

**Federal
Tax Return**

ANIL and NEENA GOEL

2020

Claros & Wolverton Tax and Accounting Associates L
22082 Avonworth Sq
Broadlands, VA 20148
Phone: (703) 585-5001
Fax: (703) 260-6067
Tamera@cwtaxandassociates.com

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

OMB No. 1545-0074

- ▶ **ERO must obtain and retain completed Form 8879.**
 ▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶ 5420602021126kuurojy

Taxpayer's name ANIL GOEL	Social security number 010-82-8662
Spouse's name NEENA GOEL	Spouse's social security number 178-82-9699

Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	214,890
2	Total tax	2	27,147
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	6,971
4	Amount you want refunded to you	4	0
5	Amount you owe	5	20,481

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☐ I authorize Claros & Wolverton Tax and Accounting Associates L to enter or generate my PIN 18862
ERO firm name
 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- ☒ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- ☐ I authorize Claros & Wolverton Tax and Accounting Associates L to enter or generate my PIN 19699
ERO firm name
 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- ☒ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication—Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 54206010158
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Tamera D Wolverton Date ▶ 5/17/2021

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Form **8879** (Rev. 01-2021)

HTA

ANIL and NEENA GOEL

010-82-8662

1040, Page 1:

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	109,926	77,516	-32,410	-29%
2a	Tax-exempt interest	2a			0	0%
b	Taxable interest	2b	590	234	-356	-60%
3a	Qualified dividends	3a			0	0%
b	Ordinary dividends	3b			0	0%
4a	IRA distributions	4a			0	0%
b	Taxable amount	4b			0	0%
5a	Pensions and annuities	5a			0	0%
5b	Taxable amount	5b			0	0%
6a	Social security benefits	6a			0	0%
b	Taxable amount	6b			0	0%
7	Capital gain or (loss) (Schedule D)	7		768	768	0%
8	Other income (from Schedule 1)	8	196,547	136,372	-60,175	-31%
9	Total income	9	307,063	214,890	-92,173	-30%
10a	Adjustments to income (from Schedule 1)	10a			0	0%
b	Charitable contributions if you take the standard deduction	10b			0	0%
c	Total adjustments to income	10c			0	0%
11	Adjusted Gross Income (AGI)	11	307,063	214,890	-92,173	-30%
12	Standard deduction or itemized deductions	12	27,063	25,420	-1,643	-6%
13	Qualified business income deduction	13	39,317	25,530	-13,787	-35%
14	Add lines 12 and 13	14	66,380	50,950	-15,430	-23%
15	Taxable income	15	240,683	163,940	-76,743	-32%
Schedule 1: Additional Income						
1	Taxable refunds of state and local income taxes	1			0	0%
2a	Alimony received	2a			0	0%
3	Business income or (loss) (Schedule C)	3			0	0%
4	Other gains or (losses). Attach Form 4797	4			0	0%
5	Rents, royalties, partnerships, etc. (Schedule E)	5	196,547	125,588	-70,959	-36%
6	Farm income or (loss). Attach Schedule F	6			0	0%
7	Unemployment compensation	7		10,692	10,692	0%
8	Other income	8		92	92	0%
9	Total additional income	9	196,547	136,372	-60,175	-31%
Schedule 1: Adjustments to Income						
10	Educator expenses	10			0	0%
11	Certain business expenses (Form 2106)	11			0	0%
12	Health savings account deduction. Attach Form 8889	12			0	0%
13	Moving expenses. Attach Form 3903	13			0	0%
14	Deductible part of self-employment tax	14			0	0%
15	Self-employed SEP, SIMPLE, and qualified plans	15			0	0%
16	Self-employed health insurance deduction	16			0	0%
17	Penalty on early withdrawal of savings	17			0	0%
18a	Alimony paid	18a			0	0%
19	IRA deduction	19			0	0%
20	Student loan interest deduction	20			0	0%
21	Tuition and fees. Attach Form 8917	21			0	0%
22	Total adjustments to income	22	0	0	0	0%

