4 _	01/15/21		01/15	5/21			01/1	5/21		_ _	
5						_				_	<u> </u>
						_				_	
_	Estimated ments										
		ther Than With , see Tax Help)	holding	Fed	leral	St	ate	ID	Local		ID
7 8	Credited by 6	ts applied to 202 estates and trust s 1 through 7 ons	s								
Тах	es Withheld	d From:			ı	Federal		State		Local	
10 11 12	Forms W-2	G				61	15.	6	35.		
13 14	Forms 1099 Schedules	9-MISC, 1099-N K-1	EC, 1099-ŀ	K, 1099-G	i .	2,08	38.	1,0	29.		
15 16 17 18 a	Social Secu Form 1099	9-INT, DIV and (urity and Railroa ·B · · · · · · · olding · · · ·									
c d	Other withh Positive Ad	olding olding justment djustment	St St St	Loc Loc							
e f 19	Additional N	Medicare Tax holding Lines 1	· 	Loc 18f							
20		Payments for 20	_			2,70 2,70			664.		
	or Year Tax	es Paid In 202 or localities, see	20				ate	ID	Local		ID
21 22 23 24	2019 estima Balance du	th 2019 extension ated tax paid aft e paid with 2019 anded returns, in	er 12/31/20 9 return)19							

			► Keep for	youi	records				
	wn on Return RJ VANYA &	AMARSANAA PU	JREVSURE	N				Social Se 33-99	curity Number -1382
019 State a	and Local Inco	me Tax Informati	on						
(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total Wi held/Pm	nts	Paid	e) With turn	(f) Total C paym	Over-	(g) Applied Amount
otals			1,0	95.				222.	
	Extension Infor	mation			9 Local	lity Exte	nsion Info		n
(a) Stat		(b) aid With Extensi	on		(a) Locali	ity	Paid	(b) With E	xtension
019 State I (a) Stat		mation (c) nates Paid After	12/31	201	9 Local (a) Locali		nates Info	(c)	
	Taxes Due Info			201		lity Taxe	es Due Inf		
(a) Stat		(e) Paid With Returr	1		(a) Locali	-	Pa	(e) id With	
019 State I	Refund Applied	I Information		201	9 Local	lity Refu	ınd Applie	ed Infor	mation
(a) Stat		(g) Applied Amoun	t	_	(a) Locali	ity -	Aŗ	(g) oplied A	
019 State	Tax Refund Inf	ormation		201	9 Local	lity Tax	Refund II	nformat	ion
(a) State	(d) Total Withheld/Pm	(f) Tota ts Overpay	al	Lo	(a) ocality	7	(d) Fotal eld/Pmts	0	(f) Total verpayment
IL	1,0	95.	222.						

133-99-1382

Othe	r Tax and Income Information				2019	2020
1 2 3 4 5 6 7 8	Filing status Number of exemptions for blind or over 65 (0 - 4) Itemized deductions Check box if required to itemize deductions Adjusted gross income Tax liability for Form 2210 or Form 2210-F Alternative minimum tax Federal overpayment applied to next year estimations			1 2 3 4 5 6 7 8	2 MFJ 1,464. 26,731.	2 MFJ 1,664. 37,467.
	ickZoom to the IRA Information Worksheet for	IRA	information	1		
	ess Contributions				2019	2020
	Taxpayer's excess Archer MSA contributions as Spouse's excess Archer MSA contributions as of			9 a b		
	Taxpayer's excess Coverdell ESA contributions as			10 a		
	Spouse's excess Coverdell ESA contributions as			b		
	Taxpayer's excess HSA contributions as of 12/3			11 a		
b	Spouse's excess HSA contributions as of 12/31	٠.		b		
	and Expense Carryovers : Enter all entries as a positive amount				2019	2020
	Short-term capital loss			12 a		
	AMT Short-term capital loss			13 a		
	AMT Long-term capital loss			b		
	Net operating loss available to carry forward			14 a		
	AMT Net operating loss available to carry forward			b		
	Investment interest expense disallowed	٠.		15 a		
			1	b		
16 ľ	Nonrecaptured net Section 1231 losses from:	a b	2020	16 a b		
		C	2018	C		
		d	2017	d		
		е	2016	е		
		f	2015	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	а	2020	17 a		
		b	2019	b		
		C	2018	С		
		~	1 2017			
		d e	2017 2016	d e		

