

Review your print out for checklist items.

**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 Moti T		Last name Begna		Your social security number 477-39-9655	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 15945 Granada Ave				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Apple Valley			State MN	ZIP code 551246319	<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 checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county		Foreign postal code	

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

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

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

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

Attach Sch. B if required.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	44,725.
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2b</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3b</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>4a</b>	IRA distributions . . . . .	<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .	<b>8</b>	0.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	44,725.
	<b>10</b>	Adjustments to income:		
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>	
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	44,725.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	12,400.
	<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>	
	<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>	12,400.
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	32,325.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	3,682.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	3,682.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	1,461.
<b>21</b>	Add lines 19 and 20	<b>21</b>	1,461.
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	2,221.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	2,221.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	6,419.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	6,419.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC)	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	974.
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	974.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	7,393.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	5,172.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	5,172.
Direct deposit? See instructions.	<b>b</b> Routing number 091000019 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 2835320355		
	<b>36</b> Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
For details on how to pay, see instructions.	<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee**

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

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here**

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

Your signature	Date	Your occupation Entry Level Software Engineer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (952) 200-9973 Email address \_\_\_\_\_

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Self-Prepared			Phone no.
Firm's address				Firm's EIN

**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

► **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. **03**

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

Moti T Begna

**Your social security number**

477-39-9655

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	1,461.
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> _____	<b>6</b>	
<b>7</b>	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	<b>7</b>	1,461.

**Part II Other Payments and Refundable Credits**

<b>8</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>8</b>	
<b>9</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>9</b>	
<b>10</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>10</b>	
<b>11</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>11</b>	
<b>12</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>12a</b>	
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 . . . . .	<b>12b</b>	
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>12c</b>	
<b>d</b>	Other: _____	<b>12d</b>	
<b>e</b>	Deferral for certain Schedule H or SE filers (see instructions) . . . . .	<b>12e</b>	
<b>f</b>	Add lines 12a through 12e . . . . .	<b>12f</b>	
<b>13</b>	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	<b>13</b>	

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

BAA

REV 09/17/21 Intuit.cq.cfp.sp

Schedule 3 (Form 1040) 2020

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Your social security number

477-39-9655

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	<b>1</b>	2,435.
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . .	<b>2</b>	90,000.
<b>3</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . .	<b>3</b>	44,725.
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . .	<b>4</b>	45,275.
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . .	<b>5</b>	10,000.
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . .	<b>6</b>	1.000
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/> . . .	<b>7</b>	2,435.
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . .	<b>8</b>	974.

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . .	<b>9</b>	1,461.
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . .	<b>10</b>	
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . .	<b>11</b>	
<b>12</b>	Multiply line 11 by 20% (0.20) . . .	<b>12</b>	
<b>13</b>	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er) . . .	<b>13</b>	
<b>14</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . .	<b>14</b>	
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . .	<b>15</b>	
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . .	<b>16</b>	
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . .	<b>17</b>	
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶ . . .	<b>18</b>	
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . .	<b>19</b>	1,461.

Name(s) shown on return

Moti T Begna

Your social security number

477-39-9655



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return) Moti T Begna	<b>21</b> Student social security number (as shown on page 1 of your tax return) 477-39-9655
<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution UNIVERSITY OF MINNESOTA  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 200 FRASER HALL PLEASANT ST SE MN 55455  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.  41-6007513	<b>b.</b> Name of second educational institution (if any)  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.
<b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
<b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.	
<b>25</b> Did the student complete the first 4 years of postsecondary education before 2020? See instructions. <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.	
<b>26</b> Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.	



**You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b>	Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>	3,738.
<b>28</b>	Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>	1,738.
<b>29</b>	Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>	435.
<b>30</b>	If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>	2,435.

**Lifetime Learning Credit**

<b>31</b>	Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>	
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# Tax History Report

► Keep for your records

2020

Name(s) Shown on Return

Moti T Begna

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status . . . . .			Single	Single	Single
Total income . . . . .			9,465.	16,604.	44,725.
Adjustments to income					
Adjusted gross income			9,465.	16,604.	44,725.
Tax expense . . . . .			323.	812.	2,531.
Interest expense . . .					
Contributions . . . . .					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .			9,815.	12,200.	12,400.
Exemption amount . .			0.	0.	0.
QBI deduction . . . . .					
Taxable income . . . .			0.	4,404.	32,325.
Tax . . . . .				443.	3,682.
Alternative min tax . .					
Total credits . . . . .					1,461.
Other taxes . . . . .					
Payments . . . . .			600.	1,501.	7,393.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .			600.	1,058.	5,172.
Effective tax rate % . .			0.00	2.67	2.79
**Tax bracket % . . . .			10.0	10.0	12.0

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

## IMPORTANT DISCLOSURES

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

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

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

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

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

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

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

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

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

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

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

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

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

Questions? Call 877-908-7228

**FORM 1040 or FORM 1040-SR WORKSHEET**  
**NOTE:** Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

**2020**

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.  
Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

**Form 1040 or Form 1040SR Worksheet Navigation QuickZooms**

**QuickZoom** to Schedule 1 — Additional Income and Adjustments to Income . . . . . ► \_\_\_\_\_  
**QuickZoom** to Schedule 2 — Additional Taxes . . . . . ► \_\_\_\_\_  
**QuickZoom** to Schedule 3 — Additional Credits and Payments . . . . . ► \_\_\_\_\_

**Form 1040 or Form 1040-SR — Personal Info, Filing Status, Dependent Info**

For the year January 1 - December 31, 2020, or other tax year  
beginning \_\_\_\_\_, 2020, ending \_\_\_\_\_, 20 \_\_\_\_.

Your First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Your Social Security No. \_\_\_\_\_  
Moti T Begna 477-39-9655  
If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No. \_\_\_\_\_  
Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No. \_\_\_\_\_  
15945 Granada Ave \_\_\_\_\_  
City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code \_\_\_\_\_  
Apple Valley MN 55124-6319  
Foreign country name Foreign province/state/county Foreign postal code \_\_\_\_\_

**QuickZoom** to explanation statement for overseas extension . . . . . ►

**Presidential Election Campaign**

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.  
Checking a box will not change your tax or refund. . . . . ☒ **You** ☐ **Spouse**

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

**Filing Status** Check only one box.

All entries for filing status and dependents should be made on the Federal Information Worksheet.

- ☒ Single  
☐ Married filing jointly (even if only one had income)  
☐ Married filing separately. Enter spouse's SSN above and full name here. \_\_\_\_\_  
☐ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but  
not your dependent, enter the child's name here. . . . . ► \_\_\_\_\_  
☐ Qualifying widow(er) (See instructions)

**Dependents** If more than four dependents, see instructions and check here . . . . . ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for: under age 17 qualifying for child tax credit	Credit for other dependents
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**QuickZoom** to the Federal Information Worksheet . . . . .  
**QuickZoom** to the Dependent and Nondependent Information Worksheet . . .

**Standard Deduction**

<input checked="checked" type="checkbox"/>	Someone can claim you as a dependent
<input type="checkbox"/>	Someone can claim your spouse as a dependent

**a** Check if: ☐ **You** were born before January 2, 1956, ☐ Blind.  
☐ **Spouse** was born before January 2, 1956, ☐ Blind.  
**Total boxes checked** . . . . . **► a** ☐

**b** If your spouse itemizes on a separate return or you were a dual-status alien, check here . . . . . **► b** ☐

**Form 1040 or Form 1040-SR, Lines 1 - 7**

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	<u>44,725.</u>
<b>2 a</b>	<b>Tax-exempt</b> interest . . . . . <b>2a</b>		
<b>b</b>	<b>Taxable</b> interest . . . . .	<b>2b</b>	
<b>3 a</b>	Qualified dividends . . . . . <b>3a</b>		
<b>b</b>	Ordinary dividends . . . . .	<b>3b</b>	
<b>4 a</b>	IRA distributions . . . . . <b>4a</b>		
<b>b</b>	Taxable amount . . . . .	<b>4b</b>	
<b>5 a</b>	Pensions and annuities . . . . . <b>5a</b>		
<b>b</b>	Taxable amount . . . . .	<b>5b</b>	
<b>6 a</b>	Social security benefits . . . . . <b>6a</b>		
<b>b</b>	Taxable amount . . . . .	<b>6b</b>	
<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here. . . . . <b>►</b> <input type="checkbox"/>	<b>7</b>	

**QuickZoom** to Schedule 1 — Additional Income and Adjustments to Income . . . . . **►** \_\_\_\_\_

**Form 1040 or Form 1040-SR, Lines 8 - 11**

<b>8</b>	Other income from Schedule 1, line 9 . . . . .	<b>8</b>	<u>0.</u>
<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . <b>►</b>	<b>9</b>	<u>44,725.</u>
<b>10</b>	Adjustments to income:		
<b>a</b>	From Schedule 1, line 22 . . . . . <b>10 a</b>		
	<b>Enter the smaller of these cash contributions made or \$300 (\$150 if married filing separately) on line 10b below if you take the standard deduction</b> . . . . .		
<b>b</b>	Charitable contributions if you take the standard deduction. . . . . <b>10 b</b>		
<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . <b>►</b>	<b>10 c</b>	
<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . <b>►</b>	<b>11</b>	<u>44,725.</u>
	AGI including excludable Puerto Rico Income . . . . .		<u>44,725.</u>

**Form 1040 or Form 1040-SR, Line 12 — Standard or Itemized Deduction**

<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) <b>Standard Deduction for —</b>	
	<ul style="list-style-type: none"> <li>● People who checked blind or over 65 or who can be claimed as a dependent, see instructions.</li> <li>● All others: <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> </ul> </li> </ul>	
	<b>QuickZoom</b> to the Standard Deduction Worksheet . . . . .	

<b>Itemized deductions</b> (from Schedule A) <b>or</b> your <b>standard deduction</b> , see above . . . . .	<b>12</b>	<u>12,400.</u>
Subtract itemized or standard deduction from adjusted gross income amount . . . . .		<u>32,325.</u>

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<b>Form 1040 or Form 1040-SR, Lines 13 - 18</b>		
<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>	
<b>14</b> Add lines 12 and 13 . . . . .	<b>14</b>	<u>12,400.</u>
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	<u>32,325.</u>

<b>16</b> <b>Tax.</b> Check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/>		
		<u>3,682.</u>
<b>17</b> Amount from Schedule 2, line 3. . . . .	<b>17</b>	
<b>18</b> Add lines 16 and 17 . . . . .	<b>18</b>	<u>3,682.</u>
<b>QuickZoom</b> to Schedule 2 - Additional Tax section . . . . . ▶		

<b>Form 1040 or Form 1040-SR, Line 19 - 24</b>		
<b>19</b> Child tax credit/credit for other dependents . . . . .	<b>19</b>	
<b>20</b> Amount from Schedule 3, line 7. . . . .	<b>20</b>	<u>1,461.</u>
<b>21</b> Add lines 19 and 20 . . . . .	<b>21</b>	<u>1,461.</u>
<b>22</b> Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	<b>22</b>	<u>2,221.</u>
<b>23</b> Other taxes, including self-employment tax, from Schedule 2, line 10. . . . .	<b>23</b>	<u>0.</u>
<b>24</b> Add lines 22 and 23. This is your <b>total tax</b> . . . . . ▶	<b>24</b>	<u>2,221.</u>
<b>QuickZoom</b> to Schedule 3 — Additional Credits and Payments . . . . . ▶		

<b>Form 1040 or Form 1040-SR, Lines 25 - 33</b>		
<b>25</b> Federal income tax withheld from: <b>a</b> Form(s) W-2 . . . . . <b>25 a</b> <u>6,419.</u> <b>b</b> Form(s) 1099 . . . . . <b>25 b</b> _____ <b>c</b> Other forms . . . . . <b>25 c</b> _____ <b>d</b> Add lines 25a through 25c. . . . . <b>25 d</b> <u>6,419.</u>		
<b>26</b> 2020 estimated tax payments and amount applied from 2019 return . . . . .	<b>26</b>	
<b>27</b> Other payments and refundable credits: Earned income credit (EIC) . . . . . Nontaxable combat pay election . . . . .		
<b>28</b> Additional child tax credit. Attach Schedule 8812 . . . . .		
<b>29</b> American opportunity credit from Form 8863, line 8. . . . . <u>974.</u>		
<b>30</b> Recovery rebate credit. . . . .		
<b>31</b> Amount from Schedule 3, line 13 . . . . .		
<b>32</b> Add lines 27 through 31. <b>These are your other payments and refundable credits</b> . . . . . ▶	<b>32</b>	<u>974.</u>
<b>33</b> Add Lines 25d, 26, and 32. <b>These are your total payments</b> . . . . . ▶	<b>33</b>	<u>7,393.</u>

**QuickZoom** to Schedule EIC Worksheet, pg. 2 if credit is not calculated. . . . . ▶ \_\_\_\_\_  
**QuickZoom** to "due diligence checklist" substitute for Form 8867. . . . . ▶ \_\_\_\_\_  
**QuickZoom** to Schedule 3 — Additional Credits and Payments . . . . . ▶ \_\_\_\_\_

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### Form 1040 or Form 1040-SR, Lines 34 - 36

#### Refund:

<b>34</b>	If total Payments is more than total tax, subtract <b>total tax</b> from <b>payments</b> . This is the amount you <b>overpaid</b> . . . . .	<b>34</b>	5,172.
<b>35 a</b>	Amount of overpayment you want <b>refunded to you</b> . If Form 8888 is attached, check here. . . . . ▶ <input type="checkbox"/>	<b>35</b>	5,172.
Direct deposit? ▶ <b>b</b> Routing number . . . . . 091000019 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ▶ <b>d</b> Account number . . . . . 2835320355			
<b>36</b>	Amount of overpayment on line 34 you want applied to your <b>2021 estimated tax</b> . . . . . ▶	<b>36</b>	

### Form 1040 or Form 1040SR, Lines 37 and 38

#### Amount You Owe:

<b>37</b>	Subtract total payments from total tax . . . . . ▶ <b>Note:</b> Schedule H and Schedule E SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	<b>37</b>	
<b>38</b>	Estimated tax penalty . . . . . ▶	<b>38</b>	

**QuickZoom** to Late Penalties and Interest Worksheet . . . . . ▶ **QuickZoom.** . . ▶ \_\_\_\_\_

## Schedule 1 — Additional Income and Adjustments to Income

### Part I Additional Income

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes. . . . .	<b>1</b>	0.
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#### Alimony Received Smart Worksheet

<b>A</b>	Taxpayer	Spouse	Date of divorce/sep	*
<b>B</b>				

\* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable

<b>2 a</b>	Alimony received. . . . Taxpayer _____ Spouse _____	<b>2 a</b>	
<b>b</b>	Date of original divorce or separation agreement . . . . . ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F. . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount: ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 8 . . . . .	<b>9</b>	0.
<b>Total Income.</b> Combine Form 1040 lines 1- 7 and			

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings. . . . .	<b>17</b>	

**Alimony Paid Smart Worksheet**

	Recipient's name	Recipient's SSN	Date of divorce/sep	*	Alimony paid
<b>A</b>				<input type="checkbox"/>	
<b>B</b>				<input type="checkbox"/>	

\* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

<b>18 a</b>	Alimony paid . . . . .	<b>18 a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement . . . . . ▶		
<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 or 1040-SR, line 10a . . . . .	<b>22</b>	

**Schedule 2 — Additional Taxes****Part I Tax**

<b>1</b>	<b>Alternative minimum tax</b> (see instructions). 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 include on Form 1040 or 1040-SR, line 17	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 Explain underreported tips . . . . .	<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>7 a</b>	Household employment taxes from Schedule H . . . . .	<b>7 a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required . . . . .	<b>7 b</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>	

10	Add lines 4 through 8. These are your <b>total other taxes</b> Enter here and on Form 1040 or 1040-SR, line 23 . . . . .	10	0.
	<b>Total tax</b> (add line 10 and Schedule 3, line 7b) . . . . .		2,221.

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### Schedule 3 – Additional Credits and Payments

#### Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required . . . . .	1	
2	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	2	
3	Education credits from Form 8863, line 19 . . . . .	3	1,461.
4	Retirement savings contributions credit. Attach Form 8880 . . . . .	4	
5	Residential Energy Credit. Attach Form 5695 . . . . .	5	
6	Other credits from Form:	6	
a	3800 . . . . .		
b	8801 . . . . .		
c			
7	Add lines 1 through 6. Enter here and on Form 1040 or 1040-SR, line 20 . . . . .	7	1,461.
a	Add line 7 plus child tax/other dep. credit on line 19 above . . . . .		2,221.
b	Subtract total credits on line 7a from tax on line 18 above. . . . .		

Quickzoom to 1040 Worksheet, line 24 – Total Tax . . . . . ▶ QuickZoom. . . . .

#### Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962 . . . . .	8	
9	Amount paid with request for extension to file . . . . .	9	
10	Excess social security and tier 1 RRTA tax withheld . . . . .	10	
11	Credit for federal tax on fuels. Attach Form 4136 . . . . .	11	
12	Other payments or refundable credits:		
a	Form 2439 . . . . .	12 a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202. . . . .	12 b	
c	Health coverage tax credit from Form 8885 . . . . .	12 c	
d	Other . . . . .	12 d	
e	Deferral for certain Schedule H or SE filers . . . . .	12 e	
f	Add lines 12a through 12e . . . . .	12 f	
13	<b>Total Payments:</b> Part II, lines 8 through 12f, <b>Withholding</b> (Form 1040, line 25d), <b>Estimated Tax Payments</b> (Form 1040, line 26) and Form 1040, lines 27-30 . . . . .	13	7,393.
	<b>Other Payments and Refundable Credits</b> (Form 1040, line 32) . . . . .		974.

#### Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? . . . . . ☐ Yes. Complete the following. ☒ No

Designee's Name . . . . . ▶ \_\_\_\_\_

Phone Number . . . . . ▶ \_\_\_\_\_ Personal Identification Number (PIN) . . . . . ▶ \_\_\_\_\_

#### Signature and Paid Preparer

##### Sign Here

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

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

Your Signature	Date	Your Occupation	If the IRS sent you an Identity Protection PIN, enter it here
Spouse's Signature. If joint, <b>both</b> must sign.	Date	Spouse's Occupation	
Daytime Phone No. (952) 200-9973		Email Address	

#### Paid Preparer's Use Only

Print/Type Preparer's name	Preparer's PTIN	Check if:
Preparer's Signature	Date	<input type="checkbox"/> Self-employed
Firm's Address (or yours if self-employed) Self-Prepared	Firm's EIN.	Phone No.
	State	ZIP Code

#### Filing Address Information

Send Form 1040 to: You have chosen to electronically file this return.

Name(s) Shown on Return Moti T Begna	Your SSN 477-39-9655
---	-------------------------

**Line 4b - Adjustment for trade or business income or loss**

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax . . . . .	

**Line 5b - Adjustment for gain or loss on dispositions**

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2019 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax . . . . .	

**Capital gain/loss not included in net investment income**

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax . . . . .	

**Calculation of line 5b adjustment due to capital loss carryforward**

1	Net capital loss not included in net investment income . . . . .	1	0.
2	Capital loss carryover to next year . . . . .	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

**Line 7 - Other modifications to investment income**

1	Casualty and theft losses reported on Schedule A, line 15. . . . .	1	
2	Amounts reported on Form 8814, line 12 . . . . .	2	
3	Adjustment for distributions from estates and trusts . . . . .	3	
4	Schedules C and F income/loss included in net investment income. . . . .	4	
5	Substitute interest and dividend payments . . . . .	5	
6	Recovery of a prior year deduction . . . . .	6	
7		7	
8	Total other modifications to investment income . . . . .	8	



**Line 9b - State, local, and foreign income taxes allocable to net investment income**

1	State and local income taxes . . . . .	1	
2	Investment income. . . . .	2	
3	Total adjusted gross income . . . . .	3	
4	Divide line 2 by line 3. Enter result as a decimal amount. . . . .	4	
5	State and local income taxes allocable to investment income	5	
6	State and local taxes (Schedule A, line 5e) . . . . .	6	
7	Lesser of line 5 or line 6. . . . .	7	
8	Foreign income taxes . . . . .	8	
9	Foreign income taxes allocable to investment income. Line 8 times line 4. . . . .	9	
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income . . . . .	10	

**Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet****Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income . . . . .	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px;"></div>	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. . . . .	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12 . . . . .	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: . . . . .	6	
7	Subtract line 6 from line 5. . . . .	7	
8	Enter the lesser of line 7 or line 4 . . . . .	8	

**Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10**

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
<b>1</b> Reserved. . . . .		
<b>2</b> State, local, and foreign income taxes. . . . .	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
<b>3</b> _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings . . . . .		
Other modifications:		
_____		
Total additional modifications to Form 8960, line 10 . . . . .		

**Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII****1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

**2) Former Passive Activity Suspended Losses - Schedule D**

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

**3) Former Passive Activity Suspended Losses - Form 4797**

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

## Federal Information Worksheet

► Keep for your records

2020

**Part I – Personal Information**Information in Part I is **completely calculated** from entries on Personal Information Worksheets.**Taxpayer:**

First name . . . . . Moti  
 Middle initial . . . . . T Suffix . . . . .  
 Last name . . . . . Begna  
 Social security no. . . . . 477-39-9655  
 Occupation . . . . . Entry Level Software Engineer  
 Date of birth . . . . . 10/03/1997 (mm/dd/yyyy)  
 Age as of 1-1-2021 . . . . . 23  
 Daytime phone . . . . . (952) 200-9973 Ext  
 Legally blind . . . . . ☐  
 Date of death . . . . .

**Dependent of Someone Else:**

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☒ Yes ☐ No  
 If yes, **was** taxpayer claimed as dependent on that person's return? . . . . . ☐ Yes ☒ No

**Credit for the Elderly or Disabled (Schedule R):**

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

**Presidential Election Campaign Fund:**

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☒ Yes ☐ No

**Spouse:**

First name . . . . .  
 Middle initial . . . . . Suffix . . . . .  
 Last name . . . . .  
 Social security no. . . . .  
 Occupation . . . . .  
 Date of birth . . . . . (mm/dd/yyyy)  
 Age as of 1-1-2021 . . . . .  
 Daytime phone . . . . . Ext  
 Legally blind . . . . . ☐  
 Date of death . . . . .

**Dependent of Someone Else:**

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☐ No  
 If yes, **was** spouse claimed as dependent on that person's return? . . . . . ☐ Yes ☐ No

**Credit for the Elderly or Disabled (Schedule R):**

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

**Presidential Election Campaign Fund:**

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

**Part II – Address and Federal Filing Status** (enter information in this section)**US Address:**

Address . . . . . 15945 Granada Ave Apt no. . . . .  
 City . . . . . Apple Valley State . . . . . MN ZIP code . . . . . 55124-6319

**Foreign Address:** Check this box to use foreign address . . ☐

Address . . . . . Apt no. . . . .  
 City . . . . .  
 Foreign code . . . . . Foreign country . . . . .  
 Foreign province/county . . . . . Foreign postal code . . . . .

APO/FPO/DPO address, check if appropriate . . . . . APO ☐ FPO ☐ DPO ☐

Home phone . . . . .  
 Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Print Form 1040-SR instead of Form 1040 . . . . . ☐ Yes ☒ No

**Federal filing status:**

☒ 1 Single  
☐ 2 Married filing jointly  
☐ 3 Married filing separately  
 Check this box if you **did not** live with your spouse at any time during the year. . . . . ☐  
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help). . . . . ☐  
☐ 4 Head of household  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's First name . . . . . MI . . . . . Last Name . . . . . Suff . . . . .  
 Child's social security number . . . . .  
☐ 5 Qualifying widow(er)  
 Check the appropriate box for the year your spouse died . . . . . 2018 ☐ 2019 ☐  
 Are you a dependent with a qualifying child . . . . . Yes ☐ No ☐  
 Enter qualifying person's name:  
 Child's First name . . . . . MI . . . . . Last Name . . . . . Suff . . . . .  
 Child's social security number . . . . .

**Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information**

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2020				

\* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

## Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? . . . . . ☐ Yes ☐ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States  
for more than half of 2020? . . . . . ☐ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to  
get a federally funded benefit, such as Medicaid, and the Social Security card  
contains the legend **Not Valid for Employment**, check this box (see Help) . . . . . ☐

Check if you are filing head of household **and** your spouse is a nonresident alien  
**and** you lived with your spouse during the last six months of 2020 . . . . . ☐

Check if you were notified by the IRS that EIC cannot be claimed in 2020 or  
if you are ineligible to claim the EIC in 2020 for any other reason . . . . . ☐

**Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)**

Do you want to elect **direct deposit** of any federal tax refund? . . . . . ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☒ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) . . . . . ▶ Wells Fargo  
Check the appropriate box. . . . . ▶ Checking ☒ Savings ☐  
Routing number. . . . . ▶ 091000019 Account number . . . . . ▶ 2835320355

**Enter the following information only if you are requesting direct debit of balance due:**

Enter the payment date to withdraw from the account above . . . . . ▶ \_\_\_\_\_  
Balance-due amount from this return . . . . . ▶ \_\_\_\_\_

### Amended Returns:

Do you want to elect **direct debit** of federal **amended** balance due (e-File only)? . . . ☐ Yes ☐ No

Enter the payment date to withdraw from the account above . . . . .

Balance-due amount from this **amended** return . . . . .

## Part VI – Additional Information for Your Federal Return

**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction . . . . . ☐

Check this box if you are married filing separately and your spouse itemized deductions . . . . . ☐

Check this box to take the standard deduction even if less than itemized deductions . . . . . ☐

### Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) . . . . . ☐ Yes ☐ No

**Credit for Qualified Retirement Savings Contributions (Form 8880):**

Is the taxpayer a full-time student? ☐ Yes ☐ No

Is the spouse a full-time student? ☐ Yes ☐ No

## American Opportunity and Lifetime Learning Credit (Form 8863)

For 2020, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ▶ ☐ Yes ☐ No

### Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐   
 Resident country ☐ USA

**Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:**

Excludable income from American Samoa, Guam, Commonwealth of the Northern Mariana Islands, or Puerto Rico . . . . .

Excludable income of bona fide residents of American Samoa, Guam, or the  
Commonwealth of the Northern Mariana Islands . . . . .

Excludable income from Puerto Rico . . . . .

### Dual Status Alien Return:

Check this box if you are a dual-status alien return: ☐

Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040: ☐

**Third Party Designee:**

**Caution:** Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? . . . . . ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name . . . . . ▶ \_\_\_\_\_

Third party designee phone number . . . ▶

Personal Identification number (enter any 5 numbers) . . . ▶

**Part VI – Additional Information for Your Federal Return – Continued****Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed  
returns when Form 1310 is not filed or it is not the  
surviving spouse . . . . . ▶ \_\_\_\_\_

**Part VII – State Filing Information****Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

If the IRS sent the spouse an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

**Taxpayer:**

Enter the taxpayer's state of residence as of December 31, 2020 . . . . . ▶ MN

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year . . . . . ▶ ☒

Taxpayer is a resident of the state above for only part of year . . . . . ▶ ☐

Date the taxpayer established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the taxpayer reside before this change? . . . . . ▶ \_\_\_\_\_

**Spouse:**

Enter the spouse's state of residence as of December 31, 2020 . . . . . ▶ \_\_\_\_\_

Check the appropriate box:

Spouse is a resident of the state above for the entire year . . . . . ▶ ☐

Spouse is a resident of the state above for only part of year . . . . . ▶ ☐

Date the spouse established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the spouse reside before this change? . . . . . ▶ \_\_\_\_\_

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union . . . . . ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS . . . . . ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) . . . . . ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN . . . \_\_\_\_\_

Spouse's Prior year PIN . . . \_\_\_\_\_

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return . . . . . 15945

Spouse's PIN used to sign the return . . . . . \_\_\_\_\_

**Taxpayer:**

Drivers license or state ID number Q427155139813

Issued by what state MN

License or ID      license . ▶ ☒      ID . ▶ ☐      neither . ▶ ☐      decline . ▶ ☐

**Spouse**

Drivers license or state ID number \_\_\_\_\_

Issued by what state \_\_\_\_\_

License or ID      license . ▶ ☐      ID . ▶ ☐      neither . ▶ ☐      decline . ▶ ☐

**Personal Information Worksheet  
For the Taxpayer**

**2020**

► Keep for your records

**QuickZoom** to another copy of Personal Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

**Part I – Taxpayer's Personal Information**

First name . . . Moti Middle initial . T Last name . . . Begna  
Suffix . . . . .

Social security no. . . 477-39-9655 Member of U.S. Armed Forces in 2020? . . ☐ Yes ☒ No

Date of birth . . . . . 10/03/1997 (mm/dd/yyyy) age as of 1-1-2021 . . . . . 23

Occupation . . . Entry Level Software Engineer Daytime phone . . . (952) 200-9973 Ext \_\_\_\_\_

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2020 ► ☐ 2020 . ► ☐ 2019 . ► ☐ 2018 . ► ☐ Before 2018 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help). . . . . ► ☐ Yes ☐ No

Check if this person is legally blind . . . . . ► ☐ Yes ☒ No

If deceased, enter the date of death . . . . . ► (mm/dd/yyyy) \_\_\_\_\_

Were you under the age of 16 as of 1-1-2021 and this is the first year you  
are filing a tax return? . . . . . ► ☐ Yes ☐ No

Language in which you want the IRS to communicate with you . . . . . ► \_\_\_\_\_

Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ► ☒ Yes ☐ No

**Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer**

**1** Can someone (such as your parent) claim you as a dependent? . . . . . ► ☒ Yes ☐ No

**2** If you answered 'Yes' to question 1, are you actually claimed as a dependent  
on that person's tax return? . . . . . ► ☐ Yes ☒ No

*Questions 3 through 5 are only required for individuals who claim the  
American Opportunity Credit.*

**3** Were you a full-time student during any part of five months during 2020? . . . . . ► ☒ Yes ☐ No

**4** Did your earned income exceed one-half of your support? . . . . . ► ☒ Yes ☐ No

**5** Was at least one of your parents alive on December 31, 2020? . . . . . ► ☐ Yes ☐ No

**Part III – Taxpayer's State Residency Information**

Enter this person's state of residence as of December 31, 2020 . . . . . MN

Check the appropriate box:

This person is a resident of the state above for the entire year . . . . . ☒

This person is a resident of the state above for only part of year . . . . . ☐

Date this person established residence in state above . . . . . ► \_\_\_\_\_

In which state (or foreign country) did this person reside before this change? . . . . . ► \_\_\_\_\_

**Part IV – Dependent Care Expenses**

Qualified dependent care expenses incurred and paid for this person in 2020 . . . . . \_\_\_\_\_

Unreimbursed medical expenses paid for qualifying person in 2020 . . . . . \_\_\_\_\_

Employment taxes paid for dependent care providers in 2020 . . . . . \_\_\_\_\_

Full-time student for 5 calendar months during 2020? . . . . . ► ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? . . . . . ► ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit . . . . . ► ☐ Yes ☒ No

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# Student Information Worksheet

2020

► Keep for your records

Name of Student Moti T Begna	Social Security Number 477-39-9655
---------------------------------	---------------------------------------

## Part I – Student Status

- Was this person a student during 2020? . . . . . ☒ Yes ☐ No
- What kind of school did the student attend during 2020? (Check all that apply.)
 

a <input type="checkbox"/> Elementary	d <input type="checkbox"/> Vocational school	g <input type="checkbox"/> Not applicable
b <input type="checkbox"/> High school (secondary)	e <input type="checkbox"/> Military academy	
c <input checked="" type="checkbox"/> College (postsecondary)	f <input type="checkbox"/> Apprenticeship (Qualified Tuition Program only)	
- Did the student receive scholarships or other education assistance? . . . . . ☐ Yes ☐ No
- Qualified Tuition Program only:
  - Did the student make any education loan payments to treat as expenses? . . . . . ☐ Yes ☒ No
 If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

## Part II – College Student Information

- Did the student complete the first 4 years of postsecondary education as of 1/1/2020? . . . . . ☐ Yes ☒ No ☐ NA
- Was this student enrolled at an eligible education institution during 2020? . . . . . ☒ Yes ☐ No ☐ NA
- Was this student enrolled in a program that leads to a degree, certificate, or credential? . . . . . ☒ Yes ☐ No ☐ NA
- Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? . . . . . ☒ Yes ☐ No ☐ NA
- Did this student take at least one-half the normal full-time workload for one academic period? . . . . . ☒ Yes ☐ No ☐ NA
- Has this student been convicted of a felony for possessing or distributing a controlled substance? . . . . . ☐ Yes ☒ No ☐ NA
- Is this student an eligible dependent of the taxpayer? . . . . . ☐ Yes ☒ No ☒ NA
- In how many prior years has an American Opportunity Credit been claimed for this student? . . . . . 3
- In how many prior years has a Hope Credit been claimed for this student . . . . . 0

## Part III – Education Credit Qualifications (Determined based entries in Part II)

- Is this student qualified for the American Opportunity Credit? . . . . . ☒ Yes ☐ No
  - Is this student qualified for the Lifetime Learning Credit? . . . . . ☒ Yes ☐ No
  - Is this student qualified for the Tuition and Fees Deduction? . . . . . ☐ Yes ☒ No
- Another person can claim Moti as a dependent

## Part IV – Educational Institution and Tuition Summary

Received 2019 1098T with Box 2 filled and box 7 checked? <input checked="" type="checkbox"/>					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
UNIVERSITY OF MINNESOTA 41-6007513	200 FRASER HALL PLEASANT ST SE MN 55455	6,909.	3,171.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If a foreign address: foreign province/state: Postal code: Country:				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: Postal code: Country:				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals . . . . .		6,909.	3,171.		

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) . . . . . ☒ Yes ☐ No

## Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
<b>1</b> Educational assistance that is always tax-free:			
<b>a</b> Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
<b>b</b> Other veteran assistance or certain Indian tribal payments . . . . .	_____		
<b>c</b> Other tax-free employer-provided assistance . . . . .	_____		
<b>d</b> Total . . . . .			_____
<b>2</b> Scholarships, fellowships, and grants not reported on Form W-2:			
<b>a</b> Scholarships and grants from Part IV above . . . . .	3,171.		
<b>b</b> Other scholarships, fellowships and grants . . . . .	_____		
<b>c</b> Total . . . . .	3,171.		
<b>3</b> Scholarship reported in 2020 not allocable to 2020 expense . . . .	_____		
<b>4</b> Amount required to be used for other than qualified education expenses		_____	
<b>5</b> Subtract line 3 and 4 from line 2c. . . . .	3,171.		
<b>6</b> Total qualified education expenses from Part VI below. . . . .	6,909.		
<b>7</b> If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-. . . . .			3,171.
<b>8</b> Subtract line 7 from line 5. . . . .		0.	
<b>9</b> Taxable part. Add lines 4 and 8. . . . .		0.	
<b>10</b> Tax-free educational assistance. Add lines 1d and 7 . . . . .			3,171.

## Part VI – Education Expenses

[illegible]

16	Deducted on Sched A . . .							
17	Used for credit or deduction							
18	Used for exclusion . . . . .		0.	0.	0.			
	<b>See tax help</b>							
19	Total adjustments. . . . .	3,171.	3,171.	3,171.	3,171.	3,171.	3,171.	
20	Adjusted qualified expenses	3,738.	3,738.	3,738.	3,738.	3,738.	3,738.	0.

Moti T Begna

477-39-9655 Page 3

## Part VII – Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome. . . . .	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit . . . . .	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit . . . . .	<input type="checkbox"/>
4	Elect the tuition and fees deduction . . . . .	<input type="checkbox"/>
4	Not applicable . . . . .	<input type="checkbox"/>

## Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Enter the total distributions from this QTP during 2020 . . . . .	
2	Enter the amount of adjusted qualified education expenses attributable to this QTP:	
a	Qualified Education Loan Payments . . . . .	
b	Qualified Education Loan Payments applied . . . . .	
c	Qualified Apprenticeship Education Expenses . . . . .	
d	Qualified Apprenticeship Education Expenses applied . . . . .	
e	Qualified Elementary and Secondary Education Expenses . . . . .	
f	Qualified Elementary and Secondary Education Expenses applied . . . . .	
g	Adjusted Qualified Higher Education Expenses . . . . .	
h	Adjusted Qualified Higher Education Expenses applied . . . . .	
3	Total qualified education expenses attributable to this QTP . . . . .	
4	Excess distributions. Subtract line 3 from line 1. . . . .	
	If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2 . . . . .	
6	Fraction. Divide line 3 by line 1. . . . .	
7	Multiply line 5 by line 6. . . . .	
8	Earnings taxable to recipient. Subtract line 7 from line 5. . . . .	

## Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses . . . . .	
3	Qualified Elementary and Secondary Education Expenses applied . . . . .	
4	Subtract line 3 from line 1. . . . .	
5	Adjusted Qualified Higher Education Expenses . . . . .	
6	Qualified Higher Education Expenses applied to ESA distributions . . . . .	
7	Excess distributions. Subtract line 6 from line 4. . . . .	
8	Distributions taxable to recipient . . . . .	

## Part X – Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2020 for this student. . . . .	
2	Adjusted Qualified Higher Education Expenses. . . . .	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest . . . . .	
4	Interest included in line 1 . . . . .	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name

Street address

Street address

City

State

Zip Code

City

State

Zip Code

► Keep for your records

Name(s) Shown on Return  
Moti T BegnaSocial Security Number  
477-39-9655

## Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	44,725.		44,725.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
2	Total federal tax withheld . . . . .	6,419.		6,419.
3 & 7	Total social security wages/tips . . . . .	41,442.		41,442.
4	Total social security tax withheld . . . . .	2,570.		2,570.
5	Total Medicare wages and tips . . . . .	41,442.		41,442.
6	Total Medicare tax withheld . . . . .	601.		601.
8	Total allocated tips . . . . .	0.		0.
9	Not used . . . . .			
10 a	Total dependent care benefits . . . . .			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12 . . . . .	5.		5.
b	Elective deferrals to qualified plans . . . . .			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans . . . . .			
e	Deferrals to non-government 457 plans . . . .			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax . . . . .			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2 . . . . .			
k	Income from nonstatutory stock options . . . .			
l	Non-taxable combat pay . . . . .			
m	QSEHRA benefits . . . . .			
n	Total other items from box 12 . . . . .	5.		5.
14 a	Total deductible mandatory state tax . . . . .			
b	Total deductible charitable contributions . . . .			
c	This line does not apply to TurboTax . . . . .			
d	Total RR Compensation . . . . .			
e	Total RR Tier 1 tax . . . . .			
f	Total RR Tier 2 tax . . . . .			
g	Total RR Medicare tax . . . . .			
h	Total RR Additional Medicare tax . . . . .			
i	Total RRTA tips. . . . .			
j	Total other items from box 14 . . . . .			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips . . . . .	44,725.		44,725.
17	Total state tax withheld . . . . .	2,531.		2,531.
19	Total local tax withheld. . . . .			

Name  
Moti T BegnaSocial Security Number  
477-39-9655**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.

**a** Employee's social security no. . . 477-39-9655  
**b** Employer ID number (EIN). . . 41-1822872  
**c** Employer's name, address, and ZIP code  
BEST BUY STORES LP  
 Street 7601 PENN AVENUE SOUTH  
 City MINNEAPOLIS  
 State MN ZIP Code 55423  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation 803.93  
**3** Social security wages 803.93  
**5** Medicare wages and tips 803.93  
**7** Social security tips \_\_\_\_\_

**2** Federal income tax withheld 42.58  
**4** Social security tax withheld 49.84  
**6** Medicare tax withheld 11.66  
**8** Allocated tips \_\_\_\_\_

► Enter unreported tips in **Part VII** on Page 2 below.**d** Control number .0000A06804VTO**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First MOTI M.I. T  
 Last BEGNA Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 15945 GRANADA AVE  
 City APPLE VALLEY  
 State MN ZIP Code 55124  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**9** \_\_\_\_\_

**10** Dependent care benefits  
 Distributions from sect. 457 and nonqualified plans (Important, see Help) \_\_\_\_\_

**11** Nonqualified plans \_\_\_\_\_**12** Enter box 12 below \_\_\_\_\_

**13** ☐ Statutory employee  
☐ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	P: Double-click to link to Form 3903, line 4 . . . _____
_____	_____	R: Enter MSA contribution for Taxpayer . . . _____
_____	_____	Spouse . . . . . _____
_____	_____	W: Enter HSA contribution for Taxpayer . . . _____
_____	_____	Spouse . . . . . _____
_____	_____	G: <input type="checkbox"/> Employer is <b>not</b> a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>MN</u>	<u>2417889</u>	<u>803.93</u>	<u>23.45</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate . . . . . ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name  
Moti T BegnaSocial Security Number  
477-39-9655**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.

**a** Employee's social security no. . . 477-39-9655  
**b** Employer ID number (EIN). . . 41-6007513  
**c** Employer's name, address, and ZIP code  
 UNIVERSITY OF MINNESOTA  
 Street 319 15TH AVE SE  
 City MINNEAPOLIS  
 State MN ZIP Code 55454  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
 3,283.00  
**3** Social security wages  
 0.00  
**5** Medicare wages and tips  
 0.00  
**7** Social security tips  
 0.00

► Enter unreported tips in Part VII on Page 2 below.