	Prior Year	Current Year	Difference	%
1040, Page 2:				
16 Tax	46,113	27,647	-18,466	-40%
17 Additional tax (from Schedule 2)			0	0%
18 Add lines 16 and 17	46,113	27,647	-18,466	-40%
19 Child tax credit or credit for other dependents		500	500	0%
20 Nonrefundable credits (from Schedule 3)			0	0%
21 Add lines 19 and 20		500	500	0%
22 Subtract line 21 from line 18	46,113	27,147	-18,966	-41%
23 Other taxes (from Schedule 2)	2,168		-2,168	-100%
24 Total tax	48,281	27,147	-21,134	-44%
25 Federal income tax withheld from:				
a Form(s) W-2		6,971	6,971	0%
b Form(s) 1099			0	0%
c Other forms			0	0%
d Total income tax withheld	9,833	6,971	-2,862	-29%
26 Estimated tax payments			0	0%
27 Earned income credit			0	0%
Nontaxable combat pay			0	0%
28 Additional child tax credit (Form 8812)			0	0%
29 American opportunity credit (Form 8863)			0	0%
30 Recovery rebate credit. See instructions			0	0%
31 Other payments and refundable credits (from Schedule 3)	15,000		-15,000	-100%
32 Add lines 27 through 31	15,000	0	-15,000	-100%
33 Total payments	24,833	6,971	-17,862	-72%
34 Amount overpaid	0	0	0	0%
35a Amount to be refunded to you	0	0	0	0%
36 Amount to be applied to next year's estimated tax			0	0%
37 Amount you owe	24,264	20,481	-3,783	-16%
38 Penalty for underpayment of estimated tax	816	305	-511	-63%
Schedule 2: Tax				
1 Alternative minimum tax (Form 6251)			0	0%
2 Excess advance premium tax credit repayment			0	0%
3 Add lines 1 and 2	0	0	0	0%
Schedule 2: Other Taxes				
4 Self-employment tax (Schedule SE)			0	0%
5 Unreported social security and Medicare tax			0	0%
6 Tax on IRAs/qual. retirement plans (Form 5329)			0	0%
7a Household employment taxes from Sch H			0	0%
b First-time homebuyer credit repayment			0	0%
8 Other taxes	2,168		-2,168	-100%
9 Section 965 net tax liability installment from Form 965-A			0	0%
10 Total other taxes. Add lines 4 through 8	2,168	0	-2,168	-100%
Schedule 3: Nonrefundable Credits				
1 Foreign tax credit. Attach Form 1116 if required			0	0%
2 Credit for child and dependent care expenses (Form 2441)			0	0%
3 Education credits from Form 8863			0	0%
4 Retirement savings contributions credit (Form 8880)			0	0%
5 Residential energy credit. Attach Form 5695			0	0%
6 Other credits			0	0%
7 Total nonrefundable credits	0	0	0	0%
Schedule 3: Other Payments and Refundable Credits				
8 Net premium tax credit (Form 8962)			0	0%
9 Amount paid with Form 4868 (extension request)	15,000		-15,000	-100%
10 Excess social security and tier 1 RRTA tax withheld			0	0%
11 Credit for federal tax on fuels (Form 4136)			0	0%
12 Other payments or refundable credits:				
a Form 2439			0	0%
b Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202			0	0%
c Health coverage tax credit from Form 8885			0	0%
d Other credits			0	0%
e Deferral for certain Schedule H or SE filers			0	0%
f Add lines 12a through 12e	0	0	0	0%
13 Total other payments and refundable credits	15,000	0	-15,000	-100%

