

# Electronic Filing Instructions for your 2020 Federal Tax Return

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



Algirmaa Shagdar & Jantsankhorol Tserendamba  
10373 Dearlove Rd, Apt. 3F  
Glenview, IL 60025

<b>Balance Due/Refund</b>		Your federal tax return (Form 1040) shows a balance due of \$661.00.		
		Your return shows you have elected to pay your balance due of \$661.00		
		by Direct Debit using the following information:		
		- Amount Withdrawn:	\$661.00	
		- Account Number:	982311102	
		- Routing Transit Number:	071000013	
<b>What You Need to Keep</b>		- Date of Withdrawal:	03/13/2021	
		Your Electronic Filing Instructions (this form)		
		Printed copy of your federal return		
<b>2020 Federal Tax Return Summary</b>		Adjusted Gross Income	\$	56,591.00
		Taxable Income	\$	29,847.00
		Total Tax	\$	1,477.00
		Total Payments/Credits	\$	816.00
		Payment Due	\$	661.00
		Effective Tax Rate		-1.44%

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

Your first name and middle initial <b>Algirmaa</b>		Last name <b>Shagdar</b>		Your social security number <b>007-91-3756</b>	
If joint return, spouse's first name and middle initial <b>Jantsankhorol</b>		Last name <b>Tserendamba</b>		Spouse's social security number <b>364-89-8170</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>10373 Dearlove Rd</b>				Apt. no. <b>3F</b>	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <b>Glenview</b>		State <b>IL</b>	ZIP code <b>60025</b>		
Foreign country name		Foreign province/state/county		Foreign postal code	

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

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):		
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	
	Emma	Jantsankhorol	749-63-0714	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Emily	Jantsankhorol	842-43-8590	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	
<b>Standard Deduction for—</b> <ul style="list-style-type: none"><li>• Single or Married filing separately, \$12,400</li><li>• Married filing jointly or Qualifying widow(er), \$24,800</li><li>• Head of household, \$18,650</li><li>• If you checked any box under <i>Standard Deduction</i>, see instructions.</li></ul>	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .	<b>8</b>	<b>57,330.</b>
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	<b>57,330.</b>
	<b>10</b>	Adjustments to income:		
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>	<b>739.</b>
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>	
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	<b>739.</b>
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	<b>56,591.</b>
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	<b>24,800.</b>
	<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>	<b>1,944.</b>
	<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>	<b>26,744.</b>
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	<b>29,847.</b>

Form **1040** (2020)

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

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

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

Algirmaa Shagdar & Jantsankhorol Tserendamba

Your social security number

007-91-3756

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	10,458.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	46,872.
<b>8</b>	Other income. List type and amount ▶	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	57,330.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	739.
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	739.

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

BAA

REV 02/21/21 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](http://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

Algirmaa Shagdar & Jantsankhorol Tserendamba

Your social security number

007-91-3756

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	1,477.
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	<b>10</b>	1,477.

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

BAA

REV 02/21/21 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](http://www.irs.gov/ScheduleC) for instructions and the latest information.

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

OMB No. 1545-0074

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

Name of proprietor <b>Jantsankhorol Tserendamba</b>		Social security number (SSN) <b>364-89-8170</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Driver (Jantsan)</b>		<b>B</b> Enter code from instructions <div style="border: 1px solid black; padding: 2px; display: inline-block;">             ► 4   8   5   3   0   0           </div>
<b>C</b> Business name. If no separate business name, leave blank.		<b>D</b> Employer ID number (EIN) (see instr.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>E</b> Business address (including suite or room no.) ► <b>10373 Dearlove Rd, Apt. 3F</b> City, town or post office, state, and ZIP code <b>Glenview, IL 60025</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2020, check here <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

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	7,402.
2 Returns and allowances . . . . .	2	
3 Subtract line 2 from line 1 . . . . .	3	7,402.
4 Cost of goods sold (from line 42) . . . . .	4	
5 <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	5	7,402.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	6	
7 <b>Gross income.</b> Add lines 5 and 6 . . . . . ►	7	7,402.

**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	5,750.	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 <b>Reserved for future use</b> . . . . .	27b	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ►	28	5,750.			
29 Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	29	1,652.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	30				
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31	1,652.			
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 <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			32a <input checked="" 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)

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

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

<b>43</b>	When did you place your vehicle in service for business purposes? (month/day/year)    ► 01/17/2018
<b>44</b>	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:
<b>a</b>	Business    10,000 <b>b</b> Commuting (see instructions) <b>c</b> Other    0
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</b>	If "Yes," is the evidence written? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

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

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



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

Department of the Treasury  
Internal Revenue Service (99)

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

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

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

OMB No. 1545-0074

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

Name of proprietor <b>Algirmaa Shagdar</b>		Social security number (SSN) <b>007-91-3756</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Driver (Algirmaa)</b>	<b>B</b> Enter code from instructions ► <b>4 8 5 3 0 0</b>	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.) .....	
<b>E</b> Business address (including suite or room no.) ► <b>10373 Dearlove Rd, Apt. 3F</b> City, town or post office, state, and ZIP code <b>Glenview, IL 60025</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ► .....		
<b>G</b> Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>H</b> If you started or acquired this business during 2020, check here . . . . . <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/>	<b>1</b>	<b>29,506.</b>
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>29,506.</b>
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	<b>29,506.</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .	<b>7</b>	<b>29,506.</b>

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

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions). . . . .	<b>9</b>	<b>20,700.</b>	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals (see instructions) . . . . .	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities . . . . .	<b>25</b>	
			<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
			<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	
			<b>b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .			<b>28</b>		<b>20,700.</b>
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .			<b>29</b>		<b>8,806.</b>
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .			<b>30</b>		
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.			<b>31</b>		<b>8,806.</b>
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b> <input type="checkbox"/> All investment is at risk. <b>32b</b> <input type="checkbox"/> Some investment is not at risk.		



