

Electronic Filing Instructions for your 2020 Federal Tax Return

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



BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL
5550 Columbia Pike, Apt. 591
Arlington, VA 22204

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$6,237.00. Applicable fees were deducted from your original refund amount of \$6,237.00. Your refund is now \$6,157.00. Because you chose to have your TurboTax fees deducted from your refund, you will receive e-mail from Green Dot Bank, which handles this transaction. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 796173362 Routing Transit Number: 071000013.		
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2021. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2020 Federal Tax Return Summary	Adjusted Gross Income	\$	23,521.00
	Taxable Income	\$	0.00
	Total Tax	\$	3,576.00
	Total Payments/Credits	\$	9,813.00
	Amount to be Refunded	\$	6,237.00
	Effective Tax Rate		-41.72%

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

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

Your first name and middle initial BATULZII		Last name TSERENBAT		Your social security number 630-29-2802	
If joint return, spouse's first name and middle initial SARANTUYA		Last name TUMENDEMBEREL		Spouse's social security number 288-11-2539	
Home address (number and street). If you have a P.O. box, see instructions. 5550 Columbia Pike				Apt. no. 591	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. Arlington		State VA	ZIP code 22204		
Foreign country name		Foreign province/state/county		Foreign postal code	

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

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
AMANDA	BAT-ULZII	140-91-5197	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ANNA	BAT-ULZII	626-87-0690	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARIANA	BAT-ULZII	271-91-4728	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If more than four dependents, see instructions and check here <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
Standard Deduction for— <ul style="list-style-type: none">• Single or Married filing separately, \$12,400• Married filing jointly or Qualifying widow(er), \$24,800• Head of household, \$18,650• If you checked any box under Standard Deduction, see instructions.	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9	8	25,310.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	25,310.
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	1,789.
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	1,789.
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	23,521.
	12	Standard deduction or itemized deductions (from Schedule A)	12	24,800.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	0.
	14	Add lines 12 and 13	14	24,800.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents	19	0.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	3,576.
24	Add lines 22 and 23. This is your total tax	24	3,576.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	6,660.
28	Additional child tax credit. Attach Schedule 8812	28	3,153.
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	9,813.
33	Add lines 25d, 26, and 32. These are your total payments	33	9,813.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,237.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,237.
Direct deposit? See instructions.	b Routing number 071000013 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 796173362		
	36 Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37	
For details on how to pay, see instructions.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	38 Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☒ **No**

Designee's name ▶

Phone no. ▶

Personal identification number (PIN) ▶

Sign Here

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

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no.

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employedFirm's name ▶ **Self-Prepared**

Phone no.

Firm's address ▶

Firm's EIN ▶

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

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

BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL

Your social security number

630-29-2802

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C	3	25,310.
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	
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	25,310.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government 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	1,789.
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		
c	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	1,789.

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

BAA

REV 03/25/21 TTMac

Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**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**

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

BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL

Your social security number

630-29-2802

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	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	3,576.
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 .	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	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	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	8	
9	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	3,576.

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

BAA

REV 03/25/21 TTMac

Schedule 2 (Form 1040) 2020

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Name of proprietor BATULZII TSERENBAT		Social security number (SSN) 630-29-2802	
A Principal business or profession, including product or service (see instructions) DRIVER (BATULZII)		B Enter code from instructions ► 4 8 5 3 0 0	
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ► 5550 Columbia Pike, Apt. 591 City, town or post office, state, and ZIP code Arlington, VA 22204			
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►			
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
H If you started or acquired this business during 2020, check here <input type="checkbox"/>			
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	36,141.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	36,141.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	36,141.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	36,141.

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions).	9	12,075.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20b	
12	Depletion	12		b	Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21	Repairs and maintenance	22	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	
15	Insurance (other than health)	15		23	Taxes and licenses	24	
16	Interest (see instructions):	16a		24	Travel and meals:	24a	
a	Mortgage (paid to banks, etc.)	16b		a	Travel	24b	
b	Other	17		b	Deductible meals (see instructions)	25	
17	Legal and professional services	17		25	Utilities	26	
18	Total expenses before expenses for business use of home. Add lines 8 through 27a	18	12,075.	26	Wages (less employment credits)	27a	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	24,066.	27a	Other expenses (from line 48)	27b	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	24,066.				
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

Part III	Cost of Goods Sold (see instructions)
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33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ Yes ☐ 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 IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) ► 12/30/2011

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a	Business	21,000	b	Commuting (see instructions)	0	c	Other	0
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45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☒ No

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

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

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

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

[illegible]

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Name of proprietor

SARANTUYA TUMENDEMBEREL

Social security number (SSN)

288-11-2539

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

B Enter code from instructions

► 4 9 2 0 0 0

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

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

E Business address (including suite or room no.) ► 5550 Columbia Pike, Apt. 591
City, town or post office, state, and ZIP code Arlington, VA 22204

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

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2020, check here ☐

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	1,244.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	1,244.
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	1,244.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	1,244.

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions).	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	1,244.	27a	Other expenses (from line 48)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	1,244.				
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
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 IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

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

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

2020
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

BATULZII T SERENBAT

Social security number of person
with self-employment income ►

630-29-2802

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 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 line 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** 24,066.

3 Combine lines 1a, 1b, and 2 **3** 24,066.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 22,225.

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**

c 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** 22,225.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 22,225.

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) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 **8a**

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**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 137,700.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 2,756.

11 Multiply line 6 by 2.9% (0.029) **11** 645.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 3,401.

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** **13** 1,701.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,460, **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 income¹ (not less than zero) **or** \$5,640. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$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 income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

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	
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 .

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REV 03/25/21 TTMac

Schedule SE (Form 1040) 2020

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

2020
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

SARANTUYA TUMENDEMBEREL

Social security number of person
with self-employment income ►

288-11-2539

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 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 line 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** 1,244.

3 Combine lines 1a, 1b, and 2 **3** 1,244.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 1,149.

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**

c 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** 1,149.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 1,149.

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) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 **8a**

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**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 137,700.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 142.

11 Multiply line 6 by 2.9% (0.029) **11** 33.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 175.

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** **13** 88.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,460, **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 income¹ (not less than zero) **or** \$5,640. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$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 income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

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	
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 .