			Prior Year	Current Year	Difference	%	
Medical and Dental Expenses	1	Medical and dental expenses	1		0	0%	
	3	AGI threshold amount	3	0	16,117	0%	
	4	Total medical and dental. Subtract line 3 from line 1	4	0	0	0%	
Taxes Paid	5a	State and local income taxes or general sales taxes	5a	5,314	3,703	-1,611	-30%
	b	State and local real estate taxes	5b	7,185	7,511	326	5%
	c	State and local personal property taxes	5c	429	816	387	90%
	d	Add lines 5a through 5c	5d	12,928	12,030	-898	-7%
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if MFS)	5e	10,000	10,000	0	0%
	6	Other taxes	6			0	0%
	7	Add lines 5e and 6	7	10,000	10,000	0	0%
Interest You Paid	8a	Home mortgage interest and points	8a	7,133	6,010	-1,123	-16%
	b	Home mortgage interest not reported to you on Form 1098	8b			0	0%
	c	Points not reported to you on Form 1098	8c			0	0%
	d	Mortgage insurance premiums	8d			0	0%
	e	Add lines 8a through 8d	8e	7,133	6,010	-1,123	-16%
	9	Investment interest	9			0	0%
	10	Add lines 8e and 9	10	7,133	6,010	-1,123	-16%
Gifts to Charity	11	Gifts by cash or check	11	9,790	9,410	-380	-4%
	12	Other than by cash or check	12			0	0%
	13	Carryover from prior year	13			0	0%
	14	Add lines 11 through 13	14	9,790	9,410	-380	-4%
Casualty and Theft Losses	15	Casualty or theft loss(es) (Form 4684)	15			0	0%
Other Itemized Deductions	16	Other itemized deductions	16			0	0%
Total Itemized Deductions	17	Total itemized deductions	17	27,063	25,420	-1,643	-6%

Schedule C Activities

	Prior Year	Current Year	Difference	%
Sch C: 01 - EDUCATION	0	0	0	0%
Total Schedule C Activities	0	0	0	0%

Schedule E, Page 1 Activities

	Prior Year	Current Year	Difference	%
Sch E: COMMERCIAL	0	0	0	0%
Total Schedule E, Page 1 Activities	0	0	0	0%

Schedule E, Page 2 Activities

Part II - Income or Loss From Partnerships and S Corps	Prior Year	Current Year	Difference	%
SHREERAM LLC	0	-175	-175	0%
SHREERAM LLC	0	-609	-609	0%
INFORMATION CONSULTING SERVICES LLC	0	128,830	128,830	0%
NITAI INC	0	-2,458	-2,458	0%
Total Income or Loss From Partnerships and S Corps	0	125,588	125,588	0%
Part III - Income or Loss From Estates and Trusts	Prior Year	Current Year	Difference	%
Total Income or Loss From Estates and Trusts	0	0	0	0%
Part IV - Income or Loss From REMICs				
	0	0	0	0%
Net Farm Rental Income or Loss from Form 4835	Prior Year	Current Year	Difference	%
Total Net Farm Rental Income or Loss from Form 4835	0	0	0	0%
Total Schedule E, Page 2 Activities	0	125,588	125,588	0%

Activity
Principal business or profession
Business Name

Sch C: 01 - EDUCATION
EDUCATION

			Prior Year	Current Year	Difference	%
1	Gross receipts or sales	1		91,052	91,052	0%
2	Returns and allowances	2		0	0	0%
3	Subtract line 2 from line 1	3	0	91,052	91,052	0%
4	Cost of goods sold	4		0	0	0%
5	Gross profit. Subtract line 4 from line 3	5	0	91,052	91,052	0%
6	Other income	6		0	0	0%
7	Gross income. Add lines 5 and 6	7	0	91,052	91,052	0%
8	Advertising	8		0	0	0%
9	Car and truck expenses	9		0	0	0%
10	Commissions and fees	10		0	0	0%
11	Contract labor	11		0	0	0%
12	Depletion	12		0	0	0%
13	Depreciation	13		0	0	0%
14	Employee benefit programs	14		0	0	0%
15	Insurance (other than health)	15		0	0	0%
16	Interest:					
16a	Mortgage (paid to banks, etc.)	16a		0	0	0%
b	Other	16b		0	0	0%
17	Legal and professional services	17		0	0	0%
18	Office expense (see instructions)	18		0	0	0%
19	Pension and profit-sharing plans	19		0	0	0%
20	Rent or lease (see instructions):					
20a	Vehicles, machinery, and equipment	20a		0	0	0%
b	Other business property	20b		0	0	0%
21	Repairs and maintenance	21		0	0	0%
22	Supplies (not included in Part III)	22		0	0	0%
23	Taxes and licenses	23		0	0	0%
24	Travel and meals:					
a	Travel	24a		0	0	0%
b	Deductible meals (see instructions)	24b		0	0	0%
25	Utilities	25		0	0	0%
26	Wages (less employment credits)	26		0	0	0%
27a	Other expenses	27a		91,052	91,052	0%
28	Total expenses	28	0	91,052	91,052	0%
29	Tentative profit or loss	29	0	0	0	0%
30	Expenses for business use of home	30		0	0	0%
31	Net profit or loss	31	0	0	0	0%