Cred	it Carryovers				2019	2020
18 19	General business credit Adoption credit from: a b c d e f	2020		18 19a c d		
20	Mortgage interest credit from	m: a 2020 b 2019 c 2018		20 a b c		
21 22 23	Credit for prior year minimu District of Columbia first-tim Residential energy efficient	ne homebuyer cre	edit	22		
Othe	r Carryovers				2019	2020
24 25 Char	foreign b Taxpa c Spous	yer (Form 2555, yer (Form 2555, se (Form 2555, lir se (Form 2555, lir	line 46) line 48) ne 46)	25 a b c		
26	2019 Carryover of		Property	C	Capital Gain	Cash
	charitable contributions from:	(a) 50%	(b) 30%	(c) 30°	<u> </u>	(e) 60/100%
d	2019					
27	2020 Carryover of	Other P	Property	C	Capital Gain	Cash
	charitable contributions from:	(a) 50%	(b) 30%	(c) 30°	% (d) 20%	(e) 60/100%
b c d	2020					
28	Amount overpaid less earne	ed income credit				4,501.
Qual	ified Business Income Ded	luction (Section	199A) carryove	ers	2019	2020
29 30 31	Qualified business loss carr Qualified PTP loss carryford Applicable percentage		31 a			
2019	State Capital Loss Carryo	vers (For users r	not transferring fr	rom the pric	or vear)	

-	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

Depreciation and Amortization Report Tax Year 2020 ► Keep for your records

Form 4562

Date Cost In Service (Net of	Land	Bus Use %	Section 179		Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current
				Allowance					
		100.00							
0	0		0	0	0			0	
0	0		0	0	0			0	
-	\dagger					+			
						-			
	+								
+							Ī		
				_			_		

f. Fage . 133-99-1382

Alternative Minimum Tax Depreciation Report

GALDANDORJ VANYA & AMARSANAA PUREVSUREN

Form 4562

- Delivery

Sch C

Tax Year 2020 ► Keep for your records

Adjustments				0 0	0 0																-
Current Depreciation	-																				
Prior Depreciation	-			0	0																
Method/ Convention																					
Life																					
Depreciable Basis				0	0																
Special Depreciation	Allowance			0	0																
Section 179				0	0																
Bus Use %			100.00																		
Land				0	0																
Cost (Net of	Land)			0	0																
Date In Service			01/09/19																		
*Code			L																		
Asset Description		DEPRECIATION	Toyota Avalon	SUBTOTAL PRIOR YEAR	TOTALS																

ij

Page |

Santa Barbara Tax Products Group, LLC

and Green Dot Bank Refund Processing Service Agreement ("Agreement")

Name: GALDANDORJ VANYA & AMARSANAA PUREVSUREN

Social Security No.: <u>133-99-1382</u>

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. <u>Authorization to Release Personal Information.</u> 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	7,111.00
Less Processor Refund Processing Fee	40.00
Less TurboTax Fees	20.00
Less Fees for Additional Products and Services Purchased	_
Expected Proceeds*	7,051.00

^{*} 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. <u>Temporary Deposit Account Authorization.</u> 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://sbtpg.com.

7. <u>Disbursement Methods (Select One):</u> 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) X 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: X Checking

	oneoning	
	Savings	
RTN	#	081904808
Acc	ount #	2910275976 06

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 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. <u>Compensation.</u> 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.

11. <u>Arbitration Provision.</u> 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.

12. <u>Customer Identity Validation Disclosure.</u> 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(R) 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.

Rev. 10/2019

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

Why?

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.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and account balances
- account transactions and purchase history
- transaction history and overdraft history

How?

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.

Reasons we can share your personal information	Does Green Dot Bank share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	No	We don't share
For joint marketing with other financial companies.	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For nonaffiliates to market to you.	Yes	Yes

To limit our sharing

Visit us online: https://turbodebitcard.intuit.com/privacy-settings

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.

Please note:

If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer 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.

Questions?

Call 1-888-285-4169 or go to turbodebitcard.intuit.com

Page 2	
What we do	
personal information?	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.
How does Green Dot Bank	We collect your personal information, for example, when you
collect my personal information?	 open an account or make deposits or withdrawals from your account use your debit card or provide account information give us your contact information
	We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only
	 sharing for affiliates' everyday business purposes — information about your creditworthiness affiliates from using your information to market to you sharing for nonaffiliates to market to you.
	State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. 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.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.
	The only nonaffiliates we share with are Intuit Inc. and its affiliates and subsidiaries.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.
	The only joint marketing partners we share with are Intuit Inc.