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REV 03/25/21 TTMac

Schedule SE (Form 1040) 2020

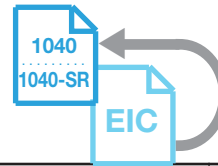
SCHEDULE EIC
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Earned Income Credit

Qualifying Child Information

- ▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
▶ **Go to www.irs.gov/ScheduleEIC for the latest information.**



OMB No. 1545-0074

2020

Attachment
Sequence No. **43**

Name(s) shown on return

BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL

Your social security number

630-29-2802

Before you begin:

- 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.
- 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.



- 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.

Qualifying Child Information

Child 1

Child 2

Child 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.	AMANDA	BAT-ULZII	ANNA	BAT-ULZII	ARIANA	BAT-ULZII
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.	140-91-5197		626-87-0690		271-91-4728	
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>1</u> <u>6</u> <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2</u> <u>0</u> <u>1</u> <u>6</u> <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2</u> <u>0</u> <u>1</u> <u>8</u> <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4 a Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2020?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter		Daughter		Daughter	
6 Number of months child lived with you in the United States during 2020	12 months <i>Do not enter more than 12 months.</i>		12 months <i>Do not enter more than 12 months.</i>		12 months <i>Do not enter more than 12 months.</i>	

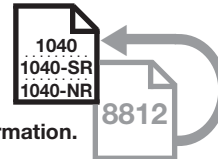
SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Additional Child Tax Credit

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

► Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2020

Attachment
Sequence No. **47**

Name(s) shown on return

BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL

Your social security number

630-29-2802

Part I All Filers

Caution: 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	6,000.
2	Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR	2	0.
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	6,000.
4	Number of qualifying children under 17 with the required social security number: <u>3</u> x \$1,400. Enter the result. If zero, stop here; you cannot claim this credit	4	4,200.
5	Enter the smaller of line 3 or line 4	5	4,200.
6a	Earned income (see instructions)	6a	23,521.
b	Nontaxable combat pay (see instructions)	6b	
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	21,021.
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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.	8	3,153.

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.	9	0.
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	10	1,789.
11	Add lines 9 and 10	11	1,789.
12	1040 and 1040-SR filers: 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.	12	6,660.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	3,153.

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	3,153.
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Enter this amount on
Form 1040, line 28;
Form 1040-SR, line 28; or
Form 1040-NR, line 28.

**Qualified Business Income Deduction
Simplified Computation**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.****2020**Attachment
Sequence No. **55**

Name(s) shown on return

BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL

Your taxpayer identification number

630-29-2802

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	BATULZII TSERENBAT	630-29-2802	22,365.
ii	SARANTUYA TUMENDEMBEREL	288-11-2539	1,156.
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	23,521.	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	23,521.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		4,704.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
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 and 9	10		4,704.
11	Taxable income before qualified business income deduction	11	0.	
12	Net capital gain (see instructions)	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		0.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	15		0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)	

Tax History Report

► Keep for your records

2020

Name(s) Shown on Return

BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status			MFJ	MFJ	MFJ
Total income			20,322.	17,179.	25,310.
Adjustments to income			1,437.	1,214.	1,789.
Adjusted gross income			18,885.	15,965.	23,521.
Tax expense			0.	384.	0.
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.	0.	0.
Taxable income			0.	0.	0.
Tax					
Alternative min tax . .					
Total credits			0.	0.	0.
Other taxes			2,872.	2,427.	3,576.
Payments			8,889.	8,577.	9,813.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund			6,017.	6,150.	6,237.
Effective tax rate % . .			-47.07	-53.72	-41.72
**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 directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

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

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

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

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

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

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

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.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ .	Usually within 21 days ²	\$40.00 ³

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.

Questions? Call 877-908-7228

We need your consent to process with this payment option

This is an IRS requirement

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

IRS regulations require the following statements:

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

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

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

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.

Batulzii
First Name

Tserenbat
Last Name

Please type the date below:
02/28/2021
Date

Sarantuya

Tumendembere1

02/28/2021

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:

Batulzii

Tserenbat

Please type the date below:

02/28/2021

Date

Sarantuya

Tumendembere1

02/28/2021

Form 1099-NEC
Nonemployee Compensation Worksheet

2020

Name(s) Shown on Return BATULZII TSERENBAT	Social Security Number 630-29-2802
--	--

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

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

Box 1	Nonemployee compensation <u>28,060.92</u> Double click to link to: Schedule C . ▶ <u>DRIVER (BATULZII)</u> Schedule F . ▶ _____ <input type="checkbox"/> Report on line 1 of Form 1040 or Form 1040-NR and Form 8919 If checked, enter Reason Code for Form 8919 (see Help) _____ If Reason Code A or C, enter determination date _____ <input type="checkbox"/> Other Income <input type="checkbox"/> Back Wages from Lawsuit. Amount: _____
--------------	--

Box 4	Federal income tax withheld _____
--------------	---

Box 5	First state
Box 6	State tax withheld _____
Box 7	State . _____ Payer's state no. _____
Box 7	State income. _____
Box 5	Second state
Box 6	State tax withheld _____
Box 7	State . _____ Payer's state no. _____
Box 7	State income. _____
I confirm that the state withholding identification number(s) are accurate <input type="checkbox"/>	

FATCA filing requirement ☐

Additional Payer and Recipient Information

Payer's address and ZIP code

Street _____
City _____
State _____ ZIP Code _____
Foreign Country _____

Recipient's address and ZIP code

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

2020

Payer's EIN 26-1328194 **or SSN** _____
Payer's Name GrubHub Holdings, inc
Account number (for your records only) _____

Box 1	Nonemployee compensation	8,080.03
	Double click to link to: Schedule C ▶ <u>DRIVER (BATULZII)</u>	
	Schedule F ▶ _____	
<input type="checkbox"/>	Report on line 1 of Form 1040 or Form 1040-NR and Form 8919	
	If checked, enter Reason Code for Form 8919 (see Help) . . .	_____
	If Reason Code A or C, enter determination date	_____
<input type="checkbox"/>	Other Income	
<input type="checkbox"/>	Back Wages from Lawsuit.	Amount: _____

	First state
Box 5	State tax withheld _____
Box 6	State . _____ Payer's state no. _____
Box 7	State income. _____
	Second state
Box 5	State tax withheld _____
Box 6	State . _____ Payer's state no. _____
Box 7	State income. _____
I confirm that the state withholding identification number(s) are accurate <input type="checkbox"/>	