Activity
Physical address of property
Type of Property

Sch E: COMMERCIAL
44075 PIPELINE PLAZA 104 ASHBURN, VA 20148
4 - Commercial

			Prior Year	Current Year	Difference	%
3	Rents received	3		30,000	30,000	0%
4	Royalties received	4		0	0	0%
5	Advertising	5		0	0	0%
6	Auto and travel	6		0	0	0%
7	Cleaning and maintenance	7		820	820	0%
8	Commissions	8		0	0	0%
9	Insurance	9		0	0	0%
10	Legal and other professional fees	10		475	475	0%
11	Management fees	11		0	0	0%
12	Mortgage interest paid to banks, etc.	12		11,442	11,442	0%
13	Other interest	13		0	0	0%
14	Repairs	14		0	0	0%
15	Supplies	15		0	0	0%
16	Taxes	16		3,658	3,658	0%
17	Utilities	17		3,602	3,602	0%
18	Depreciation expense or depletion	18		11,586	11,586	0%
19	Other expenses	19		0	0	0%
20	Total expenses	20	0	31,583	31,583	0%
21	Tentative gain or loss	21	0	-1,583	-1,583	0%
22	Deductible rental real estate loss after limitation	22		0	0	0%
	Net gain/loss		0	0	0	0%

Activity SHREERAM LLC

28g	Passive loss allowed	28g
28h	Passive income from Schedule K-1	28h
28i	Nonpassive loss allowed from Schedule K-1	28i
28j	Section 179 expense deduction	28j
28k	Nonpassive income from Schedule K-1	28k
29a	Total income	29a
b	Total loss	29b

Prior Year	Current Year	Difference	%
0	0	0	0%
0	0	0	0%
0	175	175	0%
0	0	0	0%
0	0	0	0%
0	0	0	0%
0	175	175	0%

CLIENT COPY

Activity SHREERAM LLC

			Prior Year	Current Year	Difference	%
28g	Passive loss allowed	28g	0	0	0	0%
28h	Passive income from Schedule K-1	28h	0	0	0	0%
28i	Nonpassive loss allowed from Schedule K-1	28i	0	609	609	0%
28j	Section 179 expense deduction	28j	0	0	0	0%
28k	Nonpassive income from Schedule K-1	28k	0	0	0	0%
29a	Total income	29a	0	0	0	0%
b	Total loss	29b	0	609	609	0%

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Activity INFORMATION CONSULTING SERVICES LLC

			Prior Year	Current Year	Difference	%
28g	Passive loss allowed	28g	0	0	0	0%
28h	Passive income from Schedule K-1	28h	0	0	0	0%
28i	Nonpassive loss allowed from Schedule K-1	28i	0	0	0	0%
28j	Section 179 expense deduction	28j	0	0	0	0%
28k	Nonpassive income from Schedule K-1	28k	0	128,830	128,830	0%
29a	Total income	29a	0	128,830	128,830	0%
b	Total loss	29b	0	0	0	0%

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Activity NITAI INC

28g	Passive loss allowed	28g
28h	Passive income from Schedule K-1	28h
28i	Nonpassive loss allowed from Schedule K-1	28i
28j	Section 179 expense deduction	28j
28k	Nonpassive income from Schedule K-1	28k
29a	Total income	29a
b	Total loss	29b

Prior Year	Current Year	Difference	%
0	0	0	0%
0	0	0	0%
0	2,458	2,458	0%
0	0	0	0%
0	0	0	0%
0	0	0	0%
0	2,458	2,458	0%

CLIENT COPY

**DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
 IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

5420602021126kuufpiw

Your Name	B Your Social Security Number	
ANIL GOEL	010-82-8662	
Spouse's Name	A Spouse's Social Security Number	
NEENA GOEL	178-82-9699	

Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)	0.	214890.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)	0.	204198.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)	0.	177661.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)	0.	9699.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)	2752.	951.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		6168.
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		0.