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.

Electronic Filing Instructions for your 2020 Illinois Tax Return Important: Your taxes are not finished until all required steps are completed.



G VANYA & A PUREVSUREN 3651 SALEM WALK NORTHBROOK, IL 60062

Balance Due/ Refund	Your Illinois state tax return (Form IL-1040) shows a refund due to you in the amount of \$871.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 291027597606 Routing Transit Number: 081904808.
Where's My Refund?	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 www.ILtax.com.
No Signature Document Needed	No signature form is required since you signed your return electronically.
What You Need to Keep	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
2020 Illinois Tax Return Summary	Taxable Income

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.

Step 1: Personal Information

1973

133-99-1382 748-22-5182 1969

GALDANDORJ VANYA

AMARSANAA PUREVSUREN

3651 SALEM WALK Α1

60062 COOK NORTHBROOK IL



	В	Filing status: Single Married filing jointly Married filing separately Widowed He	ead of househo	ld
	С	Check If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You		
	D	Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident	dent - Attach S	Sch. NR
	_	p 2: Income		e dollars only)
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1	37 , 467 _{.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	37 , 467.00
	Ste	p 3: Base Income	·	
<u> </u>	5	Social Security benefits and certain retirement plan income		
		received if included in Line 1. Attach Page 1 of federal return.	.00	
2	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,		
		Schedule 1, Ln. 1. 6	.00	
9	7	Other subtractions. Attach Schedule M 7	.00	
2	•	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 9	.00 37,467.00
alla	9	Illinois base income. Subtract Line 8 from Line 4.	9	37,407.00
Ņ		p 4: Exemptions	650	
2	10		,650 _{.00}	
ğ		b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b	.00	
orapie		c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	.00	
,		Attach Schedule IL-E/EIC.	,650 _{.00}	
		Exemption allowance. Add Lines a through d.	10	9,300.00
Γ	Ste	p 5: Net Income and Tax		,
•		Residents: Net income. Subtract Line 10 from Line 9.		
	••	Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Sched	ule NR 11	28,167.00
	12	Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	a.o.r	, .00
5		Nonresidents and part-year residents: Enter the tax from Schedule NR.	12	1,394.00
2	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	1,394.00
1	Ste	p 6: Tax After Nonrefundable Credits		
=	15	Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15	.00	
ں لا	16	Property tax and K-12 education expense credit amount from Schedule ICR.		
7		Attach Schedule ICR. 16	.00	
5		Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	.00	0 00
3		Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. Tax after nonrefundable credits. Subtract Line 18 from Line 14.	18 19	0.00 1,394.00
2				1,374.00
		p 7: Other Taxes	00	6.2
olap	20 21	Household employment tax. See instructions.	20	.00
(1	4 I	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
7	22	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharge		.00