		Transfer address from Federal Information Wks .	<input type="checkbox"/>
Street	_____	Street	_____
City	_____	City	_____
State	_____ ZIP Code _____	State	_____ ZIP Code _____
Foreign Country	_____	Foreign Country	_____


Form 1099-NEC
Nonemployee Compensation Worksheet

2020

Name(s) Shown on Return SARANTUYA TUMENDEMBEREL	Social Security Number 288-11-2539
---	--

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

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

Box 1 Nonemployee compensation 1,244.12
Double click to link to: [Schedule C . ► Delivery](#)
[Schedule F . ►](#) _____
☐ Report on line 1 of Form 1040 or Form 1040-NR and Form 8919
If checked, enter Reason Code for Form 8919 (see Help) _____
If Reason Code A or C, enter determination date _____
☐ Other Income
☐ Back Wages from Lawsuit. Amount: _____ 

Box 4 Federal income tax withheld _____

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

FATCA filing requirement ☐

Additional Payer and Recipient Information

Payer's address and ZIP code

Street _____
City _____
State _____ ZIP Code _____
Foreign Country _____

Recipient's address and ZIP code

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

Qualified Business Income Component Worksheet

2020

► Keep for your records

Name(s) Shown on Return BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL	Social Security Number 630-29-2802
--	--

Aggregate trade or business name	BATULZII TSERENBAT
Aggregate trade or business ID number (EIN)	
Social Security Number of owner if no EIN available	630-29-2802
Reason for no EIN or SSN if none available	

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

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

Business name	Tax ID	QBI	W2 wages	UBIA
BATULZII TSERENBAT		22,365.	0.	0.

1	Qualified business income (QBI)	<u>22,365.</u>
If using Simplified Worksheet, stop here.		
2	Taxable Income	_____
3	Threshold Amount. \$326,600 if MFJ, otherwise \$163,300	_____
4	Subtract line 3 from line 2. If less than 0, enter 0.	_____
5	Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000.	_____
6	Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1.	_____
7	Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000	_____
8	Wages allocable to qualified business income.	_____
9	Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income	_____
Reductions for Specified Service Trades or Businesses		
Check if Specified Service Trade or Business (SSTB) <input type="checkbox"/>		
11	SSTB reduction to QBI	_____
12	SSTB reduction to allocable wages.	_____
13	SSTB reduction to allocable UBIA	_____
QBI, wages, and UBIA after applicable SSTB reductions		
14	Qualified business income	_____
15	Allocable wages	_____
16	Allocable UBIA	_____
Tentative QBI component		
17	Adjustments for QBI losses	_____
18	Loss-adjusted QBI (line 14 plus line 17)	_____
19	Tentative QBI component before limitations (20% of line 18)	_____
Wages and assets limits		
20	50% of W2 wages	_____
21	25% of W2 wages	_____
22	2.5% of UBIA	_____
23	Sum of 25% of W2 wages and 2.5% of UBIA	_____
24	Wage and Asset Limit. Larger of line 20 or line 23	_____
25	Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0)	_____
26	Reduction Amount. Multiply line 6 by line 25.	_____
27	Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)	_____
28	Qualified payments from agricultural or horticultural coop	_____
29	Wages allocable to qualified payments from coop	_____
30	Patron reduction (lesser of 9% of line 28 or 50% of line 29)	_____
Qualified business income component amount		
31	Subtract line 30 from line 27	_____

Qualified Business Income Component Worksheet

2020

► Keep for your records

Name(s) Shown on Return BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL	Social Security Number 630-29-2802
--	--

Aggregate trade or business name	SARANTUYA TUMENDEMBEREL
Aggregate trade or business ID number (EIN)	
Social Security Number of owner if no EIN available	288-11-2539
Reason for no EIN or SSN if none available	

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

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

Business name	Tax ID	QBI	W2 wages	UBIA
SARANTUYA TUMENDEMBEREL		1,156.	0.	0.

- 1 Qualified business income (QBI) **1,156.**
- If using Simplified Worksheet, stop here.**
- 2 Taxable Income
- 3 Threshold Amount. \$326,600 if MFJ, otherwise \$163,300
- 4 Subtract line 3 from line 2. If less than 0, enter 0.
- 5 Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000.
- 6 Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5.
- Otherwise, enter 1.
- 7 Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000
- 8 Wages allocable to qualified business income.
- 9 Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income
- Reductions for Specified Service Trades or Businesses**
- Check if Specified Service Trade or Business (SSTB) ☐
- 11 SSTB reduction to QBI
- 12 SSTB reduction to allocable wages.
- 13 SSTB reduction to allocable UBIA
- QBI, wages, and UBIA after applicable SSTB reductions**
- 14 Qualified business income
- 15 Allocable wages
- 16 Allocable UBIA
- Tentative QBI component**
- 17 Adjustments for QBI losses
- 18 Loss-adjusted QBI (line 14 plus line 17)
- 19 Tentative QBI component before limitations (20% of line 18)
- Wages and assets limits**
- 20 50% of W2 wages
- 21 25% of W2 wages
- 22 2.5% of UBIA
- 23 Sum of 25% of W2 wages and 2.5% of UBIA
- 24 Wage and Asset Limit. Larger of line 20 or line 23
- 25 Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0)
- 26 Reduction Amount. Multiply line 6 by line 25.
- 27 Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)
- 28 Qualified payments from agricultural or horticultural coop
- 29 Wages allocable to qualified payments from coop
- 30 Patron reduction (lesser of 9% of line 28 or 50% of line 29)
- Qualified business income component amount**
- 31 Subtract line 30 from line 27

Qualified Business Income Deduction Summary

2020

► Keep for your records

Name(s) Shown on Return BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL	Social Security Number 630-29-2802
--	--