Part II Declaration of Taxpayer and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Taxpayer's e-File PIN: check one box only

☐ I authorize the ERO named below to enter my e-File PIN 18862 as my signature on my 2020 e-filed Virginia individual income tax return.

Do not enter all zeros

ERO Firm Name

☒ I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature _____ Date _____

Spouse's e-File PIN: check one box only

☐ I authorize the ERO named below to enter my e-File PIN 19699 as my signature on my 2020 e-filed Virginia individual income tax return.

Do not enter all zeros

ERO Firm Name

☒ I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's Signature _____ Date _____

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 54206010158

Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature Tamera D Wolverton Date 06142021

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2020

Form 1040-V Payment Voucher

- Use this voucher when making a payment with Form 1040
- Do not staple this voucher or your payment to Form 1040
- Make your check or money order payable to the "United States Treasury"
- Write your Social Security Number (SSN) on your check or money order

Amount you are paying
by check or money order ►

Dollars
20,630

1833

ANIL AND NEENA GOEL
42767 RAVENGLASS DR
ASHBURN, VA 20148

Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

010828662 KQ GOEL 30 0 202012 610

ANIL and NEENA GOEL
42767 RAVENGLASS DR
ASHBURN, VA 20148

Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000



Cut along solid line

Cut along solid line

ANIL and NEENA GOEL
42767 RAVENGLASS DR
ASHBURN, VA 20148

Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000



Form **4868**

Department of the Treasury
Internal Revenue Service (99)

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

For calendar year 2020, or other tax year beginning

, 2020, and ending

1833

2020

ANIL and NEENA GOEL
42767 RAVENGLASS DR

ASHBURN, VA 20148

010-82-8662

178-82-9699

Line 4 - Estimate of total tax liability for year	\$	16,196
Line 5 - Total payments		1,674
Line 6 - Balance due. Subtract line 5 from line 4. (see instructions)		14,522
Line 7 - Amount you're paying (see instructions)		0
Line 8 - Check here if you're "out of the country" and a U.S. citizen or resident (see instructions)		▶
Line 9 - Check here if you file Form 1040NR and didn't receive wages as an employee subject to U.S. income tax withholding		▶

010828662 KQ GOEL 30 0 202012 670

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 ANIL		Last name GOEL		Your social security number 010-82-8662	
If joint return, spouse's first name and middle initial NEENA		Last name GOEL		Spouse's social security number 178-82-9699	
Home address (number and street). If you have a P.O. box, see instructions. 42767 RAVENGLASS DR				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. ASHBURN			State VA	ZIP code 20148	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
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
ARJUN	GOEL	044-04-8997	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	77,516
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	768
8	Other income from Schedule 1, line 9	8	136,372
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	214,890
10	Adjustments to income:		
a	From Schedule 1, line 22	10a	
b	Charitable contributions if you take the standard deduction. See instructions	10b	
c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	0
11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	214,890
12	Standard deduction or itemized deductions (from Schedule A)	12	25,420
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	25,530
14	Add lines 12 and 13	14	50,950
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	163,940

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16 27,647
17 Amount from Schedule 2, line 3	17 _____
18 Add lines 16 and 17	18 27,647
19 Child tax credit or credit for other dependents	19 500
20 Amount from Schedule 3, line 7	20 _____
21 Add lines 19 and 20	21 500
22 Subtract line 21 from line 18. If zero or less, enter -0-	22 27,147
23 Other taxes, including self-employment tax, from Schedule 2, line 10	23 _____
24 Add lines 22 and 23. This is your total tax	24 27,147
25 Federal income tax withheld from:	
a Form(s) W-2	25a 6,971
b Form(s) 1099	25b _____
c Other forms (see instructions)	25c _____
d Add lines 25a through 25c	25d 6,971
26 2020 estimated tax payments and amount applied from 2019 return	26 _____
27 Earned income credit (EIC)	27 _____
28 Additional child tax credit. Attach Schedule 8812	28 _____
29 American opportunity credit from Form 8863, line 8	29 _____
30 Recovery rebate credit. See instructions	30 _____
31 Amount from Schedule 3, line 13	31 _____
32 Add lines 27 through 31. These are your total other payments and refundable credits	32 0
33 Add lines 25d, 26, and 32. These are your total payments	33 6,971
34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34 _____
35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a _____
b Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d Account number _____	
36 Amount of line 34 you want applied to your 2021 estimated tax	36 _____
37 Subtract line 33 from line 24. This is the amount you owe	37 20,481
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	
38 Estimated tax penalty (see instructions)	38 305