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

23 Total Tax. Add Lines 19, 20, 21, and 22. 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.



1,394.00

23





24 To	tal tax from Page 1, Line	e 23.			24	1,394.00
Step 8:	Payments and Refu	undable Credit				
25 Illino	ois Income Tax withheld	I. Attach Schedule IL-W	IT.	25	1,664.00	
26 Esti	mated payments from F	orms IL-1040-ES and II	505-I,			
		applied from a prior year		26	.00	
		ttach Schedule K-1-P o		27	.00	
28 Earı	ned Income Credit from	Schedule IL-E/EIC, Step	4, Line 8. Attach Schedule IL-E	E/EIC. 28	601.00	
29 Tota	al payments and refun	dable credit. Add Lines	25 through 28.		29	2,265 _{.00}
Step 9:	Total					
30 If Lir	ne 29 is greater than Line	e 24, subtract Line 24 from	m Line 29.		30	871.00
31 If Lir	ne 24 is greater than Line	e 29, subtract Line 29 fro	m Line 24.		31	.00
Step 10	D: Underpayment of E	Estimated Tax Penalt	y and Donations - Only o	complete Step 1	0 for late-paym	ent penalty
for und	lerpayment of estim	ated tax or to make	a voluntary charitable do	onation.		
32 Late	e-payment penalty for ur	nderpayment of estimate	ed tax.	32	.00	
_			ss income is from farming.			
_		•	nd permanently living in a nu	•		
c [•	during the year and you ann	ualized your incom	ne on Form IL-221	0.
4 5	Attach Form IL-2210.		ta la divida da la casa Tarrasa.	on to the or or or of the or		
_		-	is Individual Income Tax retur		-	
	•	ons. Attach Schedule G ons. Add Lines 32 and 3		33	<u>.00</u> 34	.00
		ilis. Add Lilles 32 alld 3	J.			.00
•	1: Refund					
-		ine 30 and this amount	is greater than Line 34, subtr	act Line 34 from L		071.00
	s is your overpayment .	ont refunded to you Ch	and and haven line 27 Can	inatruationa	35 36	871.00 871.00
	-	-	neck one box on Line 37. See	instructions.	30	071.00
_	oose to receive my refu	•				
a ½	direct deposit - Com	plete the information be	low if you check this box.			
	Routing	number 0 8 1 9	0 4 8 0 8 ×	Checking or	Savings	
	Account	number 2 9 1 0	2 7 5 9 7 6 0	6		
	¬				<u> </u>	
р∟	Illinois Individual Ind http://tax.illinois.gov	v/DebitCard prior to ma	card. I acknowledge I have re king this election.	eviewed the card i	nformation found a	at
с	paper check.		9			
38 Amo	ount to be credited forw	ard. Subtract Line 36 fro	om Line 35. See instructions.		38	.00
Step 12	2: Amount You Owe					
•		ine 31, add Lines 31 an	d 24 - or -			
-		ine 31, add Lines 31 an				
-			ou owe. See instructions.		39	.00
Step 1		both you and your spous	e must sign below. kamined this return and, to the	host of my knowled	dae it is true corre	et and complete
Cian	T Officer perialities of per	I I I I I I I I I I I I I I I I I I I	damined this return and, to the	l l		· · · · · · · · · · · · · · · · · · ·
Sign Here					(224) 607	7-8078
	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyy	y) Daytime phone	number
Deid			Self-Prepared		Check if	
Paid Preparer	Print/Type paid preparer's	s name	Paid preparer's signature	Date (mm/dd/yyy	y) self-employed	Paid Preparer's PTIN
Use Only	Firm's name			Firm's FEIN	•	
Joe Jiny	Firm's address			Firm's phone) ()	
The Sanat					\ /	
ınıra			()		Check if th	e Department may
Third Party			()	•	discuss this re	e Department may eturn with the third
Party	Designee's name (please	e print)	Designee's phone	•	discuss this re	

IL-1040 2D Back (R-12/20)
Printed by authority of the State of
Illinois - web only, 1.

DR_______AF

DR_____ AP____ RR DC IR ID

ID: 3WM REV 01/23/21 TTMac





Illinois Department of Revenue 2020 Schedule IL-E/EIC

Illinois Exemption and Earned Income Credit

Attach to your Form IL-1040 IL Attachment No. 30

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

<u>≡Note</u> If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

	UREVSUREN			33 Social Security num	. <u> </u>	<u> </u>	3	8
our name as snown o	on your Form IL-1040		Your S	social Security num	ber			
linaia Dan	andont Even	ntion Allow						
-	endent Exem	-	vance					
	endent information for each person you are		endent Note:	lf vou are claim	ina more	than ten	denenden	ts compl
	onal Dependent inform		Tracini. Tracar	r you are claim	ng more	trair torr	аоронаон	io, compi
			1	Ť				
Dependent's first	Dependent's last name	Social Security	Dependent's relationship	Dependent's date of birth	Full time	Person with	Number of	Eligible for
name		number	to you	(mm/dd/yyyy)	student	disability	months living with you	Earned Income Credit
			_	/ /			,	×
UNKHTUGULDUR	GALDANDORJ	655-35-4584	Son	06/04/2010			12	
UNKHJIN	GALDANDORJ	222-53-3904	Son	05/18/2003			12	×

Continue to Page 2 to calculate Illinois Earned Income Credit







Illinois Earned Income Credit

Complete this section only if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2. **<u>≡Note</u>** If you are not claiming a qualifying child, do not complete the table below.