**2** Federal income tax withheld  
 198.04  
**4** Social security tax withheld  
 0.00  
**6** Medicare tax withheld  
 0.00  
**8** Allocated tips  
 0.00

**d** Control number . \_\_\_\_\_**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First Moti M.I. T  
 Last Begna Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 15945 Granada Ave  
 City Apple Valley  
 State MN ZIP Code 55124-6319  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**9** \_\_\_\_\_  
**11** Nonqualified plans  
 0.00

**12** Enter box 12 below

**13** ☐ Statutory employee  
☐ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

**10** Dependent care benefits  
 0.00  
 Distributions from sect. 457 and nonqualified plans (Important, see Help)

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	P: Double-click to link to Form 3903, line 4 . . . _____
_____	_____	R: Enter MSA contribution for Taxpayer . . . _____
_____	_____	Spouse . . . . . _____
_____	_____	W: Enter HSA contribution for Taxpayer . . . _____
_____	_____	Spouse . . . . . _____
_____	_____	G: <input type="checkbox"/> Employer is <b>not</b> a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
MN	8029894	3,283.00	107.61
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate . . . . . ☒

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Keep for your records

Name  
Moti T Begna

Social Security Number  
477-39-9655


**Spouse's W-2**  
Do not transfer this W-2 to next year

**Military:** Complete **Part VI** on Page 2 below.

<b>a</b>	Employee's social security no. . .	477-39-9655
<b>b</b>	Employer ID number (EIN) . . .	55-0805038
<b>c</b>	Employer's name, address, and ZIP code	
	BEST BUY ENTERPRISE SERVICES INC	
	Street	7601 PENN AVENUE SOUTH
	City	MINNEAPOLIS
	State	MN ZIP Code 55423

Foreign Province \_\_\_\_\_  
Foreign Postal Code \_\_\_\_\_  
Foreign Country \_\_\_\_\_

**d** Control number .0000000285VTO

## Transfer employee information from the Federal Information Worksheet

**e** Employee's name  
First MOTI M.I. T  
Last BEGNA Suff. \_\_\_\_\_

**f** Employee's address and ZIP code  
Street 15945 GRANADA AVE  
City APPLE VALLEY  
State MN ZIP Code 55124  
Foreign Province \_\_\_\_\_  
Foreign Postal Code \_\_\_\_\_  
Foreign Country \_\_\_\_\_

1	Wages, tips, other compensation	40,638.27
3	Social security wages	40,638.27
5	Medicare wages and tips	40,638.27
7	Social security tips	

▶ *Enter unreported tips in Part VII on Page 2 below.*

2	Federal income tax withheld	6,178.30
4	Social security tax withheld	2,519.57
6	Medicare tax withheld	589.25
8	Allocated tips	

9

**10** Dependent care benefits

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Distributions from sect. 457  
and nonqualified plans  
(*Important, see Help*)

## 11 Nonqualified plans

**12** Enter box 12 below

13		Statutory employee
		Retirement plan
		Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

<b>Box 12</b> Code	<b>Box 12</b> Amount	If Box 12 code is: A: Enter amount attributable to RRTA Tier 2 tax . M: Enter amount attributable to RRTA Tier 2 tax . P: Double-click to link to Form 3903, line 4 . . . R: Enter MSA contribution for Taxpayer . . . . Spouse . . . . . W: Enter HSA contribution for Taxpayer . . . . Spouse . . . . . G: <input type="checkbox"/> Employer is <b>not</b> a state or local government		
C	4.80			
<b>Box 15</b> State	<b>Box 15</b> Employer's state I.D. number	<b>Box 16</b> State wages, tips, etc.	<b>Box 17</b> State income tax	
MN	6185728	40,638.27	2,399.84	
I confirm that the state withholding identification number(s) are accurate . . . . . <input type="checkbox"/>				
<b>Box 20</b> Locality name	<b>Box 18</b> Local wages, tips, etc.	<b>Box 19</b> Local income tax	Associated State	

<b>Box 14</b> Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)



**1098-T**

Worksheet

**Tuition Statement**

► Keep for your records

**2020**Taxpayer's name  
Moti T BegnaSocial Security No.  
477-39-9655**1098-T Information (Required):****A** A Form 1098-T was received from this institution for 2020. . . . . Yes ☒ No ☐**B** A Form 1098-T was received from this institution for **2019** with Box 2 filled in and Box 7 checked . . . . . Yes ☐ No ☒**Identify Student (Required):****A** If student is Moti**Double-click** to link this 1098-T to the applicable **Taxpayer or Spouse****Student Information Worksheet** . . . . . ► Moti**B** If student is \_\_\_\_\_**Double-click** to link this 1098-T to the applicable **Dependent Student****Information Worksheet** . . . . . ► \_\_\_\_\_

Filer's name <u>University of Minnesota - Twin Cities</u> Street address <u>106 Pleasant St SE</u> City _____ State _____ Zip Code _____ <u>Minneapolis</u> <u>MN</u> <u>55455</u> Foreign province/county _____ Foreign postal code _____ Foreign country _____		<b>1</b> Payments received for qualified tuition and related expenses . . . . \$ _____ <b>2</b> _____ <b>3</b> _____	
<b>Filer's</b> Employer Identification Number <u>41-6007513</u>	Student's Taxpayer Identification Number <u>477-39-9655</u>	<b>4</b> Adjustments made for a prior year \$ _____	<b>5</b> Scholarships or grants \$ _____
Student's name <u>Moti</u> Street address _____ Apt. No. _____ <u>15945 Granada Ave</u> City _____ State _____ Zip Code _____ <u>Apple Valley</u> <u>MN</u> <u>55124-6319</u>		<b>6</b> Adjustments to scholarships or grants for a prior year \$ _____	<b>7</b> Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2021 . . . . ► <input type="checkbox"/>
Service Provider/ Acct No _____	<b>8</b> Check if at least half-time student ► <input type="checkbox"/>	<b>9</b> Check if a graduate student . . ► <input type="checkbox"/>	<b>10</b> Ins. contract reimb./refund \$ _____

**Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses****A** Enter box 1 amount **not** paid during 2020 . . . . . \_\_\_\_\_**B** Enter box 1 amount actually paid during 2020 . . . . . \_\_\_\_\_**Reconciliation of Box 5, Scholarships or Grants****A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . . \_\_\_\_\_**B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . . \_\_\_\_\_**C** Portion of box 5 amount from scholarships or grants . . . . . \_\_\_\_\_**D** Box 5 amount includes veteran- or employer-provided educational assistance . . . . . ☐

**1098-T**

Worksheet

**Tuition Statement**

► Keep for your records

**2020**Taxpayer's name  
Moti T BegnaSocial Security No.  
477-39-9655**1098-T Information (Required):****A** A Form 1098-T was received from this institution for 2020. . . . . Yes ☐ No ☐**B** A Form 1098-T was received from this institution for **2019** with Box 2 filled in and Box 7 checked . . . . . Yes ☐ No ☐**Identify Student (Required):****A** If student is Moti**Double-click** to link this 1098-T to the applicable **Taxpayer or Spouse Student Information Worksheet** . . . . . ►**B** If student is \_\_\_\_\_**Double-click** to link this 1098-T to the applicable **Dependent Student Information Worksheet** . . . . . ►

Filer's name _____ Street address _____ City _____ State _____ Zip Code _____ Foreign province/county _____ Foreign postal code _____ Foreign country _____		<b>1</b> Payments received for qualified tuition and related expenses . . . . \$ _____	
		<b>2</b> _____	
		<b>3</b> _____	
<b>Filer's</b> Employer Identification Number _____	Student's Taxpayer Identification Number _____	<b>4</b> Adjustments made for a prior year \$ _____	<b>5</b> Scholarships or grants \$ _____
Student's name _____ Street address _____ Apt. No. _____ City _____ State _____ Zip Code _____		<b>6</b> Adjustments to scholarships or grants for a prior year \$ _____	<b>7</b> Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2021 . . . . ► <input type="checkbox"/>
Service Provider/ Acct No _____	<b>8</b> Check if at least half-time student ► <input type="checkbox"/>	<b>9</b> Check if a graduate student . . ► <input type="checkbox"/>	<b>10</b> Ins. contract reimb./refund \$ _____

**Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses****A** Enter box 1 amount **not** paid during 2020 . . . . . \_\_\_\_\_**B** Enter box 1 amount actually paid during 2020 . . . . . \_\_\_\_\_**Reconciliation of Box 5, Scholarships or Grants****A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . \_\_\_\_\_**B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . \_\_\_\_\_**C** Portion of box 5 amount from scholarships or grants . . . . . \_\_\_\_\_**D** Box 5 amount includes veteran- or employer-provided educational assistance . . . . . ☐

**1098-T**  
Worksheet

**Tuition Statement**  
► Keep for your records

**2020**

Taxpayer's name <u>Moti T Begna</u>	Social Security No. <u>477-39-9655</u>
--	---

**1098-T Information (Required):**

- A** A Form 1098-T was received from this institution for 2020. . . . . Yes ☒ No ☐
- B** A Form 1098-T was received from this institution for **2019** with Box 2 filled in and Box 7 checked . . . . . Yes ☐ No ☒

**Identify Student (Required):**

- A** If student is Moti  
**Double-click to link this 1098-T to the applicable Taxpayer or Spouse Student Information Worksheet** . . . . . ► Moti
- B** If student is \_\_\_\_\_  
**Double-click to link this 1098-T to the applicable Dependent Student Information Worksheet** . . . . . ► \_\_\_\_\_

Filer's name <u>UNIVERSITY OF MINNESOTA</u> Street address <u>200 FRASER HALL</u> City State Zip Code <u>PLEASANT ST SE MN 55455</u> Foreign province/country _____ Foreign postal code Foreign country _____		<b>1</b> Payments received for qualified tuition and related expenses . . . . \$ <u>6,909.</u>	
<b>Filer's Employer</b> Identification Number <u>41-6007513</u>	<b>Student's</b> Taxpayer Identification Number <u>477-39-9655</u>	<b>4</b> Adjustments made for a prior year \$ _____	<b>5</b> Scholarships or grants \$ <u>3,171.</u>
Student's name <u>MotiBegna</u> Street address Apt. No. <u>15945 Granada Ave</u> City State Zip Code <u>Apple Valley MN 55124-6319</u>		<b>6</b> Adjustments to scholarships or grants for a prior year \$ _____	<b>7</b> Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2021 . . . . ► <input type="checkbox"/>
Service Provider/ Acct No <u>5275270</u>	<b>8</b> Check if at least half-time student ► <input checked="" type="checkbox"/>	<b>9</b> Check if a graduate student . . ► <input type="checkbox"/>	<b>10</b> Ins. contract reimb./refund \$ _____

**Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses**

- A** Enter box 1 amount **not** paid during 2020 . . . . . 0.
- B** Enter box 1 amount actually paid during 2020 . . . . . 6,909.

**Reconciliation of Box 5, Scholarships or Grants**

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . . . \_\_\_\_\_
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . . . \_\_\_\_\_
- C** Portion of box 5 amount from scholarships or grants . . . . . 3,171.
- D** Box 5 amount includes veteran- or employer-provided educational assistance . . . . . ☐

**Form 1099-Q Summary****2020**

► Keep for your records

Name(s) Shown on Return

Moti T Begna

Social Security No.

477-39-9655

**Coverdell Educational Savings Account (ESA) Distributions****Recipient  
Taxpayer****Recipient  
Spouse**

- |          |  |  |  |
|----------|--|--|--|
| <b>1</b> | Total gross distributions from box 1 of Form 1099-Q . . . . .  |  |  |
| <b>a</b> | Less: Rollover to another ESA of beneficiary . . . . .   |  |  |
| <b>b</b> | Less: Transfer to another family member . . . . .  |  |  |
| <b>c</b> | Less: Transfer to a non-family member . . . . .  |  |  |
| <b>d</b> | Less: Return of 2020 contributions . . . . .   |  |  |
| <b>e</b> | Less: Return of pre 2020 contributions. These are<br>reported on the tax return in the year the<br>contribution was made, not on the 2020 tax return . . . . . |  |  |
| <b>2</b> | Balance of gross Coverdell ESA distributions . . . . .   |  |  |
| <b>3</b> | Education expenses not used as basis for credits . . . . .   |  |  |
| <b>4</b> | Amount of ESA distributions after return of basis . . . . .  |  |  |
| <b>5</b> | Earnings on return of 2020 contributions . . . . .   |  |  |
| <b>6</b> | Earnings on non-family member transfer . . . . .   |  |  |
| <b>7</b> | Taxable amount of ESA distributions on line 2 . . . . .  |  |  |
| <b>8</b> | Taxable amount included on Schedule 1 (Form 1040), line 21 . . . .   |  |  |
| <b>9</b> | Non-taxable ESA distributions . . . . .  |  |  |

**Gross State Qualified Tuition Plan (QTP) Distributions**

- |           |   |  |  |
|-----------|---|--|--|
| <b>10</b> | Total gross distributions from box 1 of Form 1099-Q . . . . . |  |  |
| <b>a</b>  | Less: Rollover to another QTP of beneficiary . . . . .        |  |  |
| <b>b</b>  | Less: Transfer to another family member . . . . .             |  |  |
| <b>c</b>  | Less: Transfer to a non-family member . . . . .               |  |  |
| <b>d</b>  | Less: Expenses refunded and recontributed . . . . .           |  |  |
| <b>11</b> | Balance of gross state QTP distributions . . . . .            |  |  |
| <b>12</b> | Earnings on state QTP distributions on line 11 . . . . .      |  |  |

**Gross Private Qualified Tuition Plan (QTP) Distributions**

- |           |   |  |  |
|-----------|---|--|--|
| <b>13</b> | Total gross distributions from box 1 of Form 1099-Q . . . . . |  |  |
| <b>a</b>  | Less: Rollover to another QTP of beneficiary . . . . .        |  |  |
| <b>b</b>  | Less: Transfer to another family member . . . . .             |  |  |
| <b>c</b>  | Less: Transfer to a non-family member . . . . .               |  |  |
| <b>d</b>  | Less: Expenses refunded and recontributed . . . . .           |  |  |
| <b>14</b> | Balance of gross private QTP distributions . . . . .          |  |  |
| <b>15</b> | Earnings on private QTP distributions on line 14 . . . . .    |  |  |

**Taxable Qualified Tuition Plan (QTP) Distributions**

- |           |  |  |  |
|-----------|--|--|--|
| <b>16</b> | Balance of gross QTP distributions. . . . .                        |  |  |
| <b>17</b> | Earnings on QTP distributions on line 16 . . . . .                 |  |  |
| <b>18</b> | Education expenses not used as basis for credits . . . . .         |  |  |
| <b>19</b> | Non-taxable QTP distributions . . . . .                            |  |  |
| <b>20</b> | Taxable amount of earnings on line 17 . . . . .                    |  |  |
| <b>21</b> | Earnings on non-family member transfer (state) . . . . .           |  |  |
| <b>22</b> | Earnings on non-family member transfer (private) . . . . .         |  |  |
| <b>23</b> | Taxable amount included on Schedule 1 (Form 1040), line 21 . . . . |  |  |

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total. . . . .							

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total. . . . .					

# Wages, Salaries, & Tips Worksheet

2020

► Keep for your records

Name(s) Shown on Return Moti T Begna	Social Security Number 477-39-9655
---	---------------------------------------

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2 . . . . .	44,725.		44,725.
2 Miscellaneous income, from Form 8919 . . . . .			
3 Items from Form 1099-R:			
a Disability before minimum retirement age . . . . .			
b Return of contributions . . . . .			
4 Excess reimbursement, from Form 2106 . . . . .			
5 a Taxable tips, from Form 4137 . . . . .			
b Noncash tips . . . . .			
6 Excess moving expense reimbursement, from Form 3903 . . . . .			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2) . . . . .			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments . . . . .			
b Total foreign source income . . . . .			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ►	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2 . . . . .			
9 Other earned income:			
a Non-gov unemployment received/repaid 2020			
b			
10 Subtotal.			
Add lines 1 through 9 . . . . .	44,725.		44,725.
11 Taxable employer-provided dependent care benefits, from Form 2441 . . . . .			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . . . . .			
13 Scholarship/fellowship income not on Form W-2 . . . . .	0.		0.
14 Other non-earned income:			
15 Total of lines 10 through 14 . . . . .	44,725.		44,725.

**Schedule D**  
**Line 19**

**Unrecaptured Section 1250 Gain Worksheet**

**2020**

► Keep for your records

Name(s) Shown on Return

Moti T Begna

Social Security Number

477-39-9655

		Regular Tax	Alternative Minimum Tax																								
<b>If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.</b>																											
<b>1</b>	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the <b>smaller</b> of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. . . . .	<b>1</b>																									
<b>2</b>	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 . . . . .	<b>2</b>																									
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>																									
<b>4</b>	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year . . . . .	<b>4</b>																									
<b>5</b>	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain". . . . .	<b>5</b>																									
<b>6</b>	Add lines 3 through 5 . . . . .	<b>6</b>																									
<b>7</b>	Enter the <b>smaller</b> of line 6 or the gain from Form 4797, line 7 . . . . .	<b>7</b>																									
<b>8</b>	Enter the amount, if any, from Form 4797, line 8 . . . . .	<b>8</b>																									
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0- . . . . .	<b>9</b>																									
<b>10</b>	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain. . . . .	<b>10</b>																									
<b>11</b>	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund																										
	<table border="0"> <tr> <td></td> <td><b>Regular</b></td> <td><b>AMT</b></td> </tr> <tr> <td><b>a</b></td> <td>On Form 1099-DIV . . . . .</td> <td></td> </tr> <tr> <td><b>b</b></td> <td>On Form 2439 . . . . .</td> <td></td> </tr> <tr> <td><b>c</b></td> <td>On Schedule(s) K-1 . . . . .</td> <td></td> </tr> <tr> <td><b>d</b></td> <td>On Form 1099-R . . . . .</td> <td></td> </tr> <tr> <td><b>e</b></td> <td>From Form 8814 . . . . .</td> <td></td> </tr> <tr> <td><b>f</b></td> <td>Other. . . . .</td> <td></td> </tr> <tr> <td></td> <td><b>Total</b> . . . . .</td> <td></td> </tr> </table>		<b>Regular</b>	<b>AMT</b>	<b>a</b>	On Form 1099-DIV . . . . .		<b>b</b>	On Form 2439 . . . . .		<b>c</b>	On Schedule(s) K-1 . . . . .		<b>d</b>	On Form 1099-R . . . . .		<b>e</b>	From Form 8814 . . . . .		<b>f</b>	Other. . . . .			<b>Total</b> . . . . .		<b>11</b>	
	<b>Regular</b>	<b>AMT</b>																									
<b>a</b>	On Form 1099-DIV . . . . .																										
<b>b</b>	On Form 2439 . . . . .																										
<b>c</b>	On Schedule(s) K-1 . . . . .																										
<b>d</b>	On Form 1099-R . . . . .																										
<b>e</b>	From Form 8814 . . . . .																										
<b>f</b>	Other. . . . .																										
	<b>Total</b> . . . . .																										
<b>12</b>	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale . . . . .	<b>12</b>																									
<b>13</b>	Add lines 9 through 12. . . . .	<b>13</b>																									
<b>14</b>	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the <b>28% Rate Gain Worksheet</b> . Otherwise, enter -0- . . . . .	<b>14</b>	0.																								
<b>15</b>	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- . . . . .	<b>15</b>	0.																								
<b>16</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code D . . . . .	<b>16</b>																									
<b>a</b>	Enter your capital gain excess, if you are filing Form 2555 . . . . .	<b>a</b>	0.																								
<b>17</b>	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0- . . . . .	<b>17</b>	0.																								
<b>18</b>	<b>Unrecaptured section 1250 gain.</b> Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19. . . . .	<b>18</b>																									

**Schedule D**  
**Line 18**

**28% Rate Gain Worksheet**

► Keep for your records

**2020**

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				Regular Tax	Alternative Minimum Tax
<b>1</b>	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II . . . . .	<b>1</b>			
<b>2</b>	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
<b>a</b>	Schedule D . . . . .				
<b>b</b>	Form 8814 . . . . .				
<b>c</b>	Schedule B . . . . .				
<b>d</b>	Form 6252 . . . . .				
<b>e</b>	Form 2439 . . . . .				
<b>f</b>	Other . . . . .				
	Total . . . . .	<b>2</b>			
<b>3</b>	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
<b>a</b>	Form 4684, line 4 (but only if line 15 is more than zero) . . . . .				
<b>b</b>	Form 6252 . . . . .				
<b>c</b>	Form 6781, Part II . . . . .				
<b>d</b>	Form 8824 . . . . .				
	Total . . . . .	<b>3</b>			
<b>4</b>	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
<b>a</b>	Form 1099-DIV, box 2d . . . . .				
<b>b</b>	Form 2439, box 1d . . . . .				
<b>c</b>	Schedule K-1 from a partnership, S corporation, estate, or trust . . . . .				
<b>d</b>	Disposition of interest in partnership or S corporation . . . . .				
<b>e</b>	Other . . . . .				
	Total . . . . .	<b>4</b>			
<b>5</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	<b>5</b>			
<b>6</b>	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0- . . . . .	<b>6</b>			
<b>7</b>	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 . . . . .	<b>7</b>			
<b>8</b>	Enter the amount of any capital gain excess . . . . .	<b>8</b>			0.
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a . . . . .	<b>9</b>	0.		0.