Refund
Direct deposit?
See instructions.
☒ **b** Routing number _____ **c** Type: ☐ Checking ☐ Savings
☒ **d** Account number _____

Amount You Owe
For details on how to pay, see instructions.
37 20,481
38 305

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 **Tamera D Wolverton** Phone no. **(703) 585-5001** Personal identification number (PIN) **10158**

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 **5/6/2021** Your occupation **EDUCATION** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Spouse's signature. If a joint return, **both** must sign. _____ Date **5/6/2021** Spouse's occupation **SOFTWARE PROGRAMER** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____
Phone no. **(703) 565-3342** Email address **ANIL.GOEL@MYEXAMSPREP.COM**

Paid Preparer Use Only
Preparer's name **Tamera D Wolverton** Preparer's signature **Tamera D Wolverton** Date **6/14/2021** PTIN **P00392196** Check if: ☐ Self-employed
Firm's name **Claros & Wolverton Tax and Accounting Associates L** Phone no. **(703) 585-5001**
Firm's address **22082 Avonworth Sq, Broadlands, VA 20148** Firm's EIN **83-1940486**

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

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

ANIL and NEENA GOEL

Your social security number

010-82-8662

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	125,588
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	10,692
8	Other income. List type and amount ▶ Sub payments - 1099-MISC	8	92
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	136,372

Part II Adjustments to Income

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

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

Schedule 1 (Form 1040) 2020

HTA

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**

OMB No. 1545-0074

2020Department of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form2210 for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **06**

Name(s) shown on tax return

ANIL and NEENA GOEL

Identifying number

010-82-8662

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than \$1,000?

Yes → **Don't file Form 2210.** You don't owe a penalty.

No → Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?

Yes → You **don't** owe a penalty. **Don't** file Form 2210 unless **box E** in Part II applies, then file **page 1** of Form 2210.

No → You may owe a penalty. Does any box in Part II below apply?

Yes → You **must** file Form 2210. Does box **B, C, or D** in Part II apply?

No → **Don't file Form 2210.** You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but **don't file Form 2210.**

Yes → You **must** figure your penalty.

You **aren't** required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210.**

Part I Required Annual Payment

1	Enter your 2020 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	27,147
2	Other taxes, including the portion of 2020 self-employment tax to which the estimated tax requirement applies and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	
3	Refundable credits, including the premium tax credit (see instructions)	3	()
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	27,147
5	Multiply line 4 by 90% (0.90)	5	24,432
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	6,971
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	20,176
8	Maximum required annual payment based on prior year's tax (see instructions)	8	52,009
9	Required annual payment. Enter the smaller of line 5 or line 8	9	24,432

Next: Is line 9 more than line 6?☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.• If box **B, C, or D** applies, you must figure your penalty and file Form 2210.• If box **A or E** applies (but not **B, C, or D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210.****Part II Reasons for Filing.** Check applicable boxes. If none apply, **don't** file Form 2210.

- A** ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B** ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C** ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D** ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E** ☐ You filed or are filing a joint return for either 2019 or 2020, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B, C, or D** applies).

Part III Short Method**Can You Use the Short Method?**

You can use the short method if:

- You made no estimated tax payments (or your only payments were withheld federal income tax), **or**
- You paid the same amount of estimated tax on each of the four payment due dates.

Must You Use the Regular Method?

You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late,
- You checked box **C** or **D** in Part II, **or**
- You're filing Form 1040-NR and you didn't receive wages as an employee subject to U.S. income tax withholding.