<b>Part III</b>	<b>Cost of Goods Sold</b> (see instructions)
-----------------	--

**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

<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>	
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	
<b>38</b>	Materials and supplies . . . . .	<b>38</b>	
<b>39</b>	Other costs . . . . .	<b>39</b>	
<b>40</b>	Add lines 35 through 39 . . . . .	<b>40</b>	
<b>41</b>	Inventory at end of year . . . . .	<b>41</b>	
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	

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

**43** When did you place your vehicle in service for business purposes? (month/day/year) ► 01/01/2020

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

<b>a</b>	Business	36,000	<b>b</b>	Commuting (see instructions)	4,000	<b>c</b>	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.

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

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

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

Algirmaa Shagdar

007-91-3756

**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** 8,806.

**3** Combine lines 1a, 1b, and 2 . . . . . **3** 8,806.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . . . **4a** 8,132.

**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** 8,132.

**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** 8,132.

**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** 1,008.

**11** Multiply line 6 by 2.9% (0.029) . . . . . **11** 236.

**12 Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** . . . . . **12** 1,244.

**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** 622.

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

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$8,460, **or (b)** your net farm profits<sup>2</sup> were less than \$6,107.

**14** Maximum income for optional methods . . . . . **14** 5,640

**15** Enter the **smaller** of: two-thirds (<sup>2</sup>/<sub>3</sub>) of gross farm income<sup>1</sup> (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 profits<sup>3</sup> were less than \$6,107 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **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 (<sup>2</sup>/<sub>3</sub>) of gross nonfarm income<sup>4</sup> (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above . . . . . **17**

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

<sup>2</sup> 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.

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

<sup>4</sup> 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.

<b>18</b>	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020 . . .	<b>18</b>	0 .
<b>19</b>	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18 . . .	<b>19</b>	
<b>20</b>	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020 . . .	<b>20</b>	
<b>21</b>	Combine lines 19 and 20 . . .	<b>21</b>	
If line 5b is zero, skip line 22 and enter -0- on line 23.			
<b>22</b>	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020 . . .	<b>22</b>	
<b>23</b>	Multiply line 22 by 92.35% (0.9235) . . .	<b>23</b>	0 .
<b>24</b>	Add lines 21 and 23 . . .	<b>24</b>	0 .
<b>25</b>	Enter the smaller of line 9 or line 24 . . .	<b>25</b>	0 .
<b>26</b>	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040) . . .	<b>26</b>	0 .

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REV 02/21/21 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](http://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)

Jantsankhorol Tserendamba

Social security number of person  
with self-employment income ►

364-89-8170

**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** 1,652.

**3** Combine lines 1a, 1b, and 2 . . . . . **3** 1,652.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . . . **4a** 1,526.

**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** 1,526.

**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** 1,526.

**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** 189.

**11** Multiply line 6 by 2.9% (0.029) . . . . . **11** 44.

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** . . . . . **12** 233.

**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** 117.

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

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$8,460, **or (b)** your net farm profits<sup>2</sup> were less than \$6,107.

**14** Maximum income for optional methods . . . . . **14** 5,640

**15** Enter the **smaller** of: two-thirds (<sup>2</sup>/<sub>3</sub>) of gross farm income<sup>1</sup> (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 profits<sup>3</sup> were less than \$6,107 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **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 (<sup>2</sup>/<sub>3</sub>) of gross nonfarm income<sup>4</sup> (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above . . . . . **17**

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

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

<sup>2</sup> 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.

<sup>4</sup> 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.

<b>18</b>	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020 . . .	<b>18</b>	0 .
<b>19</b>	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18 . . .	<b>19</b>	
<b>20</b>	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020 . . .	<b>20</b>	
<b>21</b>	Combine lines 19 and 20 . . .	<b>21</b>	
If line 5b is zero, skip line 22 and enter -0- on line 23.			
<b>22</b>	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020 . . .	<b>22</b>	
<b>23</b>	Multiply line 22 by 92.35% (0.9235) . . .	<b>23</b>	0 .
<b>24</b>	Add lines 21 and 23 . . .	<b>24</b>	0 .
<b>25</b>	Enter the smaller of line 9 or line 24 . . .	<b>25</b>	0 .
<b>26</b>	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040) . . .	<b>26</b>	0 .

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REV 02/21/21 TTMac

Schedule SE (Form 1040) 2020

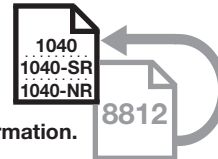
**SCHEDULE 8812**  
**(Form 1040)**

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](http://www.irs.gov/Schedule8812) for instructions and the latest information.



OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **47**

Name(s) shown on return

Algirmaa Shagdar & Jantsankhorol Tserendamba

Your social security number

007-91-3756

**Part I All Filers**

**Caution:** If you file Form 2555, **stop here;** you cannot claim the additional child tax credit.

<b>1</b>	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.)	<b>1</b>	4,000.
<b>2</b>	Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR	<b>2</b>	3,184.
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop here;</b> you cannot claim this credit	<b>3</b>	816.
<b>4</b>	Number of qualifying children under 17 with the required social security number: <u>2</u> x \$1,400. Enter the result. If zero, <b>stop here;</b> you cannot claim this credit	<b>4</b>	2,800.
<b>5</b>	Enter the <b>smaller</b> of line 3 or line 4	<b>5</b>	816.
<b>6a</b>	Earned income (see instructions)	<b>6a</b>	9,719.
<b>b</b>	Nontaxable combat pay (see instructions)	<b>6b</b>	
<b>7</b>	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 6a. Enter the result	<b>7</b>	7,219.
<b>8</b>	Multiply the amount on line 7 by 15% (0.15) and enter the result <b>Next.</b> On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> <b>No.</b> If line 8 is zero, <b>stop here;</b> you cannot claim this credit. Otherwise, skip Part II and enter the <b>smaller</b> of line 5 or line 8 on line 15. <input type="checkbox"/> <b>Yes.</b> 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.	<b>8</b>	1,083.

**Part II Certain Filers Who Have Three or More Qualifying Children**

<b>9</b>	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.	<b>9</b>	
<b>10</b>	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	<b>10</b>	
<b>11</b>	Add lines 9 and 10	<b>11</b>	
<b>12</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 10. <b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 10.	<b>12</b>	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	
<b>14</b>	Enter the <b>larger</b> of line 8 or line 13 <b>Next,</b> enter the <b>smaller</b> of line 5 or line 14 on line 15.	<b>14</b>	

**Part III Additional Child Tax Credit**

<b>15</b>	This is your additional child tax credit	<b>15</b>	816.
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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](http://www.irs.gov/Form8995) for instructions and the latest information.****2020**Attachment  
Sequence No. **55**

Name(s) shown on return

**Algirmaa Shagdar & Jantsankhorol Tserendamba**

Your taxpayer identification number

**007-91-3756**

**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.

<b>1</b>	<b>(a)</b> Trade, business, or aggregation name	<b>(b)</b> Taxpayer identification number	<b>(c)</b> Qualified business income or (loss)
<b>i</b>	Algirmaa Shagdar	007-91-3756	8,184.
<b>ii</b>	Jantsankhorol Tserendamba	364-89-8170	1,535.
<b>iii</b>			
<b>iv</b>			
<b>v</b>			

<b>2</b>	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	<b>2</b>	9,719.	
<b>3</b>	Qualified business net (loss) carryforward from the prior year	<b>3</b>	( )	
<b>4</b>	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	<b>4</b>	9,719.	
<b>5</b>	Qualified business income component. Multiply line 4 by 20% (0.20)	<b>5</b>		1,944.
<b>6</b>	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b>		
<b>7</b>	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	<b>7</b>	( )	
<b>8</b>	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	<b>8</b>		
<b>9</b>	REIT and PTP component. Multiply line 8 by 20% (0.20)	<b>9</b>		
<b>10</b>	Qualified business income deduction before the income limitation. Add lines 5 and 9	<b>10</b>		1,944.
<b>11</b>	Taxable income before qualified business income deduction	<b>11</b>	31,791.	
<b>12</b>	Net capital gain (see instructions)	<b>12</b>	0.	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	31,791.	
<b>14</b>	Income limitation. Multiply line 13 by 20% (0.20)	<b>14</b>		6,358.
<b>15</b>	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	<b>15</b>		1,944.
<b>16</b>	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	<b>16</b>	( 0. )	
<b>17</b>	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	<b>17</b>	( 0. )	



# Tax History Report

► Keep for your records

2020

Name(s) Shown on Return

Algirmaa Shagdar & Jantsankhorol Tserendamba

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status . . . . .	MFJ	MFJ	MFJ	MFJ	MFJ
Total income . . . . .	26,349.	24,638.	16,438.	18,139.	57,330.
Adjustments to income	308.	721.	1,161.	1,282.	739.
Adjusted gross income	26,041.	23,917.	15,277.	16,857.	56,591.
Tax expense . . . . .	710.	590.	167.	316.	384.
Interest expense . . .					
Contributions . . . . .					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .	12,600.	12,700.	24,000.	24,400.	24,800.
Exemption amount . .	16,200.	12,150.	0.	0.	0.
QBI deduction . . . . .			0.	0.	1,944.
Taxable income . . . .	0.	0.	0.	0.	29,847.
Tax . . . . .					3,184.
Alternative min tax . .					
Total credits . . . . .	0.	0.	0.	0.	3,184.
Other taxes . . . . .	616.	1,440.	2,322.	2,563.	1,477.
Payments . . . . .	7,344.	7,412.	8,348.	8,711.	816.
Form 2210 penalty . .					
Amount owed . . . . .					661.
Applied to next year's estimated tax .					
Refund . . . . .	6,728.	5,972.	6,026.	6,148.	
Effective tax rate % . .	-26.56	-27.66	-54.64	-51.68	-1.44
**Tax bracket % . . . .	10.0	10.0	10.0	10.0	12.0