Step 3: Qualifying Child Information

complete the table for quali	fying children that are I	not included in Step	o 2.				
Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you
Does your occupation red If you answered "Yes" to or certification number.	-	-	uing agency and		stration,	Yes	No 2
If you are filing your 2020 return as married filing s married filing jointly fede a If you entered an amou married filing jointly fede	eparately, enter your fe eral Form 1040 or 1040- nt on Line 3, enter your	deral adjusted gross SR, Line 11.	s income (AGI) fr	om your	3 ₋ 3a		·
Is the statutory employee		, Wage and Tax State	ement, Box 13?		4	Yes	No ⊠
tep 4: Figure you Enter the amount of fed Multiply the amount on I Illinois residents: Ente Nonresidents and part	eral Earned Income Cr Line 5 by 18% (.18). er 1.0. t -year residents: Ente	edit from your feder	ral Form 1040 o	ine 48.	27. 5 _ 6 _ 7 _	1 • 00	3,339 601 000
Multiply Line 6 by the de	ecimal on Line 7. This i and on your Form IL-10	-	ed Income Cred	it.	→ 8		601

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act





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	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

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

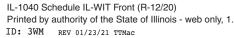
GALDANDORJ VAN			33	<u> </u>	<u>1</u> <u>3</u>	82
Your name as shown	on Form IL-1040	Your	Social Security nun	nber		
Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winning Distributions, Compensa		Column D Wages, Winnings, Gro ions, Compensation,	oss Illir	olumn E lois Income x Withheld
1 <u>W</u>	20-5360635	\$2,760	<u>•00</u> \$	2,760 .00	\$	137 •00
2 G	36-3042127	\$20,808	<u>8•00</u> \$	20,808 •00	\$	1,029• 00
3		_ \$	<u>•00</u> \$	•00	\$	•00
4		\$	<u>•00</u> \$	•00	\$	<u>•00</u>
5		\$	<u>•00</u> \$	•00	\$	•00
AMARSANAA PUREY	VSUREN as shown on Form IL-1040	<u>7</u> Your s	<u>4</u> <u>8</u> spouse's Social Sec	2 2	5 1	8 2
Column A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, a , a		
Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winning Distributions, Compensa		Column D Wages, Winnings, Gro	oss Illin	olumn E lois Income x Withheld
Form type	Employer/Payer	Federal Wages, Winning	tion, etc. Distribut	Wages, Winnings, Gro	oss Illin	ois Income x Withheld
₩	Employer/Payer Identification Number	Federal Wages, Winning Distributions, Compensa	tion, etc. Distribut	Wages, Winnings, Gro ions, Compensation,	oss Illin	ois Income x Withheld
6 <u>W</u>	Employer/Payer Identification Number	Federal Wages, Winning Distributions, Compensa	tion, etc. Distribut	Wages, Winnings, Gro iions, Compensation, 12,666,00	oss Illin	iois Income x Withheld 498•00
6 <u>W</u> 7	Employer/Payer Identification Number	Federal Wages, Winning Distributions, Compensa	tion, etc. Distribut -00 \$ -00 \$	Wages, Winnings, Grotions, Compensation, 12,666,00 ,00	oss Illin	oois Income x Withheld 498,00

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 \$ 1,664_•00





E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly [u checked the MFS box, enter the son is a child but not your depender	name of y	ed filing separately your spouse. If you								
Your first name and middle initial Last na			Last nar	ne					Your s	Your social security number		
GALDANDORJ VAN				A					133-	133-99-1382		
If joint return, s	pouse's	s first name and middle initial	Last nar	ne					Spous	Spouse's social security number		
AMARSANAA PURI				VSUREN					748-	748-22-5182		
Home address	(numbe	er and street). If you have a P.O. box, se	e instructio	ons.				Apt. no.	Presid	ential Electi	ion Campaign	
3651 SA	LEM	WALK						A1	- 1	here if you,		
City, town, or post office. If you have a foreign address, also complete s				spaces below. State			ZIP	I /IP COOE		spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change		
NORTHBROOK				IL			160060		1 -			
Foreign country name				Foreign province/state/county			Fore	oreign postal code your t		tax or refund. You Spouse		
At any time du	ring 20	020, did you receive, sell, send, exc	change, o	r otherwise acquir	e any	financial intere	est in	any virtual	currency	? Yes	⊠ No	
Standard Deduction		eone can claim: You as a d Spouse itemizes on a separate retu	•									
Age/Blindness	You	Were born before January 2,	1956	Are blind S	oouse	: Was bo	rn be	fore Januar	, 2, 1956	ls b	lind	
Dependents	s (see	instructions):		(2) Social security number (3) Relationsl to you		hip	ip (4) ✓ if qualifies the Child tax credit		alifies for (see instructions):			
If more		irst name Last name				to you			1	ther dependents		
than four	MUN	KHTUGULDUR GALDANDORJ		655-35-4584 Son				×				
dependents, see instructions	NUN C	KHJIN GALDANDORJ		222-53-3904		Son					X	
and check												
here ▶ 🗌												
	1	Wages, salaries, tips, etc. Attach	Form(s) V	V-2						1	15,426.	
Attach Sch. B if required.	2a	Tax-exempt interest	2a		b 7	axable interes	st		. 2	b		
	3a	Qualified dividends	3a	3a b Ordinary dividend			nds		. 3	b		
	4a	IRA distributions	4a		b 7	axable amour		. 4	b			
	5a	Pensions and annuities	5a		b 7	axable amour	nt.		. 5	b		
Standard Deduction for—	6a	Social security benefits	6a		b 7	axable amour	nt.		. 6	b		
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □								7		
Single or Married filing	8	Other income from Schedule 1, line 9							{	3	22,135.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							> 9	9	37,561.	
Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions.	10	Adjustments to income:										
	а	From Schedule 1, line 22										
	b	Charitable contributions if you take the standard deduction. See instructions 10b										
	С	Add lines 10a and 10b. These are your total adjustments to income							▶ 10	Ос	94.	
	11	Subtract line 10c from line 9. This is your adjusted gross income							▶ 1	1	37,467.	
	12	Standard deduction or itemized deductions (from Schedule A)								2	24,800.	
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A								3	247.	
	14	Add lines 12 and 13									25,047.	
	15	Taxable income. Subtract line 14	4 from line	e 11. If zero or less	s, ente	er -0			. 1	5	12,420.	