Note: If any payment was made earlier than the due date, you can use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

10	Enter the amount from Form 2210, line 9		10	24,432
11	Enter the amount, if any, from Form 2210, line 6	11	6,971	
12	Enter the total amount, if any, of estimated tax payments you made . .	12		
13	Add lines 11 and 12	13	6,971	
14	Total underpayment for year. Subtract line 13 from line 10. If zero or less, stop ; you don't owe a penalty. If the amount on line 14 was paid on or before 1/15/21, do not use the short method. Don't file Form 2210 unless you checked box E in Part II.	14	17,461	
15	Multiply line 14 by 0.01744	15	305	
16	<ul style="list-style-type: none"> • If the amount on line 14 was paid on or after 4/15/21, enter -0- • If the amount on line 14 was paid after 1/15/21 and before 4/15/21, make the following computation to find the amount to enter on line 16. <div style="display: flex; justify-content: space-between; align-items: center;"> <div>Amount on line 14</div> <div>X</div> <div>Number of days paid before 4/15/21</div> <div>X</div> <div>0.00008</div> </div>	16	0	
17	Penalty. Subtract line 16 from line 15. Enter the result here and on Form 1040, 1040-SR, or 1040-NR, line 38; or Form 1041, line 27. Don't file Form 2210 unless you checked a box in Part II.	17	305	

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2020

Attachment
Sequence No. **07**

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

Your social security number

010-82-8662

ANIL and NEENA GOEL

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

- | | | | |
|---|---|---|---------|
| 1 | Medical and dental expenses (see instructions) | 1 | |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 2 | 214,890 |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 16,117 |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0 |

**Taxes You
Paid**

- | | | | |
|---|--|----|--------|
| 5 | State and local taxes. | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 5a | 3,703 |
| b | State and local real estate taxes (see instructions) | 5b | 7,511 |
| c | State and local personal property taxes | 5c | 816 |
| d | Add lines 5a through 5c | 5d | 12,030 |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 10,000 |
| 6 | Other taxes. List type and amount | 6 | |
| 7 | Add lines 5e and 6 | 7 | 10,000 |

**Interest
You Paid**

Caution: Your mortgage interest deduction may be limited (see instructions).

- | | | | |
|----|---|----|-------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | |
| a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 6,010 |
| b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | 8b | |
| | Name | | |
| | Address | | |
| | TIN | | |
| c | Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| d | Mortgage insurance premiums (see instructions) | 8d | |
| e | Add lines 8a through 8d | 8e | 6,010 |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | |
| 10 | Add lines 8e and 9 | 10 | 6,010 |

**Gifts to
Charity**

Caution: If you made a gift and got a benefit for it, see instructions.

- | | | | |
|----|---|----|-------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 9,410 |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | |
| 13 | Carryover from prior year | 13 | |
| 14 | Add lines 11 through 13 | 14 | 9,410 |

**Casualty and
Theft Losses**

- | | | | |
|----|--|----|--|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | |
|----|--|----|--|

**Other
Itemized
Deductions**

- | | | | |
|----|---|----|--|
| 16 | Other—from list in instructions. List type and amount | 16 | |
|----|---|----|--|

**Total
Itemized
Deductions**

- | | | | |
|----|--|----|--------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | 17 | 25,420 |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | |

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR.

Schedule A (Form 1040) 2020

HTA

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2020

Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Your social security number

ANIL and NEENA GOEL

010-82-8662

Part I

Interest

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

CAPITAL ONE N.A.

Amount

234

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b. ▶

234

234

234

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II

Ordinary Dividends

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5** List name of payer ▶
- TD AMERITRADE
- Subtotal
- Less: Nominee distribution

1,127

1,127

-1,127

- 6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b. ▶

0

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a** At any time during 2020, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.
- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶
- 8** During 2020, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.