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

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

**2020**

Name(s) Shown on Return <u>Jantsankhorol Tserendamba</u>	Social Security Number <u>364-89-8170</u>
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**Payer's EIN** 51-0549837 **or** **SSN** \_\_\_\_\_  
**Payer's Name** . . . . . Kossof Salons, LLC  
**Account number (for your records only)**. . . . . \_\_\_\_\_

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

**Box 1** Nonemployee compensation . . . . . 2,954.90  
Double click to link to: Schedule C . ▶ Driver (Algirmaa)  
Schedule F . ▶ \_\_\_\_\_  
☐ Report on line 1 of Form 1040 or Form 1040-NR and Form 8919  
If checked, enter Reason Code for Form 8919 (see Help) . . . . . \_\_\_\_\_  
If Reason Code A or C, enter determination date . . . . . \_\_\_\_\_  
☐ Other Income  
☐ Back Wages from Lawsuit. Amount: \_\_\_\_\_

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

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

FATCA filing requirement . . . . . ☐

**Additional Payer and Recipient Information**

**Payer's address and ZIP code**

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

**Recipient's address and ZIP code**

Transfer address from Federal Information Wks . ☐

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

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

**2020**

Name(s) Shown on Return <u>Jantsankhorol Tserendamba</u>	Social Security Number <u>364-89-8170</u>
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**Payer's EIN** 36-4380466 **or** **SSN** \_\_\_\_\_  
**Payer's Name** . . . . . Hair N Go, Inc  
**Account number (for your records only)**. . . . . \_\_\_\_\_

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

**Box 1** Nonemployee compensation . . . . . 5,134.10  
Double click to link to: Schedule C . ▶ Driver (Algirmaa)  
Schedule F . ▶ \_\_\_\_\_  
☐ Report on line 1 of Form 1040 or Form 1040-NR and Form 8919  
If checked, enter Reason Code for Form 8919 (see Help) . . . . . \_\_\_\_\_  
If Reason Code A or C, enter determination date . . . . . \_\_\_\_\_  
☐ Other Income  
☐ Back Wages from Lawsuit. Amount: \_\_\_\_\_

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

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

FATCA filing requirement . . . . . ☐

**Additional Payer and Recipient Information**

**Payer's address and ZIP code**

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

**Recipient's address and ZIP code**

Transfer address from Federal Information Wks . ☐

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

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

**2020**

Name(s) Shown on Return  
Algirmaa Shagdar

Social Security Number  
007-91-3756

**Payer's EIN** 45-2647441 **or** **SSN** \_\_\_\_\_  
**Payer's Name** . . . . . Uber Technologies, Inc  
**Account number (for your records only)**. . . . . \_\_\_\_\_

☐ **Spouse's 1099-NEC**

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

**Box 1** Nonemployee compensation . . . . . 15,356.32  
Double click to link to: Schedule C . ▶ Driver (Algirmaa)  
Schedule F . ▶ \_\_\_\_\_  
☐ Report on line 1 of Form 1040 or Form 1040-NR and Form 8919  
If checked, enter Reason Code for Form 8919 (see Help) . . . . . \_\_\_\_\_  
If Reason Code A or C, enter determination date . . . . . \_\_\_\_\_  
☐ Other Income  
☐ Back Wages from Lawsuit. Amount: \_\_\_\_\_

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

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

FATCA filing requirement . . . . . ☐

**Additional Payer and Recipient Information**

**Payer's address and ZIP code**

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

**Recipient's address and ZIP code**

Transfer address from Federal Information Wks . ☐

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

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


**2020**

Name(s) Shown on Return  
Algirmaa Shagdar

Social Security Number  
007-91-3756

**Payer's EIN** 91-1646860 **or SSN** \_\_\_\_\_  
**Payer's Name** . . . . . Amazon.com, Inc  
**Account number (for your records only)**. . . . . \_\_\_\_\_

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

**Box 1** Nonemployee compensation . . . . . 752.43  
Double click to link to: Schedule C . ▶ Driver (Algirmaa)  
Schedule F . ▶ \_\_\_\_\_  
☐ Report on line 1 of Form 1040 or Form 1040-NR and Form 8919  
If checked, enter Reason Code for Form 8919 (see Help) . . . \_\_\_\_\_  
If Reason Code A or C, enter determination date . . . . . \_\_\_\_\_  
☐ Other Income  
☐ Back Wages from Lawsuit. Amount: \_\_\_\_\_ 

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

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

FATCA filing requirement . . . . . ☐

**Additional Payer and Recipient Information**

**Payer's address and ZIP code**

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

**Recipient's address and ZIP code**

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

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

**2020**

Name(s) Shown on Return <u>Jantsankhorol Tserendamba</u>	Social Security Number <u>364-89-8170</u>
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**Payer's EIN** 20-8809830 **or** **SSN** \_\_\_\_\_  
**Payer's Name** . . . . . Lyft, Inc  
**Account number (for your records only)** . . . . . \_\_\_\_\_

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

**Box 1** Nonemployee compensation . . . . . 683.30  
Double click to link to: **Schedule C** . ▶ Driver (Jantsan)  
**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 <b>Algirmaa Shagdar &amp; Jantsankhorol Tserendamba</b>	Social Security Number <b>007-91-3756</b>
--	--

Aggregate trade or business name <b>Algirmaa Shagdar</b>	
Aggregate trade or business ID number (EIN)	
Social Security Number of owner if no EIN available <b>007-91-3756</b>	
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
Algirmaa Shagdar		8,184.	0.	0.