QuickZoom to QBI Component Worksheet	►	_____
QuickZoom to Form 8995.	►	_____
QuickZoom to Form 8995-A	►	_____
1 Trade or business name	Net QBI	
BATULZII TSERENBAT		22,365.
SARANTUYA TUMENDEMBEREL		1,156.
2 Net qualified business income (QBI) from qualified trades or businesses		23,521.
3 Loss from previous year		_____
4 Sum of activities with gains (only positive amounts from table on line 1)		23,521.
5 Sum of activities with losses (only negative amounts from table on line 1)		_____
6 Check if using Simplified Computation (Form 8995)	<input checked="" type="checkbox"/>	
7 QBI component from Form 8995 line 5 or Form 8995A line 16		4,704.
8 QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6		0.
9 Total REIT dividends		_____
10 PTP Income from non-SSTBs		_____
11 PTP Income from SSTBs		_____
12 Allowed PTP Income from SSTBs		_____
13 Total Allowed PTP income (sum of line 10 and line 12)		_____
14 Carryover REIT/PTP losses from prior year		_____
15 Total REIT/PTP income		_____
16 20% of total REIT/PTP income		_____
17 Disallowed REIT/PTP loss		0.
18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income)		4,704.
19 Taxable income before qualified business income deduction		0.
20 Net capital gains		0.
21 Taxable income minus net capital gains. If zero or less, enter -0-		0.
22 20% of taxable income minus net capital gains		0.
23 QBI deduction before DPAD		0.
<i>Lesser of Combined QBI Amount or 20% of taxable income minus cap gains</i>		
24 Section 199A(g) deduction for domestic production activities		_____
25 Total 199A (QBI) deduction (sum of lines 23 and 24)		0.

Federal Carryover Worksheet

2020

► Keep for your records

Name(s) Shown on Return BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL	Social Security Number 630-29-2802
---	---------------------------------------

2019 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
IL				0.		
Totals . .				0.		

2019 State Extension Information

(a) State	(b) Paid With Extension

2019 Locality Extension Information

(a) Locality	(b) Paid With Extension

2019 State Estimates Information

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

2019 Locality Estimates Information

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

2019 State Taxes Due Information

(a) State	(e) Paid With Return
IL	0.

2019 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2019 State Refund Applied Information

(a) State	(g) Applied Amount

2019 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2019 State Tax Refund Information

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

2019 Locality Tax Refund Information

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

BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL

630-29-2802

Other Tax and Income Information			2019	2020
1	Filing status	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	384.	0.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	15,965.	23,521.
6	Tax liability for Form 2210 or Form 2210-F	6	0.	0.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

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

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

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

Charitable Contribution Carryovers

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

28 Amount overpaid less earned income credit 0.

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

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

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

630-29-2802

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

Santa Barbara Tax Products Group, LLC**and Green Dot Bank Refund Processing Service Agreement ("Agreement")**Name: BATULZII TSERENBAT & SARANTUYA TUMENDEMBERELSocial Security No.: 630-29-2802

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

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

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

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

3. Summary of Terms

Expected Federal Refund	\$ 6,237.00
Less Processor Refund Processing Fee	\$ 40.00
Less TurboTax Fees	\$ 40.00
Less Fees for Additional Products and Services Purchased	\$
Expected Proceeds*	\$ 6,157.00

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

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

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

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

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

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

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

DIRECT DEPOSIT ACCOUNT TYPE:

☒ Checking
☐ Savings

RTN # 071000013

Account # 796173362

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

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

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

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

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

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

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

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

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

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

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

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

ARBITRATION NOTICE

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

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

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

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

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

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

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

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

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2020 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2020 TurboTax^(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: <ul style="list-style-type: none"> • 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?
	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
	For our marketing purposes — to offer our products and services to you.	No
	For joint marketing with other financial companies.	Yes
	For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes
	For our affiliates' everyday business purposes — information about your creditworthiness.	No
	For our affiliates to market to you.	No
	For nonaffiliates to market to you.	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 <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.	
Questions?	Call 1-888-285-4169 or go to turbodebitcard.intuit.com	

Page 2

What we do	
How does Green Dot Bank protect my 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 collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • open an account or make deposits or withdrawals from your account • use your debit card or provide account information • give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • 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. <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
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	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation) and tax processing services companies such as Santa Barbara Tax Products Group, LLC.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>The only nonaffiliates we share with are Intuit Inc. and its affiliates and subsidiaries.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries.</i>
Other important information	
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 POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL
Primary SSN: 630-29-2802

Federal Return Submitted: February 28, 2021 05:09 PM PST
Federal Return Acceptance Date: 02/28/2021

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

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

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

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight May 17, 2021. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on May 17, 2021, your Intuit electronic postmark will indicate May 17, 2021, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before May 17, 2021, and a corrected return is submitted and accepted before May 22, 2021. If your return is submitted after May 22, 2021, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

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

2. THE ACCEPTANCE DATE.

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

Electronic Filing Instructions for your 2020 Virginia Tax Return

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



B TSERENBAT & S TUMENDEMBEREL
5550 Columbia Pike
Arlington, VA 22204

Balance Due/Refund		Your Virginia state tax return (Form 760) shows that you have no balance due nor a refund due to you: DO NOT mail a payment or expect to receive a refund from the Department of Taxation.		
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		
2020 Virginia Tax Return Summary		Taxable Income	\$	9,871.00
		Total Tax	\$	0.00



BATULZII TSERENBAT
SARANTUYA TUMENDEMBEREL
5550 COLUMBIA PIKE APT 591

ARLINGTON VA 22204

SSN - You TSER 630292802

Vendor ID 1555 XXXXX

SSN - Spouse TUME 288112539

Fed Adj Gross Income (FAGI) 1. 23521.

Withholding (VA) - You 19A.

Additions 2.

Withholding (VA) - Spouse 19B.

Subtotal 3. 23521.

Estimated Payments 20.

Age Deduction - You 4A.

2019 Overpayment 21.

Age Deduction - Spouse 4B.

Extension Payments 22.

Soc Sec & Tier 1 Railroad 5.

Credit - Low-Income or EIC 23.

State Income Tax Overpayment 6.

Credit - Schedule OSC 24.

Subtractions 7.

Credits - Schedule CR 25.

Subtotal Subtractions 8.

Total Payments / Credits 26.

Total VA Adj Gross Income (VAGI) 9. 23521.

Tax You Owe 27.

Itemized Deductions - VA Sch A 10.

Tax Overpayment 28. 0.

Standard Deduction 11. 9000.

Overpayment Credited to Next Year 29.

Exemptions 12. 4650.

VAC - Virginia 529 / ABLEnow 30.

Deductions 13.

VAC - Other Contributions 31.

Subtotal (Deductions & Exemptions) 14. 13650.

Addition to Tax, Penalty & Interest 32.

VA Taxable Income 15. 9871.

Sales and Use Tax 33.

Amount of Tax 16. 0.

Amount You Owe

Spouse Tax Adjustment (STA) 17.