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1 a	Enter your taxable income from Form 1040, line 15 . . . . .	1 a	32,325.
b	Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht . . .	b	
c	Add lines 1a and 1b . . . . .	1 c	32,325.
2 a	Enter your qualified dividends from Form 1040, line 3a . . . . .	2 a	
b	Enter any capital gain excess attributable to qualified dividends . . . . .	b	
c	Subtract line 2b from line 2a . . . . .	2 c	
3	Amount from Form 4952, line 4g . . . . .	3	
4 a	Amount from Form 4952, line 4e . . . . .	4 a	
b	Amount from the dotted line next to Form 4952, line 4e . . . . .	b	
c	Line 4b, if applicable, 4a, if not . . . . .	c	
5	Subtract line 4c from line 3 . . . . .	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0- . . . . .	6	0.
7 a	Enter line 15 of Schedule D . . . . .	7 a	
b	Enter line 16 of Schedule D . . . . .	b	
c	Enter the <b>smaller</b> of line 7a or line 7b . . . . .	7 c	0.
8	Enter the <b>smaller</b> of line 3 or line 4c . . . . .	8	
9 a	Subtract line 8 from line 7 . . . . .	9 a	0.
b	Enter any capital gain excess attributable to capital gains . . . . .	b	
c	Subtract line 9b from line 9a . . . . .	9 c	0.
10	Add lines 6 and 9c . . . . .	10	0.
11 a	Enter the amount from Schedule D, line 18 . . . . .	11 a	0.
b	Enter the amount from Schedule D, line 19 . . . . .	b	
c	Add lines 11a and 11b . . . . .	11 c	0.
12	Enter the <b>smaller</b> of line 9c or line 11c . . . . .	12	0.
13	Subtract line 12 from line 10 . . . . .	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0- . . . . .	14	32,325.
15	Enter: <ul style="list-style-type: none"><li>• \$40,000 if single or married filing separately,</li><li>• \$80,000 if married filing jointly or qualifying widow(er), or</li><li>• \$53,600 if head of household.</li></ul>	15	40,000.
16	Enter the <b>smaller</b> of line 1c or line 15 . . . . .	16	32,325.
17	Enter the <b>smaller</b> of line 14 or line 16 . . . . .	17	32,325.
18	Subtr ln 10 from ln 1c. If zero or less, enter -0- . . . . .	18	32,325.
19	Enter the <b>smaller</b> of line 1c or: <ul style="list-style-type: none"><li>• \$163,300 if single or married filing sep,</li><li>• \$326,600 if MFJ or qual widow(er), or</li><li>• \$163,300 if head of household.</li></ul>	19	32,325.
20	Enter the <b>smaller</b> of line 14 or line 19 . . . . .	20	32,325.
21	Enter the <b>larger</b> of line 18 or line 20 . . . . .	21	32,325.
22	Subtract line 17 from line 16. This amount is taxed at 0% . . . . .	22	0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.			
23	Enter the <b>smaller</b> of line 1c or line 13 . . . . .	23	
24	Enter the amount from line 22 (if line 22 is blank, enter -0-) . . . . .	24	
25	Subtract line 24 from line 23. If zero or less, enter -0- . . . . .	25	
26	Enter: <ul style="list-style-type: none"><li>• \$441,450 if single,</li><li>• \$248,300 if married filing separately,</li><li>• \$496,600 if married filing jointly or qualifying widow(er), or</li><li>• \$469,050 if head of household.</li></ul>	26	
27	Enter the smaller of line 1c or line 26 . . . . .	27	
28	Add lines 21 and 22 . . . . .	28	
29	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	29	
30	Enter the <b>smaller</b> of line 25 or line 29 . . . . .	30	
31	Multiply line 30 by 15% (0.15) . . . . .	31	
32	Add lines 24 and 30 . . . . .	32	
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33			
33	Subtract line 32 from line 23 . . . . .	33	
34	Multiply line 33 by 20% (0.20) . . . . .	34	
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.			
35	Enter the <b>smaller</b> of line 9c above or Schedule D, line 19 . . . . .	35	
36	Add lines 10 and 21 . . . . .	36	
37	Enter the amount from line 1c above . . . . .	37	

<b>38</b>	Subtract line 37 from line 36. If zero or less, enter -0- . . . . .	<b>38</b>	_____
<b>39</b>	Subtract line 38 from line 35. If zero or less, enter -0- . . . . .	<b>39</b>	_____
<b>40</b>	Multiply line 39 by <b>25%</b> (0.25) . . . . .	<b>40</b>	_____
<b>If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.</b>			
<b>41</b>	Add lines 21, 22, 30, 33, and 39 . . . . .	<b>41</b>	_____
<b>42</b>	Subtract line 41 from line 1c . . . . .	<b>42</b>	_____
<b>43</b>	Multiply line 42 by <b>28%</b> (0.28) . . . . .	<b>43</b>	_____
<b>44</b>	Figure the tax on the amount on <b>line 21</b> . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet . . . . .		
		<b>44</b>	<u>3,682.</u>
<b>45</b>	Add lines 31, 34, 40, 43, and 44 . . . . .	<b>45</b>	<u>3,682.</u>
<b>46</b>	Figure the tax on the amount on <b>line 1c</b> . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet . . . . .		
		<b>46</b>	<u>3,682.</u>
<b>47</b>	<b>Tax on all taxable income (including capital gains and qualified dividends).</b>		
	Enter the <b>smaller</b> of line 45 or line 46. Also include this amount on Form 1040, line 16 . . . . .		
		<b>47</b>	<u>3,682.</u>

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**Form 1040**      **Qualified Dividends and Capital Gain Tax Worksheet**  
**Line 16**      ► Keep for your records

**2020**

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

# IRA Contributions Worksheet

2020

► Keep for your records

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## Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter <b>traditional</b> IRA contributions made for 2020, including any made between 1/1/2021 and 5/17/2021, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan . . . . .		
2	Contributions recharacterized <b>from</b> a Roth IRA (from line 24) . . .		
3	<b>Traditional</b> IRA contributions, from Schedule(s) K-1 . . . . .		
4	Contributions recharacterized (not converted) <b>to</b> a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	<b>Traditional</b> IRA contributions. Combine lines 1 through 4 . . . . .		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .		
7	Excess traditional IRA contribution credit. . . . .		
8	Repayments of qualified reservist distributions . . . . .		
9	Total <b>traditional</b> IRA contributions. . . . .		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2021 to 5/17/2021 ( <i>See Help</i> ). . . . .		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
12	Deductible <b>traditional</b> IRA contributions from worksheet. . . . .		
13	Nondeductible <b>traditional</b> IRA contributions from worksheet. . .		
	<b>QuickZoom</b> to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet . . . . . ► <input type="checkbox"/> Worksheet for social security recipients . . . . . ►		
14	Amount on line 13 you elect to make nondeductible . . . . .		
15	Excess <b>traditional</b> IRA contributions, to Form 5329, line 15 . . . . . <b>Note:</b> You may avoid a penalty by withdrawing the amount on line 15 before due date of return, including extensions.		
16	Deductible <b>traditional</b> IRA contributions, to Schedule 1 (Form 1040), Line 19. . . . .		
17	Qualified reservist repayments . . . . .		
18	Nondeductible <b>traditional</b> IRA contributions, to Form 8606, ln 1. .		

# IRA Contributions Worksheet

2020

► Keep for your records

Moti T Begna

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## Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
19	Enter regular <b>Roth</b> IRA contributions made for 2020, including any made between 1/1/2021 and 5/17/2021, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan. . . . .		
20	Contributions recharacterized <b>from</b> a traditional IRA, (from In 4). . .		
21	<b>Roth</b> IRA contributions, from Schedule(s) K-1 . . . . .		
22	Enter contributions recharacterized <b>to</b> a traditional IRA. . . . .		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
23	Disallowed <b>Roth</b> IRA conversions . . . . .		
24	<b>Roth</b> IRA contributions. Combine lines 20 through 23 . . . . .		
25	Enter any contribution included on line 24 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .		
26	Excess Roth IRA contribution credit . . . . .		
27	Total <b>Roth</b> IRA contributions . . . . .		
28	Repayments of qualified Roth reservist distributions . . . . .		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
29	<b>Roth</b> IRA contributions after limitation . . . . .		
30	Excess <b>Roth</b> IRA contributions, to Form(s) 5329, line 23 . . . . .		
<b>Note:</b> You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.			

## Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
31	Enter any <b>excess</b> contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary. . . . .		
<b>Note:</b> You do not need to report any Coverdell ESA contributions which are not excess contributions..			

## 2020

- Keep for your records

Name(s) Shown on Return <u>Moti T Begna</u>	Social Security Number <u>477-39-9655</u>
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**Estimated Tax Payments for 2020** (If more than 4 payments for any state or locality, see Tax Help)

	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 . . . . .				6,419.	2,531.	
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 . . . . .				6,419.	2,531.	
20	<b>Total Tax Payments for 2020</b> . . . . .				6,419.	2,531.	

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

**Schedule A**  
**Lines 5 - 12**

**Tax and Interest Deduction Worksheet**

**2020**

► Keep for your records

Name(s) Shown on Return  
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**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

(1) Income from Form 1040, line 7 . . . . . 44,725.  
(2) Nontaxable income entered elsewhere on return . . . . .  
(3) Available income: 2019 refundable credits in excess of tax . . . . . 0.  
(4) Enter any additional nontaxable income . . . . .  
(5) Total available income . . . . . 44,725.

**b Sales Tax Per State of Residence:**

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

*Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:*

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

**c** Total general sales tax using tables . . . . .

**d Sales Tax Paid on Specific Items (see help):**

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

**e** Total sales tax deduction on specific items . . . . .

**f** Total general sales tax per tables plus sales tax on specific items . . . . .

**g Actual State and Local General Sales Tax:**

Actual sales taxes (enter the total sales taxes paid during the year on all items). . . . .

**h State and Local Income Taxes:**

State and Local Income taxes . . . . . 2,531.00

**i State and Local Tax Deduction to Schedule A, line 5a:**

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). . . . . 2,531.00

**j** Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

**2 State and local real estate taxes:**

**a** Real estate taxes paid on principal residence **not** entered on Form 1098 . . . . .

<b>b</b>	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
<b>c</b>	Real estate taxes paid on additional homes or land . . . . .	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
<b>d</b>	Principal residence . . . . .	_____
<b>e</b>	Vacation home . . . . .	_____
<b>f</b>	Less real estate taxes deducted on Form 8829 . . . . .	_____
<b>g</b>	Foreign real property taxes included in lines 2a-2f above . . . . .	_____
<b>h</b>	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b) . . . . .	_____
<b>3</b>	<b>State and local personal property taxes:</b>	
<b>a</b>	Auto registration fees based on the value of the vehicle.	
	2019 Amount                      Enter 2020 description:	
	_____	_____
	_____	_____
	_____	_____
<b>b</b>	Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . .	_____
<b>c</b>	Other personal property taxes . . . . .	_____
<b>d</b>	Add lines 3a through 3c (to Schedule A, line 5c) . . . . .	_____
<b>4</b>	<b>Other taxes:</b>	
<b>a</b>	Other taxes from Schedule(s) K-1 . . . . .	_____
<b>b</b>	Foreign taxes from interest and dividends . . . . .	_____
<b>c</b>	Foreign taxes from Schedule(s) K-1 . . . . .	_____
<b>d</b>	Other foreign taxes (not used to claim a foreign tax credit) . . . . .	_____
<b>e</b>	Other taxes.	
	2019 Amount                      Enter 2020 description:	
	_____	_____
	_____	_____
	_____	_____
<b>f</b>	Foreign real property taxes included in lines 4a-4e above . . . . .	_____
<b>g</b>	Add lines 4a through 4e, less line 4f (to Schedule A, line 6) . . . . .	_____

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## Interest Deductions

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<b>5</b>	<b>Home mortgage interest and points reported on Form 1098:</b>	
<b>a</b>	Mortgage interest and points from the Home Mortgage Interest Worksheet . . . . .	_____
<b>b</b>	Qualified mortgage interest from Schedule E Worksheet . . . . .	_____
<b>c</b>	Less home mortgage interest/points deducted on Form 8829 . . . . .	_____
<b>d</b>	Less home mortgage interest from Form 8396, line 3 . . . . .	_____
<b>e</b>	Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above . . . . .	_____
<b>6</b>	<b>Home mortgage interest not reported on Form 1098:</b>	
<b>a</b>	Mortgage interest from the Home Mortgage Interest Worksheet . . . . .	_____
<b>b</b>	Less home mortgage interest deducted on Form 8829 . . . . .	_____
<b>c</b>	Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above . . . . .	_____
<b>7</b>	<b>Points not reported on Form 1098:</b>	
<b>a</b>	Amortizable points from the Home Mortgage Interest Worksheet . . . . .	_____
<b>b</b>	Other points not on Form 1098 from the Home Mortgage Interest Worksheet . . . . .	_____
<b>c</b>	Less points deducted on Form 8829 . . . . .	_____
<b>d</b>	Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above . . . . .	_____

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**Schedule A**  
**Line 5**

**State and Local Tax Deduction Worksheet**

**2020**

► Keep for your records

Name(s) Shown on Return  
Moti T Begna

Social Security Number  
477-39-9655

**State and Local Income Taxes**

<b>State income taxes:</b>		
1 State income tax withheld . . . . .	1	2,531.
2 2020 state estimated taxes paid in 2020 . . . . .	2	
3 2019 state estimated taxes paid in 2020 . . . . .	3	
4 Amount paid with 2019 state application for extension . . . . .	4	
5 Amount paid with 2019 state income tax return . . . . .	5	
6 Overpayment on 2019 state income tax return applied to 2020 tax . . . . .	6	
7 Other amounts paid in 2020 (amended returns, installment payments, etc.) . . . .	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	8	
<b>Local income taxes:</b>		
9 Local income tax withheld . . . . .	9	
10 2020 local estimated taxes paid in 2020 . . . . .	10	
11 2019 local estimated taxes paid in 2020 . . . . .	11	
12 Amount paid with 2019 local application for extension . . . . .	12	
13 Amount paid with 2019 local income tax return . . . . .	13	
14 Overpayment on 2019 local income tax return applied to 2020 tax . . . . .	14	
15 Other amounts paid in 2020 (amended returns, installment payments, etc.) . . . .	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	16	
<b>Other:</b>		
17	17	
18 <b>Total</b> Add lines 1 through 17 . . . . .	18	2,531.
19 State and local refund allocated to 2020 . . . . .	19	
20 Nondeductible state income tax from line 28 . . . . .	20	
21 <b>Total reductions</b> Add lines 19 and 20 . . . . .	21	
22 <b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	22	2,531.

**Nondeductible State Income Tax (Hawaii Only)**

23 Nontaxable federal employee cost of living allowance . . . . .	23	
24 Adjusted gross income . . . . .	24	
25 Add lines 23 and 24 . . . . .	25	
26 Nondeductible percent. Line 23 divided by line 25 . . . . .	26	%
27 Hawaii state income tax included in line 18 . . . . .	27	
28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27. . . . .	28	

# Charitable Deduction Limits Worksheet For Current Year Contributions

**2020**

► Keep for your records

Name(s) Shown on Return Moti T Begna	Social Security Number 477-39-9655
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## Step 1 — Enter your other charitable contributions made during the year.

1	Enter your cash contributions to 100% limit organizations . . . . .	1	
2	Enter your contributions of capital gain property "for the use of" any qualified organization . . . . .	2	
3	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line . . . . .	3	
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line . . . .	4	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line. . . . .	5	
6	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line . . . . .	6	
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line . . . . .	7	

## Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8	Enter your adjusted gross income (AGI) . . . . .	8	44,725.
---	--	---	---------

### A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9	Multiply line 8 by 0.6 . . . . .	9	
10	<b>Deductible amount.</b> Enter the smaller of line 7 or line 9. . . . .	10	
11	Carryover. Subtract line 10 from line 7. . . . .	11	

### B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12	Multiply line 8 by 0.5 . . . . .	12	
13	Subtract line 10 from line 12 . . . . .	13	
14	<b>Deductible amount.</b> Enter the smaller of line 6 or line 13. . . . .	14	
15	Carryover. Subtract line 14 from line 6. . . . .	15	

### C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16	Multiply line 8 by 0.5 . . . . .	16	
17	Add lines 5, 6, and 7. . . . .	17	
18	Subtract line 17 from line 16 . . . . .	18	
19	Multiply line 8 by 0.3 . . . . .	19	
20	Add lines 3 and 4 . . . . .	20	
21	<b>Deductible amount.</b> Enter the smallest of line 18, 19, or 20 . . . . .	21	
22	Carryover. Subtract line 21 from line 20 . . . . .	22	

### D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23	Multiply line 8 by 0.5 . . . . .	23	
24	Add lines 6 and 7 . . . . .	24	
25	Subtract line 24 from line 23 . . . . .	25	
26	Multiply line 8 by 0.3 . . . . .	26	
27	<b>Deductible amount.</b> Enter the smallest of line 5, 25, or 26 . . . . .	27	
28	Carryover. Subtract line 27 from line 5. . . . .	28	

### E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5 . . . . .	29	
30	Add lines 10, 14, 21, and 27 . . . . .	30	

31	Subtract line 30 from line 29 . . . . .	31		
32	Multiply line 8 by 0.3 . . . . .	32		
33	Subtract line 21 from line 32 . . . . .	33		
34	Subtract line 27 from line 32 . . . . .	34		
35	Multiply line 8 by 0.2 . . . . .	35		
36	<b>Deductible amount.</b> Enter the smallest of line 2, 31, 33, 34, or 35 . . . . .	36		
37	Carryover. Subtract line 36 from line 2 . . . . .	37		

**F Qualified contributions subject to limit based on 100% of AGI**

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8 . . . . .	38		
39	Add lines 10, 14, 21, 27, and 36 . . . . .	39		
40	Subtract line 39 from line 38 . . . . .	40		
41	<b>Deductible amount.</b> Enter the smaller of line 1 or line 40 . . . .	41		
42	Carryover. Subtract line 41 from line 1 . . . . .	42		

**G Deduction for the year**

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space. . . . .	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

**Note:** Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

# Charitable Deduction Limits Worksheet For Carryover Contributions

2020

► Keep for your records

Name(s) Shown on Return  
Moti T Begna

Social Security Number  
477-39-9655

## Step 1 — Enter your other charitable contributions made during the year.

1 Enter your cash contributions to 100% limit organizations . . . . .	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization . . . . .	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line . . . . .	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line . . . . .	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line . . . . .	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line . . . . .	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line . . . . .	7	

## Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI) . . . . .		8	44,725.
	Percentage of line 8	Used in Current Year	
a 60% AGI limit to line 9 . . . . .	26,835.	Less 0.	a 26,835.
b 50% AGI limit to line 12 . . . . .	22,363.	Less 0.	b 22,363.
c 30% AGI limit, Section C to line 19 . . . . .	13,418.	Less 0.	c 13,418.
d 30% AGI limit, Section D to line 26 . . . . .	13,418.	Less 0.	d 13,418.
e 20% AGI limit to line 35 . . . . .	8,945.	Less 0.	e 8,945.