Form 1040 (2020))								Page 2		
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		16	1,243.		
	17	Amount from Schedule 2, lin	ne 3				-	17			
	18	Add lines 16 and 17						18	1,243.		
	19	Child tax credit or credit for	other dependen	ts				19	1,243.		
	20	Amount from Schedule 3, lin	ne 7					20			
	21	Add lines 19 and 20						21	1,243.		
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	0.		
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 10			23	188.		
	24	Add lines 22 and 23. This is	your total tax				•	24	188.		
	25	Federal income tax withheld									
	а	Form(s) W-2				25a	615				
	b	Form(s) 1099				25b	2,088				
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	2,703.		
If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	119 return			26			
qualifying child,	27	Earned income credit (EIC)				27	3,339				
attach Sch. EIC. If you have	28	Additional child tax credit. A				28	1,257				
nontaxable	29	American opportunity credit	from Form 8863	3, line 8		29	•				
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30					
	31	Amount from Schedule 3, lin	ne 13			31					
	32	Add lines 27 through 31. These are your total other payments and refundable credits							4,596.		
	33	Add lines 25d, 26, and 32. These are your total payments							7,299.		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .						34	7,111.		
neiulia	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here > [35a	7,111.		
Direct deposit?	►b	Routing number 0 8 1 9 0 4 8 0 8 ▶ c Type: ★ Checking Saving						3			
See instructions.	►d	Account number 2 9 1 0 2 7 5 9 7 6 0 6									
	36	Amount of line 34 you want applied to your 2021 estimated tax 36									
Amount	37	Subtract line 33 from line 24	I. This is the am e	ount you owe	now		▶	37			
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for									
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.									
instructions.	38	Estimated tax penalty (see instructions)									
Third Party	Do	you want to allow another	r person to disc	cuss this retu	rn with the IRS?						
Designee	ins	structions				. ▶ ∐ Yes. (Complete	below.	X No		
		signee's me ▶		Phone			sonal ider nber (PIN)				
0:			that I have aversing	no. ►	l						
Sign	bel	der penalties of perjury, I declare lief, they are true, correct, and con	inat i nave examine iplete. Declaration	of preparer (othe	r than taxpayer) is ba	ased on all informa	tion of wh	ch prepar	er has any knowledge and er has any knowledge.		
Here		ur signature	•	Date	Your occupation				nt you an Identity		
	k						Pr	otection P	IN, enter it here		
Joint return? See instructions. Keep a copy for			ASSISTANT			(se	ee inst.) 🕨				
	Sp	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation HOUSEWIFE				nt your spouse an ection PIN, enter it here		
your records.	,								ection Pila, enter it here		
		one no.	Email address			(-	ee inst.) 🕨				
		Preparer's name Preparer's signat					PTIN		Check if:		
Paid		•		Date					Self-employed		
Preparer	———	Firm's name ► Self-Prepared Phor									
Use Only		-							m's EIN ▶		
Co to warming and			J LIIN P	Form 1040 (2020)							
GO to www.irs.go	אירטווו	n1040 for instructions and the late	ət illioillidilöli.		BAA	REV 02/07/21 TTM	ac		rom 1040 (2020)		