Will Pay by Credit/Debit Card N
Your Refund 0.

VAGI - Spouse 17A.

Bank Routing #

Net Amount of Tax 18. 0.

Bank Account #



____ LAR ____ DLAR ____ DTD ____ LTD \$ ____



Filing Status, Age & License Information

Additional Filing Information

Filing Status 2

Locality 013

Federal Head of Household

Name or Filing Status Change

DOB - You 04141987

Address Change

VA Driver's License ID - You

VA Return Not Filed Last Year X

VA Driver's License - Iss. Date - You

Dependent on Another's Return

Spouse Name (Filing Status 3 Only)

Farmer / Fisherman / Merchant Seaman

DOB - Spouse 06171985

Amended

VA Driver's License ID - Spouse C69692247

Reason Code

VA Driver's License - Iss. Date - Spouse 08302019

Overseas on Due Date

Federal EIC & Amount 6660. X

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You

Deceased Indicator

Spouse 1 65 & Over - Spouse

No Sales & Use Tax Due Indicator X

Dependents 3 Blind - You

Obtain Electronic 1099G

Total (A) 5 Blind - Spouse

ID Theft PIN

Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date

Phone - You 5714421055

Signature - Spouse _____ Date

Phone - Spouse

Signature - Preparer _____ Date

Phone - Preparer

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information

SELF PREPARED

File by May 1, 2021

Include Page 1, Page 2 and all supporting 760CG documents.

2020 Schedule FED/CG

BATULZII TSERENBAT
SARANTUYA TUMENDEMBEREL
5550 COLUMBIA PIKE APT 591



ARLINGTON

VA 22204

630292802

288112539

013

SCHEDULE C and/or SCHEDULE F INFORMATION

1. Schedule Name	First Schedule Info.	C	Second Schedule Info.	C
2. Gross Receipts or Sales	36141.		1244.	
3. Depreciation/Expense Deduction				
4. Business Activity Code	485300		492000	
5. Business Locality Code	013		013	
6. Car & truck expenses	12075.			
7. Inventory at end of year				
8. # of miles you used your vehicle for: Business	21000			
9. # of miles you used your vehicle for: Commuting	0			
10. # of miles you used your vehicle for: Other	0			

SCHEDULE 2106 INFORMATION

11. # of miles you used your vehicle for: **Business**
12. # of miles you used your vehicle for: **Commuting**
13. # of miles you used your vehicle for: **Other**
14. % of business use of vehicle: **Vehicle 1**
15. % of business use of vehicle: **Vehicle 2**

SCHEDULE 4562 INFORMATION

16. Property Used more than 50% in qualified business
Type of Property
17. Date placed in service
18. Business/Investment Use %
19. Cost or other basis
20. Depreciation Deduction
21. Elected Section 179 Cost
22. Business Locality Code

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial BATULZII		Last name TSERENBAT		Your social security number 630-29-2802	
If joint return, spouse's first name and middle initial SARANTUYA		Last name TUMENDEMBEREL		Spouse's social security number 288-11-2539	
Home address (number and street). If you have a P.O. box, see instructions. 5550 Columbia Pike				Apt. no. 591	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. Arlington		State VA	ZIP code 22204		
Foreign country name		Foreign province/state/county		Foreign postal code	

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

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):		
If more than four dependents, see instructions and check here ► <input type="checkbox"/>	(1) First name	Last name		Child tax credit	Credit for other dependents	
	AMANDA	BAT-ULZII	140-91-5197	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ANNA	BAT-ULZII	626-87-0690	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ARIANA	BAT-ULZII	271-91-4728	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction , see instructions.	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9	8	25,310.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	25,310.
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	1,789.
	b	Charitable contributions if you take the standard deduction. See instructions	10b	
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	1,789.
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	23,521.
	12	Standard deduction or itemized deductions (from Schedule A)	12	24,800.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	0.
	14	Add lines 12 and 13	14	24,800.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents	19	0.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	3,576.
24	Add lines 22 and 23. This is your total tax	24	3,576.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	6,660.
28	Additional child tax credit. Attach Schedule 8812	28	3,153.
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	9,813.
33	Add lines 25d, 26, and 32. These are your total payments	33	9,813.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,237.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,237.
Direct deposit? See instructions.	b Routing number 071000013 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 796173362		
	36 Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37	
For details on how to pay, see instructions.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	38 Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☒ **No**

Designee's
name ▶

Phone
no. ▶

Personal identification
number (PIN) ▶

Sign Here

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

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Joint return?
See instructions.
Keep a copy for
your records.

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no.

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶ **Self-Prepared**

Phone no.

Firm's address ▶

Firm's EIN ▶

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

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

BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL

Your social security number

630-29-2802

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C	3	25,310.
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	
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	25,310.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government 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	1,789.
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		
c	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	1,789.

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

BAA

REV 03/25/21 TTMac

Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

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**

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

BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL

Your social security number

630-29-2802

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	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	3,576.
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 .	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	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	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)_____	8	
9	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	3,576.

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

BAA

REV 03/25/21 TTMac

Schedule 2 (Form 1040) 2020

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Name of proprietor BATULZII TSERENBAT		Social security number (SSN) 630-29-2802
A Principal business or profession, including product or service (see instructions) DRIVER (BATULZII)		B Enter code from instructions <div style="border: 1px solid black; padding: 2px; display: inline-block;"> ► 4 8 5 3 0 0 </div>
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
E Business address (including suite or room no.) ► 5550 Columbia Pike, Apt. 591 City, town or post office, state, and ZIP code Arlington, VA 22204		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2020, check here <input type="checkbox"/>		
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ► <input type="checkbox"/>	1	36,141.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	36,141.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	36,141.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ►	7	36,141.

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9	12,075.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ►	28	12,075.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	24,066.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	24,066.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
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 IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) ► 12/30/2011
44	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:
a	Business 21,000 b Commuting (see instructions) 0 c Other 0
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

48	Total other expenses. Enter here and on line 27a 48

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Name of proprietor

SARANTUYA TUMENDEMBEREL

Social security number (SSN)

288-11-2539

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

B Enter code from instructions

► **4 9 2 0 0 0**

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

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

E Business address (including suite or room no.) ► **5550 Columbia Pike, Apt. 591**

City, town or post office, state, and ZIP code **Arlington, VA 22204**

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

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses ☒ **Yes** ☐ **No**

H If you started or acquired this business during 2020, check here ☐

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions ☐ **Yes** ☒ **No**

J If "Yes," did you or will you file required Form(s) 1099? ☐ **Yes** ☐ **No**

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	1,244.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	1,244.
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	1,244.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	1,244.