### A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6 . . . . .	9	
10 <b>Deductible amount.</b> Enter the smaller of line 7 or line 9 . . . . .	10	
11 Carryover. Subtract line 10 from line 7 . . . . .	11	

### B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5 . . . . .	12	
13 Subtract line 10 from line 12 . . . . .	13	
14 <b>Deductible amount.</b> Enter the smaller of line 6 or line 13 . . . . .	14	
15 Carryover. Subtract line 14 from line 6 . . . . .	15	

### C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5 . . . . .	16	
17 Add lines 5, 6, and 7 . . . . .	17	
18 Subtract line 17 from line 16 . . . . .	18	
19 Multiply line 8 by 0.3 . . . . .	19	
20 Add lines 3 and 4 . . . . .	20	
21 <b>Deductible amount.</b> Enter the smallest of line 18, 19, or 20 . . . . .	21	
22 Carryover. Subtract line 21 from line 20 . . . . .	22	

### D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5 . . . . .	23	
24 Add lines 6 and 7 . . . . .	24	
25 Subtract line 24 from line 23 . . . . .	25	
26 Multiply line 8 by 0.3 . . . . .	26	
27 <b>Deductible amount.</b> Enter the smallest of line 5, 25, or 26 . . . . .	27	
28 Carryover. Subtract line 27 from line 5 . . . . .	28	

### E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29 Multiply line 8 by 0.5 . . . . .	29	
30 Add lines 10, 14, 21, and 27 . . . . .	30	

31	Subtract line 30 from line 29 . . . . .	31		
32	Multiply line 8 by 0.3 . . . . .	32		
33	Subtract line 21 from line 32 . . . . .	33		
34	Subtract line 27 from line 32 . . . . .	34		
35	Multiply line 8 by 0.2 . . . . .	35		
36	<b>Deductible amount.</b> Enter the smallest of line 2, 31, 33, 34, or 35 . . . . .	36		
37	Carryover. Subtract line 36 from line 2 . . . . .	37		

**F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)**

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8 . . . . .	38		
39	Add lines 10, 14, 21, 27, and 36 . . . . .	39		
40	Subtract line 39 from line 38 . . . . .	40		
41	<b>Deductible amount.</b> Enter the smaller of line 1 or line 40 . . . .	41		
42	Carryover. Subtract line 41 from line 1 . . . . .	42		

**G Deduction for the year**

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space. . . . .	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

**Note:** Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

- Keep for your records

Social Security Number  
477-39-9655

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
Totals: _____				

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals: _____					

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2020 contributions . . . . .							
2 2020 contributions allowed							
3 <b>Carryovers from:</b>							
a 2019 tax year . . . . .		N/A					
b 2018 tax year . . . . .		N/A					
c 2017 tax year . . . . .		N/A					
d 2016 tax year . . . . .		N/A					
e 2015 tax year . . . . .		N/A					
4 Carryovers allowed in 2020		N/A					
5 Carryovers disallowed in 2020		N/A					
6 <b>Carryovers to 2021:</b>							
a From 2020. . . . .							
b From 2019. . . . .		N/A					
c From 2018. . . . .		N/A					
d From 2017. . . . .		N/A					
e From 2016. . . . .		N/A					
f From 2015. . . . .		N/A					

1	Was the <b>entire interest</b> given for all property donated to all charities? . . . . .	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were <b>restrictions</b> attached to any charities's right to use or dispose of any property donated to any charity? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 60%/50% charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

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Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

<p><b>1</b> Is your <b>earned income*</b> more than \$750?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Add \$350 to your earned income. Enter the total</p> <p><input type="checkbox"/> <b>No.</b> Enter \$1,100</p>	<p>_____ ► . . . . .</p>	<p><b>1</b></p>	<p>45,075.</p>
<p><b>2</b> Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> <li>• Single or married filing separately — \$12,400</li> <li>• Married filing jointly — \$24,800</li> <li>• Head of household — \$18,650</li> </ul>	<p>_____ ► . . . . .</p>	<p><b>2</b></p>	<p>12,400.</p>
<p><b>3 Standard deduction.</b></p>			
<p><b>3 a</b> Enter the <b>smaller</b> of line 1 or line 2. If born after January 1, 1956, and not blind, <b>stop here</b> and enter this amount on Form 1040 or 1040-SR, line 12. Otherwise, go to line 3b . . . . .</p>		<p><b>3 a</b></p>	<p>12,400.</p>
<p><b>3 b</b> If born before January 2, 1956, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,300 (\$1,650 if single or head of household) . . . . .</p>		<p><b>3 b</b></p>	<p></p>
<p><b>3 c</b> Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 12 . . . .</p>		<p><b>3 c</b></p>	<p>12,400.</p>

**\*Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.

# Earned Income Worksheet

2020

► Keep for your records

Name(s) Shown on Return Moti T Begna	Social Security Number 477-39-9655
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## Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .			
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .			
<b>d</b> One-half of self-employment tax . . . . .			
<b>e</b> Subtract line 1d from line 1c . . . . .			
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>3 If filing Schedule C as a statutory employee,</b> enter the amount from line 1 of that Schedule C . . . . .			
<b>4</b> Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .			

## Part II – Form 2441 and Standard Deduction Worksheet Computations

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	44,725.		44,725.
<b>7 a</b> Taxable employer-provided adoption benefits . . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 18 and 19 . . . . .	44,725.		44,725.
<b>9 a</b> Taxable dependent care benefits . . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	44,725.		44,725.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .	0.		0.
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	44,725.		44,725.

## Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	44,725.		44,725.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received . . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	44,725.		44,725.

## Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	44,725.		44,725.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2. . . . .	44,725.		44,725.



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477-39-9655**Investment Interest Expense** (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1 . . . . .	1	
2	Investment interest expense from royalties . . . . .	2	
3	Other investment interest expense:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
4	<b>Total investment interest expense.</b> Add lines 1 through 3. . . . .	4	

**Gross Income from Property Held for Investment** (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income . . . . .	5 a	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts . . . . .	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends . . . . .	c	
d	Total . . . . .	d	
6	Royalty income, from Schedule E . . . . .	6	
7	Net passive income from publicly traded partnerships . . . . .	7	
8	Income from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	<b>Total investment income.</b> Add lines 5d through 9. . . . .	10	

**Net Capital Gain Income** (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16 . . . . .	11 a	
b	Less net gains from property not held for investment . . . . .	b	
c	<b>Net gains from property held for investment.</b> . . . . .	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16. . . . .	12 a	
b	Less net capital gains from property not held for investment . . . . .	b	
c	<b>Net capital gains from property held for investment.</b> . . . . .	c	

**Investment Expenses** (Form 4952, line 5)

13	Royalty expenses . . . . .	13	
14	Investment expenses reported on schedule K-1 partnership or S-corp . . . . .	14	
15	Expenses from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	15	
16	Other investment expenses:	16 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
17	<b>Total investment expenses.</b> Add lines 13 through 17. . . . .	17	

**Allocation of Investment Interest Expense** (Schedule A, line 14)

		Regular Tax	Alt Min Tax
18	Allowed investment interest expense, Form 4952, line 8 . . . . .	18	
19	Less amount deducted on other forms and schedules:	19	
a	Deducted on Schedule E, page 2 for passthru entities . . . . .	a	
b	Deducted on Schedule E, page 1 for royalties . . . . .	b	
c	Other amounts deducted on other forms and schedules . . . . .	c	
d	Total amount deducted on other forms and schedules . . . . .	d	
20	<b>Investment interest expense.</b> . . . . .	20	

Name(s) Shown on Return Moti T Begna	Social Security Number 477-39-9655
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**QuickZoom** to Schedule EIC . . . . . ►

**QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . ►

**QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►

**QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. . . . . ►

1	Enter the amount from Form 1040 line 1 less amounts considered <b>not</b> earned for EIC purposes . . . . .	1	44,725.
2	Adjustments to line 1 amount:		
a	Income reported as wages <b>and</b> as self-employment income. . . . .	2 a	
b	Other income entered as wages that is not considered earned income . . . . .	b	
c	Distributions from section 457 and other nonqualified plans reported on W-2 . . . .	c	
3	Subtract lines 2a, 2b and 2c from line 1 . . . . .	3	44,725.
4 a	Taxpayer's nontaxable combat pay election for EIC	4 a	
b	Spouse's nontaxable combat pay election for EIC	b	
c	Total nontaxable combat pay election . . . . .	4 c	
5	If you were self-employed <b>or</b> used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 . . . . .	5	
6	Medicaid Waiver Payments reported as nontaxable . . . . .	6	
7	<b>Earned income.</b> Add lines 3, 4, 5, and 6 . . . . .	7	44,725.
8	Enter the credit, from the <b>EIC Table</b> , for the amount on line 7. Be sure to use the correct column for filing status and number of children . . . . .	8	
If line 8 is zero, <b>stop</b> . You <b>cannot</b> take the credit. Enter "No" on the dotted line next to Form 1040, line 27.			
9	Enter your <b>AGI</b> from Form 1040, line 11 . . . . .	9	
10	If you have:		
	• No qualifying children, is the amount on line 9 less than \$8,800 (\$14,700 if married filing jointly)?		
	• 1 or more qualifying children, is the amount on line 9 less than \$19,350 (\$25,250 if married filing jointly)?		
	<input type="checkbox"/> <b>Yes.</b> Go to line 11 now.		
	<input type="checkbox"/> <b>No.</b> Enter the credit, from the <b>EIC Table</b> , for the amount on line 9. Be sure to use the correct column for filing status and number of children . . . .	10	
11	<b>Earned income credit.</b>		
	• If 'Yes' on line 10, enter the amount from line 8		
	• If 'No' on line 10, enter the <b>smaller</b> of line 8 or line 10 . . . . .	11	

Enter line 11 amount on Form 1040, line 27.

---

**If one or more of the boxes below are checked, the earned income credit is not allowed.**

---

- 1 The total taxable earned income (line 7 above) is equal to or more than:
- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | \$15,820 (\$21,710 if married filing jointly) without a qualifying child.             |
| <input type="checkbox"/>            | \$41,756 (\$47,646 if married filing jointly) with one qualifying child.              |
| <input type="checkbox"/>            | \$47,440 (\$53,330 if married filing jointly) with two qualifying children.           |
| <input type="checkbox"/>            | \$50,954 (\$56,844 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 9 above) is equal to or more than:
- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | \$15,820 (\$21,710 if married filing jointly) without a qualifying child.             |
| <input type="checkbox"/>            | \$41,756 (\$47,646 if married filing jointly) with one qualifying child.              |
| <input type="checkbox"/>            | \$47,440 (\$53,330 if married filing jointly) with two qualifying children.           |
| <input type="checkbox"/>            | \$50,954 (\$56,844 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$3,650.  
(Investment Income Smart Worksheet, item H above)
- 4 ☐ The married filing separate return status is checked.  
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.  
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.  
(Information Worksheet, Part IV)
- 7 ☒ Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.  
(Information Worksheet, Part I)
- 8 ☒ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.  
(Information Worksheet, Part I)
- 9 ☐ Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).  
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- |   |                          |   |
|---|--------------------------|---|
| a | <input type="checkbox"/> | qualifying children of another person, or         |
| b | <input type="checkbox"/> | invalid social security numbers for EIC purposes. |
- (Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2020.  
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.  
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.  
(Information Worksheet, Part IV)

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2020?

- ☐ Yes, all of the above is correct.
- ☐ No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2020?

- 2 ☐ Yes, my dependents lived with me at this address.
- ☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2020.

Compliance and Due Diligence Indicator . . . . .☒

Disqualified from Earned Income Credit. . . . .☒ Yes ☐ No

Potential qualifying child count . . . . .▶ 0

Non dependent potential qualifying child count . . . . .▶ 0

Qualifying child count (max 3) . . . . .▶ 0

# Schedule SE Adjustments Worksheet

2020

► Keep for your records

Name(s) Shown on Return Moti T Begna		Social Security Number 477-39-9655	
	(a) Taxpayer	(b) Spouse	
QuickZoom to the Long Schedule SE . . . . . ►	<input type="checkbox"/>	<input type="checkbox"/>	
A Approved Form 4029. Exempt from SE tax on all income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
B Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .			
C QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). . . . .			
<b>Part I Farm Profit or (Loss)</b> Schedule SE, line 1			
1 Total Schedules F . . . . .			
2 Farm partnerships, Schedules K-1 . . . . .			
3 Other SE farm profit or (loss) (See Help) . . . . .			
4 Less SE exempt farm profit or (loss) (See Help) . . . . .			
5 Total for Schedule SE, line 1 . . . . .			
6 Conservation Reserve Program payments not subject to self- employment tax reported on:			
a Schedule F, line 4b . . . . .			
b Schedule K-1 (Form 1065), box 20, code AH . . . . .			
c Total CRP payments not subject to SE tax . . . . .			
<b>Part II Nonfarm Profit or (Loss)</b> Schedule SE, line 2			
1 a Total Schedules C . . . . .			
b Less SE exempt Schedules C (approved Form 4361) . . . . .			
2 Nonfarm partnerships, Schedules K-1 . . . . .			
3 Forms 6781 . . . . .			
4 Other SE income reported as income on Form 1040, line 7 . . . . .			
5 a Clergy Form W-2 wages . . . . .			
b Clergy housing allowance . . . . .			
c Less clergy business deductions . . . . .			
d QuickZoom to the Explanation statement for entry on line 5c. . . . .			
6 Other SE nonfarm profit or (loss) (See Help) . . . . .			
7 Less other SE exempt nonfarm profit or (loss) (See Help) . . . . .			
8 Total for Schedule SE, line 2 . . . . .			
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .			
<b>Part III Farm Optional Method</b> Schedule SE, page 2, Part II			
1 Use Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
2 Gross farm income from Schedules F . . . . .			
3 Gross farming or fishing income from partnership Schedules K-1 . .			
4 Other gross farming or fishing self-employment income . . . . .			
5 Total gross income for Farm Optional Method . . . . .			
<b>Part IV Nonfarm Optional Method</b> Schedule SE, page 2, Part II			
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
2 Gross nonfarm income from Schedules C . . . . .			
3 Gross nonfarm income from partnership Schedules K-1 . . . . .			
4 Other gross nonfarm self-employment income . . . . .			
5 Total gross income for Nonfarm Optional Method . . . . .			

# Education Tuition and Fees Summary

**2020**

► Keep for your records

Name(s) Shown on Return  
Moti T Begna

Your Social Security No.  
477-39-9655

## Part I - Qualified Education Expense Summary

(a) Student's name First Name _____ MI _____ Last Name _____ Suffix _____ Social Security Number _____	(b) Qualified Education Expenses	(c) Qualified for:  Yes No	(d) Elected Credit or Deduction if manual	(e) Elected Credit or Deduction if automatic
Moti T Begna 477-39-9655	3,738. 3,738. 3,738. 3,738.	Amer Opp Cr . . . <input checked="" type="checkbox"/> <input type="checkbox"/> Lifetime Cr . . . <input checked="" type="checkbox"/> <input type="checkbox"/> Tuition Ded . . . <input type="checkbox"/> <input checked="" type="checkbox"/> Total Qualified Expenses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Amer Opp Cr . . . <input type="checkbox"/> <input type="checkbox"/> Lifetime Cr . . . <input type="checkbox"/> <input type="checkbox"/> Tuition Ded . . . <input type="checkbox"/> <input type="checkbox"/> Total Qualified Expenses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Amer Opp Cr . . . <input type="checkbox"/> <input type="checkbox"/> Lifetime Cr . . . <input type="checkbox"/> <input type="checkbox"/> Tuition Ded . . . <input type="checkbox"/> <input type="checkbox"/> Total Qualified Expenses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Total qualified expenses . . . . .	3,738. 3,738. 3,738.	American Opportunity Credit Lifetime Learning Credit Tuition and Fees Deduction		

## Part II - Optimize Education Expenses for the Lowest Tax

### Automatic

- 1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now . . . . . ☐
- 2 **Automatic** - Check to use the choices calculated in Part I, column (e) above . . . . . ☒  
or
- 3 **Manual** - Check to use the choices you entered in Part I, column (d) above . . . . . ☐

## Part III - Summary of Credits

### Tuition and Fees Deduction Summary

1	Total 2020 tuition and fees paid for purposes of deduction. . . . .	1	_____
2	Modified adjusted gross income . . . . .	2	_____
3	Maximum deduction allowed . . . . .	3	_____
4	Allowable Tuition and Fees Deduction (lesser of line 1 or line 3) . . . . .	4	_____ 0.

### American Opportunity, Lifetime Learning Credits Summary

1	Tentative American Opportunity Credit . . . . .	1	2,435.
2	Tentative Lifetime Learning Credit . . . . .	2	_____
3	Total Education Credits (after limitations) . . . . .	3	2,435.

Use a separate worksheet for each casualty or theft event.

► Keep for your records

Name(s) shown on return

Moti T Begna

Social Security No.

477-39-9655

**Part I Casualty or Theft Event Information**

- 1 Description of this casualty or theft event . . . . .► \_\_\_\_\_
- 2 Date of casualty or theft event ► \_\_\_\_\_
- 3 Use of property, check one if not a Ponzi loss (line 5c):
- a Personal (includes home office deducted under simplified method, see tax help) . . . . .► ☐
- b Business, employment, or income-producing . . . . .► ☐
- 4 If box 3a is checked, check one:
- a This event qualifies as a Hurricane Harvey or Tropical Storm Harvey Disaster . . . . .► ☐
- b This event qualifies as a Hurricane Irma Disaster . . . . .► ☐
- c This event qualifies as a Hurricane Maria Disaster . . . . .► ☐
- d This event qualifies as a **2017** California Wildfire Disaster (01/01/2017-01/18/2018) . . . . .► ☐
- e This event is a qualified federally declared major disaster . . . . .► ☐
- f This event is a federally declared disaster (not "qualified") . . . . .► ☐
- g This event qualifies as a **2016** federally declared disaster area . . . . .► ☐
- h This event **does not** qualify as a federally declared disaster . . . . .► ☐
- i Enter the FEMA disaster decl. number if any line 4a-g is checked. Enter the four-digit number only. If the FEMA disaster decl. number begins with DR, enter it here . . . . .► \_\_\_\_\_
- j If the FEMA disaster decl. number begins with EM instead of DR, enter it here . . . . .► \_\_\_\_\_
- 5 If box 3b is checked, check one:
- a Check if the property was used in a passive activity . . . . .► ☐
- b Check if the property was **not** used in a passive activity . . . . .► ☐
- c Check if this is a Rev Proc 2009-20 Ponzi-Type loss . . . . .► ☐
- 6 Worksheet Copy Number . . . . . 1

**Part II Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event**

- a **Description** including type of property . . .► \_\_\_\_\_
- b For personal use property, enter the address, city, state and ZIP code  
\_\_\_\_\_
- c Date acquired . . . . .► \_\_\_\_\_ d Cost or other basis . . .► \_\_\_\_\_
- e Insurance or other reimbursement . . . . .► \_\_\_\_\_
- f FMV before event . . . . .► \_\_\_\_\_ g FMV after event . . .► \_\_\_\_\_
- h Was this a total loss ? Yes . . .► ☐ No . . .► ☐
- i If **personal** use, is this a collectible ? Yes . . .► ☐ No . . .► ☐
- j If **business** use, check one: Business► ☐ Employ► ☐ Income . . .► ☐
- k If **home office** (standard method) enter: Sch C . . .► ☐ No Sch C► ☐ Ln 27
- a **Description** including type of property . . .► \_\_\_\_\_
- b For personal use property, enter the address, city, state and ZIP code  
\_\_\_\_\_
- c Date acquired . . . . .► \_\_\_\_\_ d Cost or other basis . . .► \_\_\_\_\_
- e Insurance or other reimbursement . . . . .► \_\_\_\_\_
- f FMV before event . . . . .► \_\_\_\_\_ g FMV after event . . .► \_\_\_\_\_
- h Was this a total loss ? Yes . . .► ☐ No . . .► ☐
- i If **personal** use, is this a collectible ? Yes . . .► ☐ No . . .► ☐
- j If **business** use, check one: Business► ☐ Employ► ☐ Income . . .► ☐
- k If **home office** (standard method) enter: Sch C . . .► ☐ No Sch C► ☐ Ln 27

**Schedule D Tax Worksheet**  
**as refigured for the**  
**Alternative Minimum Tax**

**2020**

► Keep for your records

Name(s) Shown on Return Moti T Begna		Social Security Number 477-39-9655	
	<b>(a)</b> Before Allocation of Capital Gain Excess *	<b>(b)</b> Allocation of Capital Gain Excess *	<b>(c)</b> After Allocation of Capital Gain Excess
<b>1</b> Not applicable . . . . .			
<b>2</b> Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
<b>a</b> Total qualified dividends. . . . .			
<b>b</b> Adjustment from Schedules K-1 . . . . .			
<b>c</b> Other adjustments to qualified dividends . . . . .			
<b>d</b> Total. Combine lines 2a, 2b, and 2c . . . . .		0.	0.
<b>3</b> Enter the amount from Form 4952 for AMT, line 4g. . . . .			
<b>4</b> Enter the amount from Form 4952 for AMT, line 4e. . . . .			
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	0.		0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	0.		0.
<b>7</b> Net long-term capital gain:			
<b>a</b> Enter the gain from line 15 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 16 of Schedule D as refigured for the AMT . . . . .	0.		
<b>c</b> Enter the <b>smaller</b> of line 7a or line 7b . . . . .	0.		0.
<b>8</b> Enter the <b>smaller</b> of line 3 or line 4 . . . . .			
<b>9</b> Subtract line 8 from line 7c. If zero or less, enter -0- . . . . .	0.	0.	0.
<b>10</b> Add lines 6 and 9 . . . . .	0.		0.
<b>A</b> Enter the amount from Form 6251, line 6. . . . .	0.		
<b>B Capital gain excess.</b> Subtract line A from line 10. * . . . .	0.		
<b>11</b> Total 28% rate and unrecaptured section 1250 gain:			
<b>a</b> Enter the gain from line 18 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 19 of Schedule D as refigured for the AMT . . . . .			
<b>c</b> Add lines 11a and 11b. . . . .			0.
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11c . . . . .			0.
<b>13</b> Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13. . . . .			0.

\* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.



► Keep for your records

Name(s) Shown on Return

Moti T Begna

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477-39-9655

**Taxable Income – Line 1**

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract lines 12 and 13 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) . . . . .	1	32,325.
2	Additions to income . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	32,325.
4	Subtractions from income . . . . .	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1 . . . . .	5	32,325.

**Taxes – Line 2a**

1	Generation skipping transfer taxes included on Schedule A, line 6 . . . . .	1	
---	---	---	--

**Refund of Taxes – Line 2b**

1	Taxable refund of state and local income tax . . . . .	1	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes. . . . .	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b. . . . .	3	0.

**Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f**

1	Alternative minimum taxable income (AMTI) without ATNOLD . . . . .	1	44,725.
2	Enter adjustments . . . . .	2	
3	Adjustment for domestic production activities deduction . . . . .	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3 . . . . .	4	44,725.
5	ATNOLD limitation. Multiply line 4 by 90%. . . . .	5	40,253.
6	Enter ATNOL carried to 2019 from other year(s) . . . . .	6	
7	Enter ATNOL included above attributable to qualified disaster losses . . . . .	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 . . . . .	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 . . . . .	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) . . . . .	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg . . . . .	11	

**Incentive Stock Options – Line 2i**

1	Incentive stock options adjustment from Schedule K-1 worksheets . . . . .	1	
2	Incentive stock options from Employer Stock Transaction Worksheets . . . . .	2	
3	Incentive stock options from Exercise of Stock Options Worksheets . . . . .	3	
4	Other incentive stock options . . . . .	4	
5	Total incentive stock options. Enter on Form 6251, line 2i. . . . .	5	

**Alternative Minimum Taxable Income – Line 4**

If married filing separately and Form 6251, line 4, is more than \$745,200:		
<b>1</b> Alternative minimum taxable income, Form 6251 . . . . .	<b>1</b>	
<b>2</b> Threshold amount . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	
<b>4</b> Multiply line 3 by 25% (.25) . . . . .	<b>4</b>	
<b>5</b> <b>Smaller</b> of line 4 or \$56,700 . . . . .	<b>5</b>	
<b>6</b> Add line 1 and line 5. Enter on Form 6251, line 4 . . . . .	<b>6</b>	

**Exemption – Line 5**

<b>1</b> Enter \$72,900 if single or head of household, \$113,400 if married filing jointly or qualifying widow(er), \$56,700 if married filing separately . . . . .	<b>1</b>	72,900.
<b>2</b> Enter your alternative minimum taxable income from Form 6251, line 4 . . . . .	<b>2</b>	44,725.
<b>3</b> Enter \$518,400 if single or head of household, \$1,036,800 if married filing jointly or qualifying widow(er), \$518,400 if married filing separately . . . . .	<b>3</b>	518,400.
<b>4</b> Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	0.
<b>5</b> Multiply line 4 by 25% (.25) . . . . .	<b>5</b>	0.
<b>6</b> Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5 . . . . .	<b>6</b>	72,900.

**Form 6251**  
**Line 7**

**Foreign Earned Income**  
**Alternative Minimum Tax Worksheet**

**2020**

► Keep for your records

Name(s) Shown on Return Moti T Begna	Social Security Number 477-39-9655
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<b>1</b> Enter the amount from Form 6251, line 6 . . . . .	<b>1</b>	
<b>2 a</b> Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50. . . . .	<b>2a</b>	
<b>b</b> Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income . . . . .	<b>2b</b>	
<b>c</b> Subtract line 2b from line 2a. If zero or less, enter 0 . . . . .	<b>2c</b>	
<b>3</b> Add line 1 and line 2c . . . . .	<b>3</b>	
<b>4 Tax on the amount on line 3.</b> • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; <b>or</b> you reported qualified dividends on Form 1040 or 1040-SR, line 3a; <b>or</b> you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i> , later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. • <b>All Others:</b> If line 3 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result. . . . .	<b>4</b>	
<b>5 Tax on amount on line 2c.</b> If line 2c is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result . . . . .	<b>5</b>	
<b>6</b> Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7. . . . .	<b>6</b>	

► Keep for your records

Child's Name as Shown on Return

Child's Social Security Number

**Line 1 - Child's Net Unearned Income**

<b>1</b>	Enter the amount from the child's Form 1040 or 1040-NR, line 9 <i>Note: If the child has claimed a loss from self-employment, a foreign earned income exclusion, or a net operating loss carryover to 2020, skip lines 2 and 3 and go to line 4.</i>	<b>1</b>	
<b>2 a</b>	Enter the total of the amount(s) reported on Form 1040, line 1, Schedule 1, lines 3 and 6; or Form 1040-NR, line 1a . . . . .	<b>2 a</b>	
<b>b</b>	Enter any other earned income not included on line 2a . . . . .	<b>b</b>	
<b>c</b>	Enter any penalty on early withdrawals from savings, from Form 1040 or 1040-NR . . . . .	<b>c</b>	
<b>3</b>	Subtract the amounts on lines 2a through 2c from the amount on line 1. Enter the result here and on Form 8615, line 1. Do not complete lines 4 through 7 . . . . .	<b>3</b>	
<b>4</b>	Enter the following amounts as <b>Positive</b> numbers:		
<b>a</b>	Loss from self-employment, from Schedule C or Schedule F . . . . .	<b>4 a</b>	
<b>b</b>	Foreign housing and earned income exclusion, from Form 2555 . . . . .	<b>b</b>	
<b>c</b>	Net operating loss carryover to 2020, from Form 1040 or Form 1040-NR . . . . .	<b>c</b>	
<b>d</b>	Add lines 4a through 4c . . . . .	<b>d</b>	
<b>5</b>	Add lines 1 and 4d . . . . .	<b>5</b>	
<b>6 a</b>	Enter the amount from the child's Form 1040, line 1 or 1040-NR, line 1a . . . . .	<b>6 a</b>	
<b>b</b>	Enter the amount from the child's Schedule 1 (Form 1040), line 3. Enter -0- if less than zero . . . . .	<b>b</b>	
<b>c</b>	Enter the amount from the child's Schedule 1 (Form 1040), line 6. Enter -0- if less than zero . . . . .	<b>c</b>	
<b>d</b>	Enter any other earned income not included on lines 6a through 6c . . . . .	<b>d</b>	
<b>e</b>	Enter any penalty on early withdrawal from savings, from Form 1040 or 1040-NR . . . . .	<b>e</b>	
<b>7</b>	Subtract the amounts on lines 6a through 6e from the amount on line 5. Enter the result here and on Form 8615, line 1 . . . . .	<b>7</b>	

**Line 2 - Child's Investment Deductions**

<b>8</b>	If the child itemized deductions on Schedule A (Form 1040 or Form 1040-NR), enter the amount from Schedule A (Form 1040), line 17, or Schedule A (Form 1040-NR), line 8 . . . . .	<b>8</b>	
<b>9</b>	Enter the portion of the amount on line 8 that is directly connected with the production of the child's investment income . . . . .	<b>9</b>	
<b>a</b>	Enter the child's itemized deductions directly connected with the production of the child's qualified dividends and net capital gain . . . . .		
<b>10</b>	Add \$1,100 to the amount on line 9 . . . . .	<b>10</b>	
<b>11</b>	Enter the <b>greater</b> of the amount on line 10 or \$2,200. Also enter this amount on Form 8615, line 2 . . . . .	<b>11</b>	

**Line 5 - Qualified Dividends and Net Capital Gain Worksheets****Form 8615 Line 5 - Worksheet 1**

Use this worksheet only if line 2 of **your** Form 8615 is \$2,200  
and lines 3 and 5 are the same amount

<b>A</b>	Enter the child's qualified dividends . . . . .		
<b>B</b>	Enter the child's net capital gain . . . . .		
<b>C</b>	Enter the amount from your Form 8615, line 1 . . . . .		
<b>D</b>	Divide line A by line C. Enter the result as a decimal (rounded to at least three places). Don't enter more than 1.000 . . . . .		
<b>E</b>	Divide line B by line C. Enter the result as a decimal (rounded to at least three places). Don't enter more than 1.000 . . . . .		
<b>F</b>	Multiply \$2,200 by line D . . . . .		
<b>G</b>	Multiply \$2,200 by line E . . . . .		
<b>H</b>	<b>Qualified dividends on Form 8615, line 5.</b> Subtract line F from Line A. (but do not enter less than zero or more than the amount on Form 8615, line 5) . . . . .		
<b>I</b>	<b>Net capital gain on Form 8615, line 5</b> Subtract line G from Line B. (but do not enter less than zero or more than the excess of Form 8615, line 5 over line H of this worksheet). . . . .		

**Form 8615 Line 5 - Worksheet 2**

Use this worksheet only if line 2 of **your** Form 8615 is **more** than \$2,200  
and lines 3 and 5 of your Form 8615 are the same amount

<b>A</b>	Enter the child's qualified dividends . . . . .		
<b>B</b>	Enter the child's net capital gain . . . . .		
<b>C</b>	Add lines A and B . . . . .		
<b>D</b>	Divide line A by line C (enter as a decimal rounded to at least three places) . . . . .		
<b>E</b>	Enter the child's itemized deductions directly connected with the production of the child's qualified dividend's and net capital gain . . . . .		
<b>F</b>	Multiply line D by Line E . . . . .		
<b>G</b>	Subtract line F from line E. . . . .		
<b>H</b>	Subtract line G from line B . . . . .		
<b>I</b>	Subtract line F from line A. . . . .		
<b>J</b>	Enter the amount from your Form 8615, line 1 . . . . .		
<b>K</b>	Divide line A by line J. Enter the result as a decimal (rounded to at least three places). Don't enter more than 1.000 . . . . .		
<b>L</b>	Divide line B by line J. Enter the result as a decimal (rounded to at least three places). Don't enter more than 1.000 minus the amount on line K. . . . .		
<b>M</b>	Multiply \$1,100 by line K . . . . .		
<b>N</b>	Multiply \$1,100 by line L. . . . .		
<b>O</b>	<b>Qualified dividends on Form 8615, line 5.</b> Subtract line M from line I. (but do not enter less than zero or more than the amount on Form 8615, line 5) . . . . .		
<b>P</b>	<b>Net capital gain on Form 8615, line 5</b> Subtract line N from line H. (but do not enter less than zero or more than the excess of Form 8615, line 5 over line O of this worksheet). . . . .		

**Form 8615 Line 5 - Worksheet 3**

Use this worksheet only if **your** Form 8615, line 5 is **less** than line 3

<b>A</b>	Enter the child's qualified dividends . . . . .		
<b>B</b>	Enter the child's net capital gain . . . . .		
<b>C</b>	Add line A and line B . . . . .		
<b>D</b>	Divide line A by line C . . . . .		
<b>E</b>	Enter the result as a decimal (rounded to at least three places). . . . .		
<b>F</b>	If the child itemized deductions, enter the child's itemized deductions directly connected with the production of the child's income on line C . . . . .		
<b>G</b>	Multiply line D by line E . . . . .		
<b>H</b>	Subtract line F from line E. . . . .		
<b>I</b>	Subtract line G from line B . . . . .		
<b>J</b>	Subtract line F from line A. . . . .		
<b>K</b>	If the child itemized deductions, enter the child's itemized deductions <b>not</b> directly connected with the production of the income on line C of this worksheet. Otherwise, enter the child's standard deduction. . . . .		
<b>L</b>	Add line J and line K. . . . .		
<b>M</b>	Enter the child's adjusted gross income (Form 1040 or 1040-NR), line 11 . . . . .		
<b>N</b>	Divide line C by line M. . . . .		
<b>O</b>	Multiply line L by line N . . . . .		
<b>P</b>	Multiply line O by line D . . . . .		
<b>Q</b>	Subtract line P from line O . . . . .		
<b>R</b>	<b>Qualified dividends on Form 8615, line 5.</b> Subtract line Q from line I (but do not enter less than zero or more than the amount on Form 8615, line 5) . . . . .		
<b>S</b>	<b>Net capital gain on Form 8615, line 5</b> Subtract line R from line H (but do not enter less than zero or more than the excess of Form 8615, line 5 over line R of this worksheet). . . . .		

# Federal Carryover Worksheet

**2020**

► Keep for your records

Name(s) Shown on Return Moti T Begna	Social Security Number 477-39-9655
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## 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
MN			1,624.		1,148.	
<b>Totals . .</b>			1,624.		1,148.	

## 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

## 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
MN	812.	574.
MN	812.	574.

## 2019 Locality Tax Refund Information

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

Moti T Begna

477-39-9655

Other Tax and Income Information			2019	2020
1	Filing status . . . . .	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4). . . . .	2		
3	Itemized deductions . . . . .	3	812.	2,531.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	16,604.	44,725.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	443.	1,247.
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**

Note: Enter all entries as a positive amount

Loss and Expense Carryovers			2019	2020
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 . . . . . 1,058.

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

## 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



**Form 8582**  
**Line 7**

**Modified Adjusted Gross Income Worksheet**

**2020**

► Keep for your records

Name(s) Shown on Return  
Moti T Begna

Social Security Number  
477-39-9655

Description	Amount
<b>Income</b>	
Wages . . . . .	44,725.
Interest income before Series EE bond exclusion . . . . .	
Dividend income . . . . .	
Tax refund . . . . .	0.
Alimony received . . . . .	
Nonpassive business income or loss . . . . .	
Royalty and nonpassive rental activities income or loss . . . . .	
Nonpassive partnership income or loss . . . . .	
Nonpassive S corporation income or loss . . . . .	
Nonpassive farm rental income or loss . . . . .	
Nonpassive farm income or loss . . . . .	
Nonpassive estate and trust income or loss . . . . .	
Real estate mortgage investment conduits . . . . .	
Business gains and losses from nonpassive activities . . . . .	
Capital gains and losses . . . . .	
Taxable IRA distributions . . . . .	
Taxable pension distributions . . . . .	
Unemployment compensation . . . . .	
Other income . . . . .	
Total income . . . . .	44,725.
<b>Adjustments</b>	
Educator expenses . . . . .	
Certain business expenses of reservists, performing artists, and government officials . . . . .	
Health savings account deduction . . . . .	
Moving expenses . . . . .	
Self-employed SEP, SIMPLE, and qualified plans . . . . .	
Self-employed health insurance deduction . . . . .	
Penalty on early withdrawals of savings . . . . .	
Alimony paid . . . . .	
Other adjustments . . . . .	
Total adjustments . . . . .	
<b>Modified adjusted gross income . . . . .</b>	<b>44,725.</b>

## Two-Year Comparison

**2020**

Name(s) Shown on Return Moti T Begna			Social Security Number	
Income	2019	2020	Difference	%
Wages, salaries, tips, etc . . . . .	16,604.	44,725.	28,121.	169.36
Interest and dividend income . . . . .				
State tax refund . . . . .	0.	0.	0.	
Business income (loss) . . . . .				
Capital and other gains (losses) . . . . .				
IRA distributions . . . . .				
Pensions and annuities . . . . .				
Rents and royalties . . . . .				
Partnerships, S Corps, etc . . . . .				
Farm income (loss) . . . . .				
Social security benefits . . . . .				
Income other than the above . . . . .				
<b>Total Income</b> . . . . .	16,604.	44,725.	28,121.	169.36
<b>Adjustments to Income</b> . . . . .				
<b>Adjusted Gross Income</b> . . . . .	16,604.	44,725.	28,121.	169.36
<b>Itemized Deductions</b>				
Medical and dental . . . . .				
Income or sales tax . . . . .	812.	2,531.	1,719.	211.70
Real estate taxes . . . . .				
Personal property and other taxes . . . . .				
Interest paid . . . . .				
Gifts to charity . . . . .				
Casualty and theft losses . . . . .				
Miscellaneous . . . . .				
<b>Total Itemized Deductions</b> . . . . .	812.	2,531.	1,719.	211.70
<b>Standard or Itemized Deduction</b> . . . . .	12,200.	12,400.	200.	1.64
<b>Qualified Business Income Deduction</b> . . . . .				
<b>Taxable Income</b> . . . . .	4,404.	32,325.	27,921.	633.99
Income tax . . . . .	443.	3,682.	3,239.	731.15
Additional income taxes . . . . .				
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .	443.	3,682.	3,239.	731.15
Nonbusiness credits . . . . .		1,461.	1,461.	
Business credits . . . . .				
<b>Total Credits</b> . . . . .		1,461.	1,461.	
Self-employment tax . . . . .				
Other taxes . . . . .				
<b>Total Tax After Credits</b> . . . . .	443.	2,221.	1,778.	401.35
Withholding . . . . .	1,501.	6,419.	4,918.	327.65
Estimated and extension payments . . . . .				
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .		974.	974.	
<b>Total Payments</b> . . . . .	1,501.	7,393.	5,892.	392.54
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	1,058.	5,172.	4,114.	388.85
<b>Balance Due</b> . . . . .				

Current year effective tax rate . . . . . 2.79 %

**Tax Summary**  
► Keep for your records

**2020**

Name (s)

Moti T Begna

<b>Total income</b> . . . . .	44,725.
<b>Adjustments to income</b> . . . . .	
<b>Adjusted gross income</b> . . . . .	44,725.
<b>Itemized/standard deduction</b> . . . . .	12,400.
<b>Qualified business income deduction</b> . . . . .	
<b>Taxable income</b> . . . . .	32,325.
<b>Tentative tax</b> . . . . .	3,682.
<b>Additional taxes</b> . . . . .	
<b>Alternative minimum tax</b> . . . . .	
<b>Total credits</b> . . . . .	1,461.
<b>Other taxes</b> . . . . .	
<b>Total tax</b> . . . . .	2,221.
<b>Total payments</b> . . . . .	7,393.
<b>Estimated tax penalty</b> . . . . .	
<b>Amount Overpaid</b> . . . . .	5,172.
<b>Refund</b> . . . . .	5,172.
<b>Amount Applied to Estimate</b> . . . . .	
<b>Balance due</b> . . . . .	0.

## 2020

Social Security No.  
477-39-9655

<p>1 Can you be claimed as a dependent on another person's 2020 return?</p> <p><input type="checkbox"/> <b>No.</b> Go to line 2</p> <p><input checked="" type="checkbox"/> <b>Yes. Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>2 Does your 2020 return include a valid social security number for you, and if filing a joint return, your spouse?</p> <p><input type="checkbox"/> <b>Yes.</b> Skip lines 3 and 4 and go to line 5.</p> <p><input type="checkbox"/> <b>No.</b> If you are filing a joint return, go to line 3. If you aren't filing a joint return, <b>Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p> <p>3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number?</p> <p><input type="checkbox"/> <b>Yes.</b> Your credit is not limited. Go to line 5.</p> <p><input type="checkbox"/> <b>No.</b> Go to line 4.</p> <p>4 Does one of you have a valid social security number?</p> <p><input type="checkbox"/> <b>Yes.</b> Your credit is limited. Go to line 5.</p> <p><input type="checkbox"/> <b>No. Stop.</b> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>5 Enter: • \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3. . . . .</p> <p>6 Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number . . . . .</p> <p>7 Add lines 5 and 6 . . . . .</p> <p>8 Enter: • \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3. . . . .</p> <p>9 Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number . . . . .</p> <p>10 Add lines 8 and 9 . . . . .</p> <p>11 Enter the amount from line 11 of Form 1040 or 1040-SR . . . . .</p> <p>12 Enter the amount shown below for your filing status :            • \$150,000 if married filing jointly or qualifying widow(er)            • \$112,500 if head of household            • \$75,000 if single or married filing separately</p> <p>13 Is the amount on line 11 more than the amount on line 12?</p> <p><input type="checkbox"/> <b>No.</b> Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.</p> <p><input type="checkbox"/> <b>Yes.</b> Subtract line 12 from line 11. . . . .</p> <p>14 Multiply line 13 by 5% (0.05) . . . . .</p> <p>15 Subtract line 14 from line 7. If zero or less, enter -0- . . . . .</p> <p>16 Enter the amount, if any, of the economic impact payment (EIP) 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here. . . . .</p> <p>17 Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15 you don't have to pay back the difference . . . . .</p> <p>18 Subtract line 14 from line 10. If zero or less, enter -0- . . . . .</p> <p>19 Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here. . . . .</p> <p>20 Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18 you don't have to pay back the difference . . . . .</p> <p>21 <b>Recovery rebate credit.</b> Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR. . . . .</p>	<p>5 _____</p> <p>6 _____</p> <p>7 _____</p> <p>8 _____</p> <p>9 _____</p> <p>10 _____</p> <p>11 _____</p> <p>12 } _____</p> <p>13 _____</p> <p>14 _____</p> <p>15 _____</p> <p>16 _____</p> <p>17 _____</p> <p>18 _____</p> <p>19 _____</p> <p>20 _____</p> <p>21 _____</p>
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# Compare to U. S. Averages

► Keep for your records

2020

Name(s) Shown on Return Moti T Begna	Social Security No 477-39-9655
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Your 2020 adjusted gross income (AGI) . . . . . 44,725.  
National adjusted gross income range used below . . . . . from 30,000. to 49,999.

**Note:** National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages . . . . .	44,725.	38,969.
Taxable interest . . . . .		702.
Tax-exempt interest . . . . .		4,465.
Dividends . . . . .		2,794.
Business net income . . . . .		15,778.
Business net loss . . . . .		8,221.
Net capital gain . . . . .		5,112.
Net capital loss . . . . .		2,260.
Taxable IRA . . . . .		11,326.
Taxable pensions and annuities . . . . .		18,743.
Rent and royalty net income . . . . .		8,128.
Rent and royalty net loss . . . . .		8,566.
Partnership and S corporation net income . . . . .		17,464.
Partnership and S corporation net loss . . . . .		15,187.
Taxable social security benefits . . . . .		8,208.
Medical and dental expenses deduction . . . . .		8,859.
Taxes paid deduction . . . . .	2,531.	4,468.
Interest paid deduction . . . . .		6,605.
Charitable contributions deduction . . . . .		3,028.
Total itemized deductions . . . . .	2,531.	17,422.
Child care credit . . . . .		624.
Education tax credits . . . . .	1,461.	1,099.
Child tax credit . . . . .		1,043.
Retirement savings contributions credit . . . . .		203.
Earned income credit . . . . .		1,791.
Other Information	Actual Per Return	National Average
Adjusted gross income . . . . .	44,725.	41,074.
Taxable income . . . . .	32,325.	22,937.
Income tax . . . . .	3,682.	3,001.
Alternative minimum tax . . . . .		10,625.
Total tax liability . . . . .	2,221.	3,233.