1	Qualified business income (QBI) . . . . .	8,184.
<b>If using Simplified Worksheet, stop here.</b>		
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 . . . . .	
<b>Reductions for Specified Service Trades or Businesses</b>		
	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 . . . . .	
<b>QBI, wages, and UBIA after applicable SSTB reductions</b>		
14	Qualified business income . . . . .	
15	Allocable wages . . . . .	
16	Allocable UBIA . . . . .	
<b>Tentative QBI component</b>		
17	Adjustments for QBI losses . . . . .	
18	Loss-adjusted QBI (line 14 plus line 17) . . . . .	
19	Tentative QBI component before limitations (20% of line 18) . . . . .	
<b>Wages and assets limits</b>		
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) . . . . .	
<b>Qualified business income component amount</b>		
31	Subtract line 30 from line 27 . . . . .	



# Qualified Business Income Component Worksheet

2020

► Keep for your records

Name(s) Shown on Return <b>Algirmaa Shagdar &amp; Jantsankhorol Tserendamba</b>	Social Security Number <b>007-91-3756</b>
--	--

Aggregate trade or business name	<b>Jantsankhorol Tserendamba</b>
Aggregate trade or business ID number (EIN)	
Social Security Number of owner if no EIN available	<b>364-89-8170</b>
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
Jantsankhorol Tserendamba		1,535.	0.	0.

- 1 Qualified business income (QBI) . . . . . 1,535.
- 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 <u>Algirmaa Shagdar &amp; Jantsankhorol Tserendamba</u>	Social Security Number <u>007-91-3756</u>
--	--

<b>QuickZoom</b> to QBI Component Worksheet . . . . .	► _____
<b>QuickZoom</b> to Form 8995. . . . .	► _____
<b>QuickZoom</b> to Form 8995-A . . . . .	► _____
<b>1</b> Trade or business name	Net QBI
<u>Algirmaa Shagdar</u>	<u>8,184.</u>
<u>Jantsankhorol Tserendamba</u>	<u>1,535.</u>
<b>2</b> Net qualified business income (QBI) from qualified trades or businesses . . . . .	<u>9,719.</u>
<b>3</b> Loss from previous year . . . . .	_____
<b>4</b> Sum of activities with gains (only positive amounts from table on line 1) . . . . .	<u>9,719.</u>
<b>5</b> Sum of activities with losses (only negative amounts from table on line 1) . . . . .	_____
<b>6</b> Check if using Simplified Computation (Form 8995)	<input checked="" type="checkbox"/>
<b>7</b> QBI component from Form 8995 line 5 or Form 8995A line 16 . . . . .	<u>1,944.</u>
<b>8</b> QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6 . . . . .	<u>0.</u>
<b>9</b> Total REIT dividends . . . . .	_____
<b>10</b> PTP Income from non-SSTBs . . . . .	_____
<b>11</b> PTP Income from SSTBs . . . . .	_____
<b>12</b> Allowed PTP Income from SSTBs . . . . .	_____
<b>13</b> Total Allowed PTP income (sum of line 10 and line 12) . . . . .	_____
<b>14</b> Carryover REIT/PTP losses from prior year . . . . .	_____
<b>15</b> Total REIT/PTP income . . . . .	_____
<b>16</b> 20% of total REIT/PTP income . . . . .	_____
<b>17</b> Disallowed REIT/PTP loss . . . . .	<u>0.</u>
<b>18</b> Combined QBI Amount (QBI component plus 20% of REIT/PTP income). . . . .	<u>1,944.</u>
<b>19</b> Taxable income before qualified business income deduction. . . . .	<u>31,791.</u>
<b>20</b> Net capital gains . . . . .	<u>0.</u>
<b>21</b> Taxable income minus net capital gains. If zero or less, enter -0- . . . . .	<u>31,791.</u>
<b>22</b> 20% of taxable income minus net capital gains . . . . .	<u>6,358.</u>
<b>23</b> QBI deduction before DPAD. . . . .	<u>1,944.</u>
<i>Lesser of Combined QBI Amount or 20% of taxable income minus cap gains</i>	
<b>24</b> Section 199A(g) deduction for domestic production activities . . . . .	_____
<b>25</b> <b>Total 199A (QBI) deduction</b> (sum of lines 23 and 24) . . . . .	<u>1,944.</u>

## 2020

Name(s) Shown on Return  
Algirmaa Shagdar & Jantsankhorol Tserendamba

Social Security Number  
007-91-3756

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

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

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

Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2019 extensions . . . . .				
22	2019 estimated tax paid after 12/31/2019 . . . . .				
23	Balance due paid with 2019 return . . . . .	384.	IL		
24	Other (amended returns, installment payments, etc) . .				