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions).	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	1,244.	27a	Other expenses (from line 48)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	1,244.				
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
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 IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

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

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

2020
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 ►

BATULZII TSERENBAT

630-29-2802

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 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 line 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 | 24,066. |
| 3 Combine lines 1a, 1b, and 2 | 3 | 24,066. |
| 4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 | 4a | 22,225. |
| 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 | |
| c 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 | 22,225. |
| 5a Enter your church employee income from Form W-2. See instructions for definition of church employee income | 5a | |
| b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- | 5b | 0. |
| 6 Add lines 4c and 5b | 6 | 22,225. |
| 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) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 | 8a | |
| 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 | |
| 9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 | 9 | 137,700. |
| 10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124) | 10 | 2,756. |
| 11 Multiply line 6 by 2.9% (0.029) | 11 | 645. |
| 12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 | 12 | 3,401. |
| 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 | 13 | 1,701. |

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,460, **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 | |

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$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 | |

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

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	
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 .

BAA

REV 03/25/21 TTMac

Schedule SE (Form 1040) 2020

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

2020
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

SARANTUYA TUMENDEMBEREL

Social security number of person
with self-employment income ►

288-11-2539

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 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 line 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 | 1,244. |
| 3 Combine lines 1a, 1b, and 2 | 3 | 1,244. |
| 4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 | 4a | 1,149. |
| 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 | |
| c 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 | 1,149. |
| 5a Enter your church employee income from Form W-2. See instructions for definition of church employee income | 5a | |
| b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- | 5b | 0. |
| 6 Add lines 4c and 5b | 6 | 1,149. |
| 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) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 | 8a | |
| 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 | |
| 9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 | 9 | 137,700. |
| 10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124) | 10 | 142. |
| 11 Multiply line 6 by 2.9% (0.029) | 11 | 33. |
| 12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 | 12 | 175. |
| 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 | 13 | 88. |

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,460, **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 | |

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$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 | |

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

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	
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 .

BAA

REV 03/25/21 TTMac

Schedule SE (Form 1040) 2020

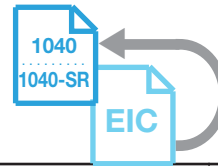
SCHEDULE EIC
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Earned Income Credit

Qualifying Child Information

- ▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
▶ **Go to www.irs.gov/ScheduleEIC for the latest information.**



OMB No. 1545-0074

2020

Attachment
Sequence No. **43**

Name(s) shown on return

BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL

Your social security number

630-29-2802

Before you begin:

- 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.
- 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.



- 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.

Qualifying Child Information

Child 1

Child 2

Child 3

1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name AMANDA Last name BAT-ULZII	First name ANNA Last name BAT-ULZII	First name ARIANA Last name BAT-ULZII
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.	140-91-5197	626-87-0690	271-91-4728
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>1</u> <u>6</u> <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>2</u> <u>0</u> <u>1</u> <u>6</u> <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>2</u> <u>0</u> <u>1</u> <u>8</u> <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
4 a Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2020?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter	Daughter	Daughter
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."	<u>12</u> months <i>Do not enter more than 12 months.</i>	<u>12</u> months <i>Do not enter more than 12 months.</i>	<u>12</u> months <i>Do not enter more than 12 months.</i>

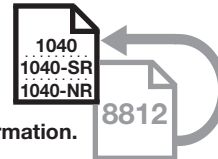
SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Additional Child Tax Credit

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

► Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2020

Attachment
Sequence No. **47**

Name(s) shown on return

BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL

Your social security number

630-29-2802

Part I All Filers

Caution: 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	6,000.
2	Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR	2	0.
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	6,000.
4	Number of qualifying children under 17 with the required social security number: <u>3</u> x \$1,400. Enter the result. If zero, stop here; you cannot claim this credit	4	4,200.
5	Enter the smaller of line 3 or line 4	5	4,200.
6a	Earned income (see instructions)	6a	23,521.
b	Nontaxable combat pay (see instructions)	6b	
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	21,021.
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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.	8	3,153.

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.	9	0.
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	10	1,789.
11	Add lines 9 and 10	11	1,789.
12	1040 and 1040-SR filers: 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.	12	6,660.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	3,153.

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	3,153.
-----------	--	-----------	--------



Enter this amount on
Form 1040, line 28;
Form 1040-SR, line 28; or
Form 1040-NR, line 28.

**Qualified Business Income Deduction
Simplified Computation**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.****2020**Attachment
Sequence No. **55**

Name(s) shown on return

BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL

Your taxpayer identification number

630-29-2802

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	BATULZII TSERENBAT	630-29-2802	22,365.
ii	SARANTUYA TUMENDEMBEREL	288-11-2539	1,156.
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	23,521.	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	23,521.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		4,704.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
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 and 9	10		4,704.
11	Taxable income before qualified business income deduction	11	0.	
12	Net capital gain (see instructions)	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		0.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	15		0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)	

Tax History Report

► Keep for your records

2020

Name(s) Shown on Return

BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status			MFJ	MFJ	MFJ
Total income			20,322.	17,179.	25,310.
Adjustments to income			1,437.	1,214.	1,789.
Adjusted gross income			18,885.	15,965.	23,521.
Tax expense			0.	384.	0.
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.	0.	0.
Taxable income			0.	0.	0.
Tax					
Alternative min tax . .					
Total credits			0.	0.	0.
Other taxes			2,872.	2,427.	3,576.
Payments			8,889.	8,577.	9,813.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund			6,017.	6,150.	6,237.
Effective tax rate % . .			-47.07	-53.72	-41.72
**Tax bracket %			10.0	10.0	10.0

**Tax bracket % is based on Taxable income.

Electronic Filing Instructions for your 2020 Colorado Tax Return

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



BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL
5550 Columbia Pike Apt 591
Arlington, VA 22204

Balance Due/Refund		Your Colorado state tax return (Form 104) shows that you have no balance due nor a refund due to you: DO NOT mail a payment or expect to receive a refund from the Colorado Department of Revenue.	
What You Need to Sign		Sign and date Form DR 8453 within 1 day of acceptance. Since you are married filing jointly, your spouse must also sign and date the form.	
Do Not Mail		Do not mail a paper copy of your tax return. Since you filed electronically, the Colorado Department of Revenue already has your return.	
What You Need to Keep		Your Electronic Filing Instructions (this form) - Form DR 8453 Printed copy of your state and federal returns All W-2's, W-2G's and 1099's that report Colorado withholding	
2020 Colorado Tax Return Summary		Taxable Income	\$ -1,279.00
		Total Tax	\$ 0.00
		No Refund or Amount Due	\$ 0.00



208453 11555

DR 8453 (10/06/20)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0005
Tax.Colorado.gov
Page 1 of 1**State of Colorado Individual Income Tax Declaration for Electronic Filing**
Do not mail this form to the IRS or the Colorado Department of Revenue. Retain with your records.