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** Moti T Begna

**Primary SSN:** 477-39-9655

**Federal Return Submitted:** February 28, 2021 12:33 PM PST

**Federal Return Acceptance Date:** \_\_\_\_\_

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Your return was electronically transmitted on 02/28/2021

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

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

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

#### TIMELY FILING:

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

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

### 2. THE ACCEPTANCE DATE.

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

## We need your consent - Early Access

This is an IRS requirement

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IRS regulations require the following statements:

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

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

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

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

<hr/> <hr/> <hr/> <hr/>
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First Name

Last Name

Please type the date below:

Date

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F7216U01 SBIA5001



## Read and accept this Disclosure Consent

This is an IRS requirement

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### IRS regulations require the following statements:

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

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

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

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

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Sign this agreement by entering your name:

Please type the date below:

Date

## Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of a bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

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### IRS regulations require the following statements:

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

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

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

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

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

## IMPORTANT DISCLOSURES

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

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

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

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

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

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

This Agreement requires all disputes to be resolved by way of binding arbitration.  
The terms of the arbitration provision appear in Section 10.

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

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

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

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

<sup>2</sup>This fee consists of a TurboTax Fee, the cost of the Tax Product, and any fees for additional products and services purchased. Note that the cost of the Tax Product may vary depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Service Agreement on the next page for the cost of the service you have chosen.

<sup>3</sup>However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

Questions? Call 877-908-7228

## Pro Delegation Worksheet

2020

Check this box if you are preparing this return as a PRO preparer . . . . . ☐

### Preparer / Electronic Return Originator (ERO) Information

Preparer Name \_\_\_\_\_ Print name in signature area? ☐

Preparer Tax ID # (PTIN) \_\_\_\_\_

NY Tax Preparer Registration # \_\_\_\_\_ or NY Exclusion Code \_\_\_\_\_

For NM, OR Preparers Only: State ID# \_\_\_\_\_

Preparer E-mail \_\_\_\_\_ Print date on return? ☐

Preparer Phone \_\_\_\_\_ CAF # \_\_\_\_\_

**Electronic Filing Only:** ERO Practitioner PIN \_\_\_\_\_

### Electronic Filing and Printing of Tax Return Information

#### Electronic Filing:

- ☐ File **federal** return electronically
- ☐ File **state** returns electronically
- ☐ File **other** returns electronically

Select state returns to file electronically:

State(s)

Select other returns to file electronically:

Other Return(s)

#### Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal return printed and mailed to IRS
- ☐ State return printed and mailed to state agency
- ☐ Other return printed and mailed

Select state returns to file by mail:

State(s)

Select other returns to file by mail:

Other Return(s)

### Electronic Filing and Printing of Amended Return Information

#### Electronic Filing:

- ☐ File **federal** amended return(s) electronically
- ☐ File **state** amended return(s) electronically

Select state amended return(s) to file electronically:

State(s)

#### Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal amended return printed and mailed
- ☐ State amended return printed and mailed

Select state amended return(s) to file by mail:

State(s)

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

☐ Sign return electronically using Practitioner PIN

- ☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
- ☐ Taxpayer(s) entered own PIN(s)
- ☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). . . . . \_\_\_\_\_

Spouse's PIN filing a joint return (enter any 5 numbers) . . . .

Date PIN entered. . . . .

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

	Driver's license
	State issued identification card
	Passport
	Account statement from financial institution
	Utility billing statement
	Credit card billing statement

☐ To indicate a client return download in FnF

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[illegible]



## Smart Worksheets from your 2020 Federal Tax Return

### SMART WORKSHEET FOR: Form 8863: Education Credits Nonrefundable Credit -- Form 8863, Line 19

1	Enter amount from line 18, Form 8863 . . . . .	1	
2	Enter amount from line 9, Form 8863 . . . . .	2	1,461.
3	Add lines 1 and 2 . . . . .	3	1,461.
4	Enter the amount from Form 1040 or 1040-SR, line 12a . . . . .	4	3,682.
5	Enter the amount from Schedule 3 (Form 1040 or 1040-SR), lines 1 and 2, and the amount from Schedule R, line 22 . . . . .	5	
6	Subtract line 5 from line 4 . . . . .	6	3,682.
7	Enter the smaller of line 3 or line 6 here and on Form 8863, line 19. . . . .	7	1,461.

### SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <span style="float: right;">3,682.</span>
	Check if from:
1	Tax table . . . . . <span style="float: right;"><input checked="" type="checkbox"/></span>
2	Tax Computation Worksheet (see instructions) . . . . . <span style="float: right;"><input type="checkbox"/></span>
3	Schedule D Tax Worksheet . . . . . <span style="float: right;"><input type="checkbox"/></span>
4	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <span style="float: right;"><input type="checkbox"/></span>
5	Schedule J . . . . . <span style="float: right;"><input type="checkbox"/></span>
6	Form 8615 . . . . . <span style="float: right;"><input type="checkbox"/></span>
7	Foreign Earned Income Tax Worksheet . . . . . <span style="float: right;"><input type="checkbox"/></span>
<b>B</b>	Additional tax from Form 8814 . . . . . <span style="float: right;">_____</span>
<b>C</b>	Additional tax from Form 4972 . . . . . <span style="float: right;">_____</span>
<b>D</b>	Tax from additional Form(s) 4972 . . . . . <span style="float: right;">_____</span>
<b>E</b>	Recapture tax from Form 8863 . . . . . <span style="float: right;">_____</span>
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . <span style="float: right;">_____</span>
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . <span style="float: right;">_____</span>
<b>H</b>	Additional tax from Form 8621 . . . . . <span style="float: right;">_____</span>
<b>I</b>	<b>Tax.</b> Add lines A through G. Enter the result here and include in tax below. . . . . <span style="float: right;">3,682.</span>
<b>J</b>	Form 8621 tax deferral from line 9c (to line 24) . . . . . <span style="float: right;">_____</span>

### SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

<b>Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet</b>	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
<b>A</b>	Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . <span style="float: right;">0.</span>



## SMART WORKSHEET FOR: Federal Information Worksheet

<b>TurboTax for the Web Filing Status Smart Worksheet</b>	
Check this box to override the filing status selected thru Interview . . .	<input type="checkbox"/>
Marital Status . . . . .	
Filing Status Selected . . . . .	

## SMART WORKSHEET FOR: Personal Worksheet (Moti) -- Student Info Worksheet

<b>Apprenticeship and Education Loan Smart Worksheet</b>	
<b>A</b> Enter the amount of qualified expenses for tuition, fees, books, supplies and equipment required for participation of the designated beneficiary in a registered apprenticeship program . . . . .	
<b>B</b> Enter the amount of principal or interest payments on any qualified education loans of the designated beneficiary (or a sibling) not to exceed \$10,000 each	
<b>1</b> Principal. . . . .	
<b>2</b> Interest . . . . .	
<b>3</b> Is the interest payment on line 2 included in Part I of the Student Loan Interest Deduction Worksheet? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>QuickZoom</b> to Student Loan Interest Deduction Worksheet . . . . .	▶ <span style="border-bottom: 1px solid black; width: 50px;"></span>

## SMART WORKSHEET FOR: Form W-2 : Wage &amp; Tax Statement (Copy 1)

<b>Qualified Business Income Deduction Smart Worksheet</b>	
<i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).</i>	
<b>A</b> Is this activity a qualified trade or business under Section 199A? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B</b> QBI worksheet to report . . . . .	▶ <span style="border-bottom: 1px solid black; width: 50px;"></span>
<b>C</b> Specified Service Trade or Business (SSTB)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D</b> I am not a statutory employee . . . . .	<input type="checkbox"/>

## SMART WORKSHEET FOR: Form W-2 : Wage &amp; Tax Statement (Copy 1)

<b>Substitute Form W-2 Smart Worksheet</b>	
<b>A</b> Treat as a substitute W-2 and generate a form 4852 . . . . .	<input type="checkbox"/>
<b>B</b> Linked substitute W-2 Form 4852 . . . . .	▶ <span style="border-bottom: 1px solid black; width: 50px;"></span>
<b>C</b> Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"	
<b>D</b> Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"	
<b>E</b> <b>QuickZoom</b> to completed Form 4852 for reference . . . . .	▶ <span style="border-bottom: 1px solid black; width: 50px;"></span>

## SMART WORKSHEET FOR: Form W-2 : Wage &amp; Tax Statement (Copy 2)

<b>Qualified Business Income Deduction Smart Worksheet</b> <i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).</i>			
<b>A</b>	Is this activity a qualified trade or business under Section 199A? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>B</b>	QBI worksheet to report . . . . .	▶	
<b>C</b>	Specified Service Trade or Business (SSTB)? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>D</b>	I am not a statutory employee . . . . .	<input type="checkbox"/>	

## SMART WORKSHEET FOR: Form W-2 : Wage &amp; Tax Statement (Copy 2)

<b>Substitute Form W-2 Smart Worksheet</b>	
<b>A</b>	Treat as a substitute W-2 and generate a form 4852 . . . . . <input type="checkbox"/>
<b>B</b>	Linked substitute W-2 Form 4852 . . . . . ▶ _____
<b>C</b>	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" _____ _____ _____
<b>D</b>	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" _____ _____ _____
<b>E</b>	<b>QuickZoom</b> to completed Form 4852 for reference . . . . . ▶ _____

## SMART WORKSHEET FOR: Form W-2 : Wage &amp; Tax Statement (Copy 3)

<b>Qualified Business Income Deduction Smart Worksheet</b> <i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).</i>			
<b>A</b>	Is this activity a qualified trade or business under Section 199A? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>B</b>	QBI worksheet to report . . . . .	▶	
<b>C</b>	Specified Service Trade or Business (SSTB)? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>D</b>	I am not a statutory employee . . . . .	<input type="checkbox"/>	

## SMART WORKSHEET FOR: Form W-2 : Wage &amp; Tax Statement (Copy 3)

Substitute Form W-2 Smart Worksheet	
<b>A</b>	Treat as a substitute W-2 and generate a form 4852 . . . . . <input type="checkbox"/>
<b>B</b>	Linked substitute W-2 Form 4852 . . . . . ▶ _____
<b>C</b>	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
	_____
	_____
	_____
<b>D</b>	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
	_____
	_____
	_____
<b>E</b>	<b>QuickZoom</b> to completed Form 4852 for reference . . . . . ▶ _____

## SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet	
If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines <b>A</b> , <b>B</b> , and <b>C</b> below:	
— The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or	
— You had home debt that was <b>not</b> used to buy, build or substantially improve your home that secures the loan	
<b>QuickZoom</b> to Deductible Home Mortgage Interest Worksheet . . . . . ▶	
Does your mortgage interest need to be limited: Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>	
<b>A</b>	<b>Home mortgage interest and points reported on Form 1098:</b>
1	Sum of lines 5a through 5d below . . . . . _____
2	Limited amount to report on Sch A, line 8a . . . . . _____
<b>B</b>	<b>Home mortgage interest not reported on Form 1098:</b>
1	Sum of lines 6a and 6b below . . . . . _____
2	Limited amount to report on Sch A, line 8b . . . . . _____
<b>C</b>	<b>Points not reported on Form 1098:</b>
1	Sum of lines 7a through 7c below . . . . . _____
2	Limited amount to report on Sch A, line 8c. . . . . _____

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Nontaxable Combat Pay Election Smart Worksheet**

**QuickZoom** to enter nontaxable combat pay on Form W-2 . . . . . ►

**A Taxpayer:**

**1** Taxpayer, nontaxable combat pay . . . . . \_\_\_\_\_

**1a** Taxpayer, prior year nontaxable combat pay from 2019 . . . . . \_\_\_\_\_

**2 Election for earned income credit (EIC):**

Elect taxpayer's nontaxable combat pay as earned income for EIC? . . . . . ► ☐ Yes ☐ No

**3 Election for dependent care benefits (DCB):**

Elect taxpayer's nontaxable combat pay as earned income for DCB? . . . . . ► ☐ Yes ☐ No

**4 Election for child and dependent care credit:**

Elect taxpayer's nontaxable combat pay as earned income  
for child and dependent care credit? . . . . . ► ☐ Yes ☐ No

**B Spouse:**

**1** Spouse, nontaxable combat pay . . . . . \_\_\_\_\_

**1a** Spouse, prior year nontaxable combat pay from 2019 . . . . . \_\_\_\_\_

**2 Election for earned income credit (EIC):**

Elect spouse's nontaxable combat pay as earned income for EIC? . . . . . ► ☐ Yes ☐ No

**3 Election for dependent care benefits (DCB):**

Elect spouse's nontaxable combat pay as earned income for DCB? . . . . . ► ☐ Yes ☐ No

**4 Election for child and dependent care credit:**

Elect spouse's nontaxable combat pay as earned income  
for child and dependent care credit? . . . . . ► ☐ Yes ☐ No

**C** You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment 5,172.

Amount due \_\_\_\_\_

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Prior Year Earned Income Election Smart Worksheet**

Election to use 2019 earned income for Earned Income Credit

The "Yes" box must be marked on Line A for 2019 earned income to be used for EIC calculations.

**A Elect to use 2019 earned income for EIC** . . . . . ► ☐ Yes ☒ No

**B** Earned income for EIC from your 2019 return . . . . . 16,604.

**C** Current year earned income for EIC . . . . . 44,725.

If Line C is equal to or greater than Line B the taxpayer is not eligible to use 2019 earned income for EIC calculations.

**D** You may compare the tax benefit of electing to use 2020 Earned Income by checking the boxes on line A

Overpayment 5,172.

Amount due \_\_\_\_\_

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Investment Income Smart Worksheet**

<b>A</b>	Taxable and tax exempt interest . . . . .	_____
<b>B</b>	Dividend income . . . . .	_____
<b>C</b>	Capital gain net <b>income</b> . . . . .	_____
<b>D</b>	Royalty and rental of personal property net <b>income</b> . . . . .	_____
<b>E</b>	Passive activity net <b>income</b> :	
<b>1</b>	Rental real estate net income or loss . . . . .	_____
<b>2</b>	Farm rental net income or loss . . . . .	_____
<b>3</b>	Partnerships and S corporations net income or loss . . . . .	_____
<b>4</b>	Estates and trusts net income or loss . . . . .	_____
<b>5</b>	Total of lines 1 through 4 . . . . .	_____
<b>6</b>	Total passive activity net <b>income</b> , line 5 if greater than zero . . . . .	_____
<b>F</b>	Interest and dividends from Forms 8814 . . . . .	_____
<b>G</b>	Adjustments . . . . .	_____
<b>H</b>	<b>Total investment income</b> , add lines A through G . . . . .	_____ 0 .

Is line H, **total investment income** over \$3,650?

- ☒ **No.** You may take the credit.
- ☐ **Yes. Stop.** You **cannot** take the credit.



# 2020 Form M1, Individual Income Tax

<u>MOTI T</u> Your First Name and Initial	<u>BEGNA</u> Your Last Name	<u>477399655</u> Your Social Security Number (SSN)	<u>10031997</u> Your Date of Birth
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number	Spouse's Date of Birth
<u>15945 GRANADA AVE</u> Current Home Address	<u>APPLE VALLEY</u> City	<u>MN</u> <u>55124</u> State ZIP Code	Check if Address is: <input type="checkbox"/> New <input type="checkbox"/> Foreign

## 2020 Federal Filing Status (place an X in one box):

☒ (1) Single
 ☐ (2) Married Filing Jointly
 ☐ (3) Married Filing Separately
 ☐ (4) Head of Household
 ☐ (5) Qualifying Widow(er)

Spouse Name \_\_\_\_\_  
 Spouse SSN \_\_\_\_\_

## Dependents (see instructions):

Dependent 1 First Name _____	Dependent 1 Last Name _____	Dependent 1 SSN _____	Dependent 1 Relationship to You _____
Dependent 2 First Name _____	Dependent 2 Last Name _____	Dependent 2 SSN _____	Dependent 2 Relationship to You _____
Dependent 3 First Name _____	Dependent 3 Last Name _____	Dependent 3 SSN _____	Dependent 3 Relationship to You _____

## State Elections Campaign Fund

To grant \$5 to this fund, enter the code for the party of your choice. It will help candidates for state offices pay campaign expenses. This will not increase your tax or reduce your refund.

### Political Party Code Numbers:

Your Code _____	Spouse's Code _____	Republican—11	Independence—13	Green—15	Legal Marijuana Now—17
		Democratic/Farmer-Labor—12	Grassroots/Legalize Cannabis—14	Libertarian—16	General Campaign Fund—99

## From Your Federal Return (see instructions)

<u>44725</u> A. Wages, salaries, tips, etc.	<u>0</u> B. IRA, pensions, and annuities	<u>0</u> C. Unemployment	<u>32325</u> D. Federal taxable income
--	---	-----------------------------	---

<b>1</b>	<b>Federal adjusted gross income</b> (from line 11 of federal Form 1040 and 1040-SR) . . . . .	<b>1</b> ■	<u>44725</u>
<b>2</b>	<b>Additions to Minnesota income</b> from line 17 of Schedule M1M (see instructions; enclose Schedule M1M) . . . . .	<b>2</b> ■	_____
<b>3</b>	<b>Add lines 1 and 2.</b> . . . . .	<b>3</b>	<u>44725</u>
<b>4</b>	<b>Itemized deductions</b> (from Schedule M1SA) or your <b>standard deduction</b> (see instructions) . . . . .	<b>4</b> ■	<u>12400</u>
<b>5</b>	<b>Exemptions</b> (determine from instructions) . . . . .	<b>5</b> ■	_____
<b>6</b>	<b>State income tax refund</b> from line 1 of federal Schedule 1. . . . .	<b>6</b> ■	_____
<b>7</b>	<b>Other subtractions</b> from Minnesota income from line 47 of Schedule M1M (see instructions; enclose Schedule M1M) . . . . .	<b>7</b> ■	_____
<b>8</b>	<b>Total subtractions.</b> Add lines 4 through 7. . . . .	<b>8</b>	<u>12400</u>
<b>9</b>	<b>Minnesota taxable income.</b> Subtract line 8 from line 3. If zero or less, leave blank. . . . .	<b>9</b>	<u>32325</u>
<b>10</b>	<b>Tax</b> from the table in the Form M1 instructions . . . . .	<b>10</b>	<u>1809</u>
<b>11</b>	<b>Alternative minimum tax</b> (enclose Schedule M1MT) . . . . .	<b>11</b> ■	_____



**Mail to:** Minnesota Individual Income Tax, St. Paul, MN 55145-0010  
1555





# Minnesota Information Worksheet

2020

► Keep for your records

## Part I — Personal Information

### Taxpayer:

First Name . . . . . Moti  
 Middle Initial . . . . . T Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . Begna  
 Social Security No. . . 477-39-9655  
 Date of Birth . . . . . 10/03/1997  
 Age as of 1-1-2021. . . 23  
 Date of Death . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . (952) 200-9973 \* ☒  
 Extension . . . . . \_\_\_\_\_  
 Home Phone . . . . . \_\_\_\_\_ \* ☐  
 Street Address . . . . 15945 Granada Ave Apartment . . . . . \_\_\_\_\_  
 City . . . . . Apple Valley State . MN ZIP Code . . . 55124-6319  
 County . . . . . \_\_\_\_\_ Check box if foreign address . . . . . ☐

### Spouse:

First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name (if different) \_\_\_\_\_  
 Social Security No. . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_  
 Age as of 1-1-2021. . . \_\_\_\_\_  
 Date of Death . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . \_\_\_\_\_ \* ☐  
 Extension . . . . . \_\_\_\_\_

\* Check one of these boxes to print optional daytime phone number

## Part II — Main Form

☒ Full-year resident filing Form M1 . . . . . ► \_\_\_\_\_  
☐ Part-year resident filing Form M1 . . . . . ► \_\_\_\_\_  
☐ Nonresident filing Form M1 . . . . . ► \_\_\_\_\_  
 Taxpayer. . . . MN resident from: \_\_\_\_\_ to: \_\_\_\_\_ Resident 12/31/2020 of . . . \_\_\_\_\_  
 Spouse. . . . MN resident from: \_\_\_\_\_ to: \_\_\_\_\_ Resident 12/31/2020 of . . . \_\_\_\_\_  
 Nonresidents and part-year residents must also complete Schedule M1NR. . . . . ► \_\_\_\_\_

## Part III — Filing Status

☒ Single  
☐ Married filing joint  
☐ Married filing separate  
☐ Head of household  
☐ Qualifying widow(er)  
☐ Taxpayer eligible to claim spouse's exemption  
☐ Taxpayer **did not** live with spouse at any time during the year

## Part IV — Other Information

### Property Tax Refund

☐ You are filing Form M1PR to claim a Homeowner's or Renter's Property Tax Refund

### State Driver's License and ID Card

Minnesota does not require state driver's license or state ID card information.