# Federal Carryover Worksheet

2020

► Keep for your records

Name(s) Shown on Return

Algirmaa Shagdar & Jantsankhorol Tserendamba

Social Security Number

007-91-3756

## 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				384.		
Totals . .				384.		

## 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	384.

## 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

Algirmaa Shagdar &amp; Jantsankhorol Tserendamba

007-91-3756

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	316.	384.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	16,857.	56,591.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	0.	661.
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





## 2020

► Keep for your records

007-91-3756

[illegible]

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

Page 1 of 1

007-91-3756

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

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

---

**Taxpayer:** Algirmaa Shagdar & Jantsankhorol Tserendamba  
**Primary SSN:** 007-91-3756

**Federal Return Submitted:** March 03, 2021 05:35 PM PST  
**Federal Return Acceptance Date:** \_\_\_\_\_

---

Your return was electronically transmitted on 03/03/2021

---

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

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

### 2. THE ACCEPTANCE DATE.

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

# Electronic Filing Instructions for your 2020 Illinois Tax Return

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



A Shagdar & J Tserendamba  
10373 Dearlove Rd  
Glenview, IL 60025

<b>Balance Due/Refund</b>	Your Illinois state tax return (Form IL-1040) shows a balance due of \$2,341.00.		
	Your return shows you have elected to pay your balance due of \$2,341.00 by Direct Debit using the following information:		
	- Amount Withdrawn:	\$2,341.00	
	- Account Number:	982311102	
	- Routing Transit Number:	071000013	
	- Date of Withdrawal:	03/13/2021	
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns Copies of all W-2 and 1099 forms Copies of other states' tax returns, if applicable		
<b>2020 Illinois Tax Return Summary</b>	Taxable Income	\$	47,291.00
	Total Tax	\$	2,341.00
	Payment Due	\$	2,341.00
<b>Estimated Payments to Make for Next Year's Return</b>	Illinois Estimated Payment Vouchers for 2021 - Do not mail the following vouchers (Form IL-1040-ES) with your 2020 income tax return. These vouchers are used to prepay your 2021 income taxes that will be filed next year.		
	Mail payments according to the schedule below:		
	Voucher Number	Due Date	Amount
	1	04/15/2021	\$ 586.00
	2	06/15/2021	\$ 586.00
	3	09/15/2021	\$ 586.00
	4	01/18/2022	\$ 586.00
	Include a separate check or money order for each payment, payable to "Illinois Department of Revenue". Write your social security number and "2021 Form IL-1040-ES" on each check.		

Electronic Filing Instructions for your 2020 Illinois Tax Return

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



A Shagdar & J Tserendamba  
10373 Dearlove Rd  
Glenview, IL 60025

---

<b>Estimated</b>		Mail payments to:
<b>Payments to</b>		Illinois Department of Revenue
<b>Make for Next</b>		Springfield, IL 62736-0001
<b>Year's Return</b>		
<b>(Continued)</b>		

---

VOUCHER 1



Illinois Department of Revenue

REV 02/15/21 TTMac

**IL-1040-ES 2021**

ID: 3WM

**Estimated Income Tax Payment for Individuals**

**Official Use**

Enter your Social Security numbers in the order they appear on your federal return.

007-91-3756 8  
Your Social Security number

SHAG

364-89-8170 6  
Spouse's Social Security number

**Calendar-Year Taxpayers**

Your estimated tax payments are due on

- April 15, 2021 • September 15, 2021
- June 15, 2021 • January 18, 2022

A Shagdar & J Tserendamba  
10373 Dearlove Rd 3F  
Glenview IL 60025

(773) 558-3822

IL-1040-ES (R-12/21)



\$ 586.00  
Amount of payment (Whole dollars only)

Make check payable and mail this voucher to:  
**ILLINOIS DEPARTMENT OF REVENUE**  
**SPRINGFIELD IL 62736-0001**



1 007913756 8 19080107 364898170 6 1221



VOUCHER 2



Illinois Department of Revenue

REV 02/15/21 TTMac

**IL-1040-ES 2021**

ID: 3WM

**Estimated Income Tax Payment for Individuals**

**Official Use**

Enter your Social Security numbers in the order they appear on your federal return.

007-91-3756 8  
Your Social Security number

SHAG

364-89-8170 6  
Spouse's Social Security number

**Calendar-Year Taxpayers**

Your estimated tax payments are due on

- April 15, 2021 • September 15, 2021
- June 15, 2021 • January 18, 2022

A Shagdar & J Tserendamba  
10373 Dearlove Rd 3F  
Glenview IL 60025

(773) 558-3822

IL-1040-ES (R-12/21)



\$ 586.00  
Amount of payment (Whole dollars only)

Make check payable and mail this voucher to:  
**ILLINOIS DEPARTMENT OF REVENUE**  
**SPRINGFIELD IL 62736-0001**



1 007913756 8 19080107 364898170 6 1221

VOUCHER 3



Illinois Department of Revenue

REV 02/15/21 TTMac

**IL-1040-ES 2021**

ID: 3WM

**Estimated Income Tax Payment for Individuals**

**Official Use**

Enter your Social Security numbers in the order they appear on your federal return.