Taxpayer SSN or ITIN		Spouse SSN or ITIN (If Joint Return)		Submission ID	
630-29-2802		288-11-2539			
Taxpayer Last Name			Taxpayer First Name		Middle Initial
TSERENBAT			BATULZII		
Spouse Last Name (If Joint Return)			Spouse First Name (If Joint Return)		
TUMENDEMBEREL			SARANTUYA		
Street Address				Phone Number	
5550 COLUMBIA PIKE APT 591				(571) 442-1055	
City				State	Zip
ARLINGTON				VA	22204

Part I — Tax Return Information

1. Total Income, line 9 from your federal Form 1040	1	\$	25310
2. Taxable Income, line 15 on federal Form 1040	2	\$	-1279
3. Colorado Tax, line 19 on Colorado Form 104	3	\$	0
4. Colorado Tax Withheld, line 20 on Colorado Form 104	4	\$	
5. Refund, line 32 Colorado Form 104	5	\$	
6. Amount You Owe, line 37 on Colorado Form 104	6	\$	

Part II — Declaration of Tax Payer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my 2020 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature	Date	Spouse's Signature (If Joint Return, Both Must Sign)	Date

Part III — Declaration of ERO/Preparer/TransmitterIf the transmitter did not prepare the tax return, check here ☒

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2020 Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2020 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature	Preparer Identification Number or Your SSN
SELF-PREPARED	

Check if also Preparer ☐

Date (MM/DD/YY)



200104 11555

DR 0104 (10/19/20)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 1 of 4
(0013)



2020 Colorado Individual Income Tax Return

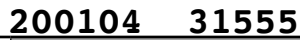
☐ Full-Year ☒ Part-Year or Nonresident (or resident, part-year, non-resident combination) ☐ Mark if Abroad on due date – see instructions
*Must include DR 0104PN

Your Last Name		Your First Name		Middle Initial
TSERENBAT		BATULZII		
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/>		
04/14/1987	630-29-2802	<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		IL	7107	03/20/18
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
TUMENDEMBEREL		SARANTUYA		
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased <input type="checkbox"/>		
06/17/1985	288-11-2539	<input type="checkbox"/> If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.		
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		VA	2247	08/30/19
Mailing Address			Phone Number	
5550 COLUMBIA PIKE APT 591			(571) 442-1055	
City	State	Zip Code	Foreign Country (if applicable)	
ARLINGTON	VA	22204		
Round To The Nearest Dollar				
1. Enter Federal Taxable Income from your federal income tax form: 1040 line 15 or 1040 SR line 15			• 1	-1279 00
Include W-2s and 1099s with CO withholding.				
Additions to Federal Taxable Income				
2. State Addback, enter the state income tax deduction from your federal form 1040 or 1040 SR schedule A, line 5a (see instructions)			• 2	00
3. Business Interest Expense Deduction Addback (see instructions)			• 3	00



200104 21555

Name		SSN or ITIN	
BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL		630-29-2802	
4. Excess Business Loss Addback (see instructions)	• 4		00
5. Net Operating Loss Addback (see instructions)	• 5		00
6. Other Additions, explain (see instructions)	• 6		00
Explain:			
7. Subtotal, sum of lines 1 through 6	7	-1279	00
Colorado Subtractions			
8. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return.	• 8		00
9. Colorado Taxable Income, subtract line 8 from line 7	• 9	-1279	00
Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule			
10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	• 10	0	00
11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.	• 11		00
12. Recapture of prior year credits	• 12		00
13. Subtotal, sum of lines 10 through 12	13	0	00
14. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 0104CR with your return.	• 14		00
15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 87, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1366 with your return.	• 15		00
16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1330 with your return.	• 16		00
17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.	17	0	00
18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 18		00
19. Net Colorado Tax, sum of lines 17 and 18	19	0	00
20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	• 20		00
21. Prior-year Estimated Tax Carryforward	• 21		00
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 22		00
23. Extension Payment remitted with the DR 0158-I	• 23		00
24. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 24			00



**200104 41555**DR 0104 (10/19/20)
COLORADO DEPARTMENT OF REVENUE
Tax. Colorado.gov
Page 4 of 4

Name		SSN or ITIN	
BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL		630-29-2802	
Third Party Designee			
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.			
• <input checked="" type="checkbox"/> No		• <input type="checkbox"/> Yes. Complete the following:	
Designee's Name		Phone Number	
•		•	
Sign Below Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.			
Your Signature		Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.		Date (MM/DD/YY)	
Paid Preparer's Name		Paid Preparer's Phone	
SELF PREPARED			
Paid Preparer's Address		City	State Zip

File and pay at: Colorado.gov/RevenueOnline

If you are filing this return **with** a check or payment, please mail the return to:
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0006

If you are filing this return **without** a check or payment, please mail the return to:
COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-0005

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.