### Taxpayer

☐  
☐  
☐  
☐

### Spouse

☐  
☐  
☐  
☐

Age 65 or over?  
 Blind?  
 Disabled?  
 Paid premiums in 2020 for a qualified long-term care insurance policy? (See Tax Help)

### Decedent Information:

☐ You are filing a joint return with your deceased spouse and a personal representative has **not** been appointed

**Standard Deduction/Itemized Deductions**

- ☐ Married filing separately and spouse itemizes deductions  
☐ Itemize even if Minnesota itemized deductions are less than standard deduction  
☐ Use Minnesota standard deduction even if less than itemized deductions

**Farmer Information:**

- ☐ At least two-thirds of gross income was derived from farming or commercial fishing

**Stillborn Children Information:**

- ☐ You experienced the birth of a stillborn child in 2020.

**First-Time Homebuyer Information:**

- ☐ You opened a qualified first-time homebuyer savings account in 2020.

**American Indian Information:**

If you are an enrolled member of an American Indian Tribe, enter income earned on the reservation while living on the reservation . . . \_\_\_\_\_

**Active Duty Military:**

- ☐ Resident of Minnesota on federal active duty stationed outside Minnesota for part or all of 2020  
☐ Resident of a state other than Minnesota and on federal active duty

**Credit for Past Military Service:**

Check the boxes below only if you have been separated from military service and meet the conditions below:

- ☐ Taxpayer was honorably discharged and receives a military pension or retirement pay for service, or served in military at least 20 years, or has 100% total/permanent service-related disability  
☐ Spouse was honorably discharged and receives a military pension or retirement pay for service, or served in military at least 20 years or has 100% total/permanent service-related disability

**Part V — Preparer Information**

**Yes No**

- ☐ ☐ Is the Minnesota Department of Revenue authorized to discuss this return with the third-party designee indicated on the federal return?

Self prepared and Non-paid prepared returns to be e-filed **must** have the following info for the submitter:

Preparer Name . . . . . \_\_\_\_\_

Preparer PTIN . . . . . \_\_\_\_\_

**Part VI — Direct Deposit or Direct Debit Information**

**Yes No**

- ☒ ☐ Do you want to elect direct deposit of state tax refund?  
\* See Tax Help for refund expectation  
☐ ☐ Do you want to elect direct deposit of property tax refund?  
☐ ☐ Do you want to elect direct debit of state tax payment? (Electronic Filing Only)  
☐ ☐ Do you want to elect electronic funds withdrawal of state tax payment? (EF Only)

If you selected any of the options above, fill out the information below:

Name of financial institution (optional) . . . . . Wells Fargo  
Routing number . . . . . 091000019  
Account number . . . . . 2835320355  
Type of account . . . . . Checking ☒ Savings ☐  
Enter the payment date to withdraw from the account above . . . . .

**International ACH Transactions:**

Yes No  
☐ ☒ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

State balance-due amount from this return . . . . .  
Enter an amount to debit the account above . . . . .

**Direct deposit information for Property Tax Refund:**

Name of financial institution (optional) . . . . .  
Routing number . . . . .  
Account number . . . . .  
Type of account . . . . . Checking ☐ Savings ☐

**International ACH Transactions:**

Yes No  
☐ ☐ Will the funds for Property Tax Refund go to an account outside the U.S.?

**State e-file disclosure consent:**

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Minnesota Department of Revenue, as applicable by law.

**Part VII — Extension Status**

Yes No  
☐ ☒ Tax return due date extended?  
Extended due date . . . . .

**QuickZoom** to Form M13, Income Tax Extension Payment . . . . . ►

**Part VIII — Amended Return**

☐ Filing a Minnesota amended return  
Enter the tax year you are amending . . . . .  
Previous Minnesota payment made with applicable adjustments (see M1X instructions). . . . .  
Previous Minnesota refund received with applicable adjustments (see M1X instructions) . . . . .

**Confirm Prior Returns Amount received or paid Yes :** ☐

**QuickZoom** here to Form M1X: Amended Income Tax Return . . . . . ►

**QuickZoom** to Form M1, Individual Income Tax Return (Main Form) . . . . . ►

**QuickZoom** to Form M1PR, Property Tax Refund . . . . . ►

# Tax Payments Worksheet

**2020**

► Keep for your records

Name Moti T Begna	Social Security Number 477-39-9655
----------------------	---------------------------------------

## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
5	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
6	Overpayment from previous year applied to current year . . . . .	6	
7	Amount paid with current year extension . . . . .	7	
8	<b>Total tax payments . . . . .</b>	<b>8</b>	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	2,531.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-NEC . . . . .	b	
c	State withholding on Forms 1099-G . . . . .	c	
d	State withholding on Forms 1099-K . . . . .	d	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld . . . . .</b>	14	2,531.
15	Date return will be filed and balance paid . . . . .	15	

# Additional Nontaxable Income Worksheet

**2020**

► Keep for your records

Name as Shown on Return  
Moti T Begna

Social Security Number  
477-39-9655

## Part I - Additional Nontaxable Income

1	Payment received under the state Medicaid Home & Community-Based Services Waiver (Medicaid Waiver) . . . . .	1	
2	Workers' compensation benefits . . . . .	2	
3	Contributions to deferred compensation plans, such as a 401(k), 403(b), 457, or SIMPLE/SEP plan . . . . .	3	
4	Contribution made to a dependent care account as shown on Form W-2 . . . . .	4	
5	Contribution made to a medical expense account as shown on Form W-2 . . . . .	5	
6	Nontaxable employee transit and parking expenses . . . . .	6	
7	Veterans' benefits . . . . .	7	
8	Nontaxable scholarships, fellowships, grants for education, including those from foreign sources, and tuition waivers or reductions . . . . .	8	3,171.
9	Nontaxable pension and annuity payments, including disability payments . . . . .	9	
10	Federally nontaxed interest and mutual fund dividends . . . . .	10	
11	Income excluded by a tax treaty . . . . .	11	
12	Rent reduction received for being a caretaker . . . . .	12	
13	Housing allowance for military . . . . .	13	
14	Housing allowance for clergy . . . . .	14	
15	Nontaxable military earned income, such as combat pay . . . . .	15	
16	Strike benefits . . . . .	16	
17	Employer-paid education expenses . . . . .	17	
18	Employer-paid adoption expenses . . . . .	18	
19	Gain on the sale of your home excluded from federal income . . . . .	19	
20	Total debt forgiveness income not included in federal adjusted gross income . . . . .	20	
21	Lump-sum distribution reported on line 1 of Schedule M1LS . . . . .	21	
22 a	Unemployment compensation excluded from federal adjusted gross income . . . . .	22 a	
b	Other nontaxable income. Enter the type(s) of income below:  _____ . . . . .	b	
<b>For M1PR filers only:</b>			
23	Alimony received excluded from federal income . . . . .	23	
24	Distributions from a ROTH or traditional IRA not included in federal adjusted gross income, including distributions made to charity . . . . .	24	
25	Adjustment from Schedule M1NC . . . . .	25	

## Part II - Losses and Deductions

1	Capital loss carryforward . . . . .	1	
2	Net operating loss carryforward/carryback . . . . .	2	
3	Passive activity loss that is not disallowed as a result of section 469, paragraph (i) of the Internal Revenue Code and the amount of passive activity loss carryover allowed under section 469(b) of the Internal Revenue Code . . . . .	3	
4	Prior year passive activity loss carryforward claimed in current year for federal purposes . . . . .	4	
5	Health savings account deduction . . . . .	5	
6	Archer MSA deduction . . . . .	6	
7	Educator expenses deduction . . . . .	7	
8	Tuition and fees deduction . . . . .	8	

**Schedule M1SA**  
**Line 26**

Minnesota  
**Limited Itemized Deductions Worksheet**  
► Keep for your records

**2020**

Name as Shown on Return  
Moti T Begna

Social Security No.  
477-39-9655

<b>1</b>	Enter the amount from line 25 of Schedule M1SA . . . . .	<b>1</b>	
<b>2</b>	Enter the total of amounts from lines 4, 13, and 19 . . . . .	<b>2</b>	
<b>3</b>	Subtract step 2 from step 1. If the result is zero or less, <b>STOP HERE</b> and enter 0 on line 26 . . . . .	<b>3</b>	
<b>4</b>	Multiply step 3 by 80% (.80) . . . . .	<b>4</b>	
<b>5</b>	Enter the amount from line 1 of Form M1 or line 34 of Schedule M1NC . . . . .	<b>5</b>	
<b>6</b>	Enter \$197,850 (\$98,925 if married filing separate) . . . . .	<b>6</b>	
<b>7</b>	Subtract step 6 from step 5 . . . . .	<b>7</b>	
<b>8</b>	Multiply line 7 by 3% (.03) . . . . .	<b>8</b>	
<b>9</b>	Enter the smaller of step 4 or step 8. Enter result here and on line 26 . . . . . <b>If married filing separate returns, each spouse must complete a separate Worksheet for Line 26.</b>	<b>9</b>	

Name(s) Shown on Return

Moti T Begna

Your Social Security Number

477-39-9655

**Part I 2021 Estimated Tax Amount Options****1 Select One of Six Ways to Calculate the Required Annual Payment for 2021 Estimates:**

- a 100% (110%) of **2020** taxes (default, see Tax Help) . . . . . ☒ 1,809.
- b 100% of tax on 2021 estimated taxable income . . . . . ☐ 1,803.
- c 90% of tax on **2021** estimated taxable income . . . . . ☐ 1,623.
- d 66-2/3% of tax on **2021** estimated taxable income (farmers and fishermen) . . . . . ☐ 1,202.
- e Equal to 100% of overpayment (no vouchers) . . . . . ☐ 722.
- f Enter total amount you want to use for estimates and check box . . . . . ☐ ►

**2 Selected estimated tax amount:**

- a 2021 Required Annual Payment based on your choice above . . . . . 1,809.
- b Estimated amount of 2021 state income tax withholding . . . . . 2,531.
- c **Total of estimated tax payments required for 2021** (line 2a less line 2b) . . . . . 0.

**3 Select Estimated Tax Payment option:**

- a Calculate estimates if \$500 or more (default) . . . . . ☒
- b Calculate estimates if \_\_\_\_\_ (specify amount) or more . . . . . ☐
- c Calculate estimates regardless of amount . . . . . ☐
- d Do **not** calculate estimates . . . . . ☐

**Part II Overpayment Application Options**

- 1 Amount of overpayment available (Form M1, line 30) . . . . . 722.

**2 Select Overpayment Application Amount Option:**

- a Apply none (refund entire overpayment) . . . . . ☒
- b Apply all (increase estimate if required) . . . . . ☐
- c Apply to extent of total estimated tax and refund excess . . . . . ☐
- d Apply to extent of first quarter amount and refund excess . . . . . ☐
- e Enter amount you want to apply . . . . . ☐ ►
- f Amount applied to 2021 estimated tax . . . . . 0.
- g Overpayment to be refunded (line 1 less line 2f) . . . . . 722.

**3 Select Overpayment Application Sequence:**

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

**Part III Rounding and Printing Options****1 Select Rounding Option:**

- a ☒ ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

**2 Select Voucher Printing Option:**

- a ☐ ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☒ ◀ Do **not** print vouchers

**Part IV Estimated Tax Payment Summary**

	<b>1</b> Apr 15, 2021	<b>2</b> Jun 15, 2021	<b>3</b> Sep 15, 2021	<b>4</b> Jan 18, 2022	<b>Total</b>
<b>1</b> If you have already made payments, enter amounts . . . . .					
<b>2</b> Indicate which payment is due next. (e.g. if it is now April 25, 2021, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3</b> Required Payment . . . . .					
<b>4</b> Overpayment applied . . . . .					
<b>5</b> Net payment due . . . . .					
<b>6</b> Voucher amounts . . . . .					

**Part V** Changes to Income, Deductions and Withholding for 2021

2020 income and deductions are shown in the '2020 Actual' column below.

**\*Caution:** For each line in the '2021 Estimated' column, enter the estimated 2021 amount **if different** from 2020. Otherwise, the '2020 Actual' amount will be used for that line. If zero, you **must** enter zero.

		2020 Actual	2021 Estimated
Filing status:			
	<input checked="" type="checkbox"/> Single		<input type="checkbox"/> Single
	<input type="checkbox"/> Married filing joint		<input type="checkbox"/> Married filing joint
	<input type="checkbox"/> Married filing separate		<input type="checkbox"/> Married filing separate
	<input type="checkbox"/> Head of household		<input type="checkbox"/> Head of household
	<input type="checkbox"/> Qualifying widow(er)		<input type="checkbox"/> Qualifying widow(er)
1	Federal adjusted gross income . . . . .	44,725.	
2	Additions . . . . .		
3	Itemized deductions or standard deduction . . . . .	12,400.	
4	Number of dependent exemptions . . . . .		
5	Subtractions . . . . .		
6	Minnesota income tax withheld . . . . .	2,531.	
7	Nonrefundable credits . . . . .		
8	Refundable credits . . . . .		

**Part VI** 2021 Estimated Taxable Income and Tax

Filing Status:			
<input checked="" type="checkbox"/>	Single		
<input type="checkbox"/>	Married filing joint		
<input type="checkbox"/>	Married filing separate		
<input type="checkbox"/>	Head of household		
<input type="checkbox"/>	Qualifying widow(er)		
1	Estimated federal adjusted gross income . . . . .	1	44,725.
2	Additions . . . . .	2	
3	Itemized deductions or standard deduction . . . . .	3	12,400.
4	Multiply number of dependent exemptions in Part V by \$4,300 . . . . .	4	
5	Subtractions . . . . .	5	
6	Minnesota taxable income . . . . .	6	32,325.
7	Amount of tax from 2021 tax rate schedule . . . . .	7	1,803.
8	Alternative minimum tax . . . . .	8	
9	Other taxes (such as tax on lump-sum distributions or any recaptures) . . . . .	9	
10	Less nonrefundable credits . . . . .	10	
11	Net tax . . . . .	11	1,803.
12	Estimated refundable credits . . . . .	12	
13	2021 estimated income tax (subtract line 12 from line 11). If \$500 or more, fill out and file the estimated tax form along with your payment . . . . .	13	1,803.





**Tax Summary**  
 ► Keep for your records

**2020**

Name	
Moti T Begna	
<b>Federal adjusted gross income</b> . . . . .	44,725.
<b>Additions</b> . . . . .	
<b>Standard or itemized deductions</b> . . . . .	12,400.
<b>Dependent exemptions</b> . . . . .	
<b>Total subtractions</b> . . . . .	12,400.
<b>Minnesota taxable income</b> . . . . .	32,325.
<b>Minnesota tax</b> . . . . .	1,809.
<b>Nonrefundable credits</b> . . . . .	
<b>Contribution to Nongame Wildlife Fund</b> . . . . .	
<b>Total tax and contributions</b> . . . . .	1,809.
<b>Minnesota income tax withheld</b> . . . . .	2,531.
<b>Estimated tax and extension payments</b> . . . . .	
<b>Total Minnesota payments</b> . . . . .	2,531.
<b>Overpayment</b> . . . . .	722.
<b>Apply to next year's estimated tax</b> . . . . .	
<b>Refund to taxpayer</b> . . . . .	722.
<b>Tax amount owed</b> . . . . .	
<b>Underpayment penalty</b> . . . . .	
<b>Total amount owed</b> . . . . .	

**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 Moti T		Last name Begna		Your social security number 477-39-9655	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 15945 Granada Ave				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Apple Valley			State MN		ZIP code 551246319
Foreign country name		Foreign province/state/county		Foreign postal code	
<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 checked="" type="checkbox"/> You <input type="checkbox"/> Spouse					

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

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

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

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

Attach Sch. B if required.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	44,725.
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2b</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4b</b>	
<b>Standard Deduction for—</b> <ul style="list-style-type: none"><li>• Single or Married filing separately, \$12,400</li><li>• Married filing jointly or Qualifying widow(er), \$24,800</li><li>• Head of household, \$18,650</li><li>• If you checked any box under <i>Standard Deduction</i>, see instructions.</li></ul>	<b>5a</b>	Pensions and annuities . . . . .	<b>5b</b>	Taxable amount . . . . .
	<b>6a</b>	Social security benefits . . . . .	<b>6b</b>	Taxable amount . . . . .
	<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>	0.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	44,725.
	<b>10</b>	Adjustments to income:		
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>	
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	44,725.
<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	12,400.	
<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>		
<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>	12,400.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	32,325.	

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	3,682.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	3,682.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	1,461.
<b>21</b>	Add lines 19 and 20	<b>21</b>	1,461.
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	2,221.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	2,221.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	6,419.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	6,419.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC)	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	974.
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	974.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	7,393.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	5,172.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	5,172.
Direct deposit? See instructions.	<b>b</b> Routing number 091000019 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 2835320355		
	<b>36</b> Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
For details on how to pay, see instructions.	<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee**

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

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here**

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

Your signature _____ Date _____	Your occupation Entry Level Software Engineer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, <b>both</b> must sign. _____ Date _____	Spouse's occupation _____	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) _____

Phone no. (952) 200-9973 Email address \_\_\_\_\_

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name <b>Self-Prepared</b>				
Firm's address			Phone no.	Firm's EIN

**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

► **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. **03**

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

Moti T Begna

**Your social security number**

477-39-9655

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	1,461.
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> _____	<b>6</b>	
<b>7</b>	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	<b>7</b>	1,461.

**Part II Other Payments and Refundable Credits**

<b>8</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>8</b>	
<b>9</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>9</b>	
<b>10</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>10</b>	
<b>11</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>11</b>	
<b>12</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>12a</b>	
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 . . . . .	<b>12b</b>	
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>12c</b>	
<b>d</b>	Other: _____	<b>12d</b>	
<b>e</b>	Deferral for certain Schedule H or SE filers (see instructions) . . . . .	<b>12e</b>	
<b>f</b>	Add lines 12a through 12e . . . . .	<b>12f</b>	
<b>13</b>	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	<b>13</b>	

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

BAA

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Schedule 3 (Form 1040) 2020

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **50**

Your social security number

477-39-9655

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	<b>1</b>	2,435.
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>2</b>	90,000.
<b>3</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>3</b>	44,725.
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .	<b>4</b>	45,275.
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>5</b>	10,000.
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	1.000
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . <input type="checkbox"/>	<b>7</b>	2,435.
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . . . .	<b>8</b>	974.

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .	<b>9</b>	1,461.
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	
<b>12</b>	Multiply line 11 by 20% (0.20) . . . . .	<b>12</b>	
<b>13</b>	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er) . . . . .	<b>13</b>	
<b>14</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>14</b>	
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>16</b>	
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	<b>18</b>	
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .	<b>19</b>	1,461.

Name(s) shown on return

Moti T Begna

Your social security number

477-39-9655



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return) Moti T Begna	<b>21</b> Student social security number (as shown on page 1 of your tax return) <div style="text-align: right;">477-39-9655</div>
<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution UNIVERSITY OF MINNESOTA  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 200 FRASER HALL PLEASANT ST SE MN 55455  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution. <div style="text-align: center;">41-6007513</div>	<b>b.</b> Name of second educational institution (if any)  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.
<b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
<b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.	
<b>25</b> Did the student complete the first 4 years of postsecondary education before 2020? See instructions. <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.	
<b>26</b> Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.	



**You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>	3,738.
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>	1,738.
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>	435.
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>	2,435.

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>	
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# Tax History Report

► Keep for your records

2020

Name(s) Shown on Return

Moti T Begna

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status . . . . .			Single	Single	Single
Total income . . . . .			9,465.	16,604.	44,725.
Adjustments to income					
Adjusted gross income			9,465.	16,604.	44,725.
Tax expense . . . . .			323.	812.	2,531.
Interest expense . . .					
Contributions . . . . .					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .			9,815.	12,200.	12,400.
Exemption amount . .			0.	0.	0.
QBI deduction . . . . .					
Taxable income . . . .			0.	4,404.	32,325.
Tax . . . . .				443.	3,682.
Alternative min tax . .					
Total credits . . . . .					1,461.
Other taxes . . . . .					
Payments . . . . .			600.	1,501.	7,393.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .			600.	1,058.	5,172.
Effective tax rate % . .			0.00	2.67	2.79
**Tax bracket % . . . .			10.0	10.0	12.0

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



## Smart Worksheets from your 2020 Minnesota Tax Return Attachment

SMART WORKSHEET FOR: Form 8863: Education Credits  
**Nonrefundable Credit -- Form 8863, Line 19**

<b>1</b>	Enter amount from line 18, Form 8863 . . . . .	<b>1</b>	
<b>2</b>	Enter amount from line 9, Form 8863 . . . . .	<b>2</b>	1,461.
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	1,461.
<b>4</b>	Enter the amount from Form 1040 or 1040-SR, line 12a . . . . .	<b>4</b>	3,682.
<b>5</b>	Enter the amount from Schedule 3 (Form 1040 or 1040-SR), lines 1 and 2, and the amount from Schedule R, line 22 . . . . .	<b>5</b>	
<b>6</b>	Subtract line 5 from line 4 . . . . .	<b>6</b>	3,682.
<b>7</b>	Enter the smaller of line 3 or line 6 here and on Form 8863, line 19. . . . .	<b>7</b>	1,461.