007-91-3756 8  
Your Social Security number

SHAG

364-89-8170 6  
Spouse's Social Security number

**Calendar-Year Taxpayers**

Your estimated tax payments are due on

- April 15, 2021 • September 15, 2021
- June 15, 2021 • January 18, 2022

A Shagdar & J Tserendamba  
10373 Dearlove Rd 3F  
Glenview IL 60025

(773) 558-3822

IL-1040-ES (R-12/21)



\$ 586.00  
Amount of payment (Whole dollars only)

Make check payable and mail this voucher to:  
**ILLINOIS DEPARTMENT OF REVENUE**  
**SPRINGFIELD IL 62736-0001**



1 007913756 8 19080107 364898170 6 1221

VOUCHER 4



Illinois Department of Revenue

REV 02/15/21 TTMac

**IL-1040-ES 2021**

ID: 3WM

**Estimated Income Tax Payment for Individuals**

**Official Use**

Enter your Social Security numbers in the order they appear on your federal return.

007-91-3756 8  
Your Social Security number

SHAG

364-89-8170 6  
Spouse's Social Security number

**Calendar-Year Taxpayers**

Your estimated tax payments are due on

- April 15, 2021 • September 15, 2021
- June 15, 2021 • January 18, 2022

A Shagdar & J Tserendamba  
10373 Dearlove Rd 3F  
Glenview IL 60025

(773) 558-3822

IL-1040-ES (R-12/21)



\$ 586.00  
Amount of payment (Whole dollars only)

Make check payable and mail this voucher to:  
**ILLINOIS DEPARTMENT OF REVENUE**  
**SPRINGFIELD IL 62736-0001**



1 007913756 8 19080107 364898170 6 1221



# Illinois Department of Revenue 2020 Form IL-1040

Individual Income Tax Return

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

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

## Step 1: Personal Information

1977  
007-91-3756 364-89-8170 1975  
Algirmaa Shagdar  
Jantsankhorol Tserendamba  
10373 Dearlove Rd 3F  
Glenview IL 60025 COOK



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

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

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

## Step 2: Income

(Whole dollars only)

**1** Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. **1** 56,591.00  
**2** Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. **2** .00  
**3** Other additions. **Attach** Schedule M. **3** .00  
**4** **Total income.** Add Lines 1 through 3. **4** 56,591.00

## Step 3: Base Income

**5** Social Security benefits and certain retirement plan income received if included in Line 1. **Attach** Page 1 of federal return. **5** .00  
**6** Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. **6** .00  
**7** Other subtractions. **Attach** Schedule M. **7** .00  
Check if Line 7 includes any amount from Schedule 1299-C. ☐  
**8** Add Lines 5, 6, and 7. This is the total of your subtractions. **8** .00  
**9** **Illinois base income.** Subtract Line 8 from Line 4. **9** 56,591.00

## Step 4: Exemptions

**10 a** Enter the exemption amount for yourself and your spouse. **See instructions.** **a** 4,650.00  
**b** Check if 65 or older: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = **b** .00  
**c** Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = **c** .00  
**d** If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. **Attach** Schedule IL-E/EIC. **d** 4,650.00  
**Exemption allowance.** Add Lines a through d. **10** 9,300.00

## Step 5: Net Income and Tax

**11 Residents: Net income.** Subtract Line 10 from Line 9. **11** 47,291.00  
**Nonresidents and part-year residents:** Enter the **Illinois net income** from Schedule NR. **Attach** Schedule NR. **11** 47,291.00  
**12 Residents:** Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. **12** 2,341.00  
**Nonresidents and part-year residents:** Enter the tax from Schedule NR. **12** 2,341.00  
**13** Recapture of investment tax credits. **Attach** Schedule 4255. **13** .00  
**14** **Income tax.** Add Lines 12 and 13. Cannot be less than zero. **14** 2,341.00

## Step 6: Tax After Nonrefundable Credits

**15** Income tax paid to another state while an Illinois resident. **Attach** Schedule CR. **15** .00  
**16** Property tax and K-12 education expense credit amount from Schedule ICR. **Attach** Schedule ICR. **16** .00  
**17** Credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. **17** .00  
**18** Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. **18** 0.00  
**19** **Tax after nonrefundable credits.** Subtract Line 18 from Line 14. **19** 2,341.00

## Step 7: Other Taxes

**20** Household employment tax. See instructions. **20** .00  
**21** Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. **Do not** leave blank. **21** 0.00  
**22** Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. **22** .00  
**23** **Total Tax.** Add Lines 19, 20, 21, and 22. **23** 2,341.00

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

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



24      2,341.00

### Step 8: Payments and Refundable Credit

<b>25</b>	Illinois Income Tax withheld. <b>Attach</b> Schedule IL-WIT.	<b>25</b>	_____	.00
<b>26</b>	Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.	<b>26</b>	_____	.00
<b>27</b>	Pass-through withholding. <b>Attach</b> Schedule K-1-P or K-1-T.	<b>27</b>	_____	.00
<b>28</b>	Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. <b>Attach</b> Schedule IL-E/EIC.	<b>28</b>	_____	.00
<b>29</b>	<b>Total payments and refundable credit.</b> Add Lines 25 through 28.	<b>29</b>	_____	.00