200104PN11555

DR 0104PN (01/11/21)

COLORADO DEPARTMENT OF REVENUE

Tax.Colorado.gov

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Form 104PN

Part-Year Resident/Nonresident Tax Calculation Schedule 2020

Taxpayer's Name		SSN or ITIN	
BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL		630-29-2802	
Use this form if you and/or your spouse were a resident of another state for all or part of 2020. This form apportions your gross income so that Colorado tax is calculated for only your Colorado income. Complete this form after you have filled out lines 1 through 9 of the DR 0104. If you filed federal form 1040NR, see the instructions.			
1. • Taxpayer is (mark one): <input checked="" type="checkbox"/> Full-Year Nonresident <input type="checkbox"/> Part-Year Resident from		Beginning (MM/YY)	Ending (MM/YY)
<input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident 305-day rule Military			
2. • Spouse is (mark one): <input checked="" type="checkbox"/> Full-Year Nonresident <input type="checkbox"/> Part-Year Resident from		Beginning (MM/YY)	Ending (MM/YY)
<input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident 305-day rule Military			
3. • Mark the federal form you filed: <input checked="" type="checkbox"/> 1040 <input type="checkbox"/> 1040 NR <input type="checkbox"/> 1040 SR <input type="checkbox"/> Other			
		Federal Information	Colorado Information
4. Enter all income from form 1040 line 1 or 1040 SR line 1. • 4		00	
5. Enter income from line 4 that was earned while working in Colorado and/or earned while you were a Colorado resident. Part-year residents should include moving expense reimbursements only if paid for moving into Colorado. • 5			00
6. Enter the sum of all interest/dividend income from form 1040 lines 2b and 3b or form 1040 SR lines 2b and 3b. • 6		00	
7. Enter income from line 6 that was earned while you were a resident of Colorado or derived from the ownership of real or tangible personal property located in Colorado. • 7			00
8. Enter all income from form 1040, Schedule 1, line 7 or 1040 SR, Schedule 1, line 7. • 8		00	
9. Enter income from line 8 that is from State of Colorado unemployment benefits; and/or is from another state's benefits that were received while you were a Colorado resident. • 9			00
10. Enter all income from line 7 of form 1040 or 1040 SR and line 4 of Schedule 1 of form 1040 or 1040 SR. • 10		00	
11. Enter income from line 10 that was earned during that part of the year you were a Colorado resident and/or was earned on property located in Colorado. • 11			00

**200104PN21555**

Name		SSN or ITIN	
BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL		630-29-2802	
		Federal Information	Colorado Information
12. Enter the sum of all income from form 1040 lines 4b, 5b and 6b or 1040 SR lines 4b, 5b and 6b. • 12	00		
13. Enter income from line 12 that was received during that part of the year you were a Colorado resident. • 13			00
14. Enter the sum of all business and farm income from form 1040, Schedule 1, lines 3 and 6 or 1040 SR, Schedule 1, lines 3 and 6. • 14	25310 00		
15. Enter income from line 14 that was earned during that part of the year you were a Colorado resident and/or was earned from Colorado sources. • 15		24066	00
16. Enter all Schedule E income from form 1040, Schedule 1, line 5 or 1040 SR, Schedule 1, line 5. • 16	00		
17. Enter income from line 16 that was earned from Colorado sources; and/or rent and royalty income received or credited to your account during the part of the year you were a Colorado resident; and/or partnership/S corporation/fiduciary income that is taxable to Colorado during the tax year. • 17			00
18. Enter the sum of all other income from form 1040, Schedule 1, lines 1, 2a and 8 or 1040 SR, Schedule 1, lines 1, 2a and 8. • 18	00		
List Type			
19. Enter income from line 18 that was earned during that part of the year you were a Colorado resident and/or was derived from Colorado sources. • 19			00
List Type			
20. Total Income. Enter amount from form 1040, line 9 or 1040 SR, line 9. • 20	25310 00		
21. Total Colorado Income. Enter the total from the Colorado column, lines 5, 7, 9, 11, 13, 15, 17 and 19. • 21		24066	00
22. Enter all federal adjustments from form 1040, line 10c or 1040 SR, line 10c. • 22	1789 00		
List Type			
SELF EMPLOYMENT TAX			
23. Enter adjustments from line 22 as follows • 23		1701	00
List Type			
SELF EMPLOYMENT TAX			
<ul style="list-style-type: none">• Educator expenses, IRA deduction, business expenses of reservists, performing artists and fee-basis government officials, health savings account deduction, self-employment tax, self-employed health insurance deduction, SEP and SIMPLE deductions are allowed in the ratio of Colorado wages and/or self-employment income to total wages and/or self-employment income.• Student loan interest deduction, alimony, and tuition and fees deduction are allowed in the Colorado to federal total income ratio (line 21 / line 20).• Penalty paid on early withdrawals made while a Colorado resident.• Moving expenses for members of the Armed Forces. <p>For treatment of other adjustments reported on federal form 1040, line 10c or 1040 SR, line 10c, see the Colorado Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents.</p>			



200104PN31555

Name		SSN or ITIN	
BATULZII TSERENBAT & SARANTUYA TUMENDEMBEREL		630-29-2802	
		Federal Information	Colorado Information
24. Adjusted Gross Income. Enter amount from form 1040 line 11 or 1040 SR line 11.	24	23521	00
25. Colorado Adjusted Gross Income. Subtract the amount on line 23 of Form 104PN from the amount on line 21 of Form 104PN.	25		22365 00
26. Additions to Adjusted Gross Income. Enter the sum of lines 3, 4, 5, and 6 of Colorado Form 104 excluding any charitable contribution adjustments.	• 26		00
27. Additions to Colorado Adjusted Gross Income. Enter any amount from line 26 that is from non-Colorado state or local bond interest earned while a Colorado resident.*	• 27		00
28. Total of lines 24 and 26	28	23521	00
29. Total of lines 25 and 27	29		22365 00
30. Subtractions from Adjusted Gross Income. Enter the amount from line 8 of Colorado Form 104 excluding any qualifying charitable contributions.	• 30		00
31. Subtractions from Colorado Adjusted Gross Income. Enter any amount from line 30 as follows:	• 31		00
<ul style="list-style-type: none"> • The state income tax refund subtraction to the extent included on line 19 above • The federal interest subtraction to the extent included on line 7 above • The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above • The Colorado capital gain subtraction to the extent included on line 20 above <p>For treatment of other subtractions, see the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents.</p>			
32. Modified Adjusted Gross Income. Subtract line 30 from line 28.	32	23521	00
33. Modified Colorado Adjusted Gross Income. Subtract line 31 from line 29.	33		22365 00
34. Divide line 33 by line 32. Round to four significant digits, e.g. xxx.xxxx	34	95.0852	%
35. Tax from the tax table based on income reported on the DR 0104 line 9	35		0 00
36. Apportioned tax. Multiply line 35 by the percentage on line 34. Enter here and on DR 0104 line 10.	36	0	00

* See the Individual Income Tax Guide and/or the Income Tax Topics: Part-Year Residents & Nonresidents for treatment of other additions.