### Step 9: Total

<b>30</b>	If Line 29 is greater than Line 24, subtract Line 24 from Line 29.	<b>30</b>	<u>          .00</u>
<b>31</b>	If Line 24 is greater than Line 29, subtract Line 29 from Line 24.	<b>31</b>	2,341.00

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

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

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

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

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

**Attach** Form IL-2210.

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

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

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

## Step 11: Refund

**35** If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30.  
This is your **overpayment**. **35** \_\_\_\_\_ .00

**36** Amount from Line 35 you want **refunded to you**. Check **one** box on Line 37. See instructions. **36** \_\_\_\_\_ .00

**37** I choose to receive my refund by

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

Routing number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	Checking or	<input type="checkbox"/>	Savings
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

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

**c** ☐ **paper check**.

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

## Step 12: Amount You Owe

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

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

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

<b>Sign Here</b>					(773) 558-3822	
	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number	
<b>Paid Preparer Use Only</b>			<b>Self-Prepared</b>		<input type="checkbox"/> Check if self-employed	
	Print/Type paid preparer's name		Paid preparer's signature	Date (mm/dd/yyyy)	Paid Preparer's PTIN	
	Firm's name ▶			Firm's FEIN ▶		
	Firm's address ▶			Firm's phone ▶	( )	
<b>Third Party Designee</b>			( )		<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.	
	Designee's name (please print)		Designee's phone number			

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



Illinois Department of Revenue  
**2020 Schedule IL-E/EIC**  
Attach to your Form IL-1040



**Illinois Exemption and Earned Income Credit**

IL Attachment No. 30

**Read this information first**

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

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

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

**Step 1: Provide the following information**

A Shagdar & J Tserendamba

Your name as shown on your Form IL-1040

0 0 7 - 9 1 - 3 7 5 6

Your Social Security number

**Illinois Dependent Exemption Allowance**

**Step 2: Dependent information**

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
Emma	Jantsankhorol	749-63-0714	Daughter	08/22/2012	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Emily	Jantsankhorol	842-43-8590	Daughter	05/27/2018	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

1 Multiply the total number of dependents you are claiming by \$2,325. 2 X \$2,325

Enter the result here and on Form IL-1040, Line 10d.

1 4,650.00

**Continue to Page 2 to calculate Illinois Earned Income Credit**





## Illinois Earned Income Credit

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

### Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

- 1 Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1. **1** \_\_\_\_\_ .00
- 2 Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3.  
If you report an amount on Line 2, you must answer the question in Line 2a below. **2** \_\_\_\_\_ .00
- 2a Does your occupation require a city, state, or county issued professional license, registration, or certification? **2a** Yes ☐ No ☐
- 2b If you answered "Yes" to Line 2a, you must enter the name of the issuing agency and your license, registration, or certification number.

Issuing Agency	License, Registration, or Certification Number

- 3 If you are filing your 2020 federal return as married filing jointly but are filing your 2020 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040 or 1040-SR, Line 11. **3** \_\_\_\_\_ .00
- 3a If you entered an amount on Line 3, enter your spouse's Social Security number from your married filing jointly federal return. **3a** \_ \_ \_ - \_ \_ - \_ \_ \_
- 4 Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13? **4** Yes ☐ No ☐

### Step 4: Figure your Illinois Earned Income Credit

- 5 Enter the amount of federal Earned Income Credit from your federal Form 1040 or 1040-SR, Line 27. **5** \_\_\_\_\_ .00
- 6 Multiply the amount on Line 5 by 18% (.18). **6** \_\_\_\_\_ .00
- 7 **Illinois residents:** Enter 1.0. **Nonresidents and part-year residents:** Enter the decimal from Schedule NR, Line 48. **7** \_\_\_\_\_ ●
- 8 Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit.  
Enter this amount here and on your Form IL-1040, Line 28. **8** \_\_\_\_\_ .00

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

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

Your first name and middle initial <b>Algirmaa</b>		Last name <b>Shagdar</b>		Your social security number <b>007-91-3756</b>	
If joint return, spouse's first name and middle initial <b>Jantsankhorol</b>		Last name <b>Tserendamba</b>		Spouse's social security number <b>364-89-8170</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>10373 Dearlove Rd</b>				Apt. no. <b>3F</b>	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <b>Glenview</b>		State <b>IL</b>	ZIP code <b>60025</b>		
Foreign country name		Foreign province/state/county		Foreign postal code	

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

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):		
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	
	Emma	Jantsankhorol	749-63-0714	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Emily	Jantsankhorol	842-43-8590	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	
<b>Standard Deduction for—</b> • 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 <b>Standard Deduction</b> , see instructions.	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .	<b>8</b>	<b>57,330.</b>
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	<b>57,330.</b>
	<b>10</b>	Adjustments to income:		
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>	<b>739.</b>
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>	
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	<b>739.</b>
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	<b>56,591.</b>
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	<b>24,800.</b>
	<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>	<b>1,944.</b>
	<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>	<b>26,744.</b>
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	<b>29,847.</b>



Form **1040** (2020)