Yes	No

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

Schedule B (Form 1040) 2020

HTA

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2020

Attachment
Sequence No. **09**

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor ANIL GOEL		Social security number (SSN) 010-82-8662
A Principal business or profession, including product or service (see instructions) EDUCATION		B Enter code from instructions ▶ 611000
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ▶ 42767 RAVENGLASS DR City, town or post office, state, and ZIP code ASHBURN VA 20148		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2020, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	91,052
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	91,052
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	91,052
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6	▶	7	91,052

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

8 Advertising 8 9 Car and truck expenses (see instructions) 9 10 Commissions and fees 10 11 Contract labor (see instructions) 11 12 Depletion 12 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) 13 14 Employee benefit programs (other than on line 19) 14 15 Insurance (other than health) 15 16 Interest (see instructions): a Mortgage (paid to banks, etc.) 16a b Other 16b 17 Legal and professional services 17	18 Office expense (see instructions) 18 19 Pension and profit-sharing plans 19 20 Rent or lease (see instructions): a Vehicles, machinery, and equipment 20a b Other business property 20b 21 Repairs and maintenance 21 22 Supplies (not included in Part III) 22 23 Taxes and licenses 23 24 Travel and meals: a Travel 24a b Deductible meals (see instructions) 24b 25 Utilities 25 26 Wages (less employment credits) 26 27a Other expenses (from line 48) 27a b Reserved for future use 27b	28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶ 28 29 Tentative profit or (loss). Subtract line 28 from line 7 29 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30. 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.
		28 91,052
		29 0
		31
		32a <input type="checkbox"/> All investment is at risk.
		32b <input type="checkbox"/> Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		0
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0

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

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

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

NOMINEE TO INFORMATION CONSULTING SERVICES	91,052
48 Total other expenses. Enter here and on line 27a	48 91,052

SCHEDULE D
(Form 1040)**Capital Gains and Losses**

OMB No. 1545-0074

2020Department of the Treasury
Internal Revenue Service (99)

- **Attach to Form 1040, 1040-SR, or 1040-NR.**
- **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
- **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Attachment
Sequence No. **12**

Name(s) shown on return

ANIL and NEENA GOEL

Your social security number

010-82-8662

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

☐

Yes

☒

No

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

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	1,383,923	1,387,998	4,843	768
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	11,529	10,830	-699	0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				0
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6 ()	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	768

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				0
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14 ()	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back			15	0

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

Schedule D (Form 1040) 2020

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> ● If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. ● If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. ● If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p> <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p> <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> ● The loss on line 16; or ● (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>	<p>16</p> <p>18</p> <p>19</p> <p>21</p>	<p>768</p> <p></p> <p></p> <p>()</p>
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Sales and Other Dispositions of Capital Assets

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

Name(s) shown on return

ANIL and NEENA GOEL

Social security number or taxpayer identification number

010-82-8662

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	TD AMERITRADE SHORT A	VARIOUS	12/31/2020	1,383,155	1,387,998	N	4,843	0
	TD AMERITRADE FURTURES	VARIOUS	12/31/2020	768				768
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			1,383,923	1,387,998		4,843	768

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales and Other Dispositions of Capital Assets

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

Name(s) shown on return

ANIL and NEENA GOEL

Social security number or taxpayer identification number

010-82-8662

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	TD AMERITRADE SHORT B	VARIOUS	12/31/2020	11,529	10,830	N	-699	0
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).			11,529	10,830		-699	0

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

ANIL and NEENA GOEL

Your social security number

010-82-8662

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

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

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

1a Physical address of each property (street, city, state, ZIP code)

A 44075 PIPELINE PLAZA 104 ASHBURN, VA 20148

B

C

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	4			A 365		<input type="checkbox"/>
B				B		<input type="checkbox"/>
C				C		<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income: **Properties:** **A** **B** **C**

3 Rents received **3** 30,000

4 Royalties received **4**

Expenses: **5**

6 Advertising **6**

7 Auto and travel (see instructions) **7**

8 Cleaning and maintenance **8** 820

9 Commissions **9**

10 Insurance **10**

11 Legal and other professional fees **11** 475

12 Management fees **12**

13 Mortgage interest paid to banks, etc. (see instructions) **13** 11,442

14 Other interest **14**

15 Repairs **15**

16 Supplies **16**

17 Taxes **17** 3,658

18 Utilities **18** 3,602

19 Depreciation expense or depletion **19** 11,586

20 Other (list) ▶ **20**

21 Total expenses. Add lines 5 through 19. **21** 31,583

22 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198**. **22** -1,583

23 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions). **23** () () ()

23a Total of all amounts reported on line 3 for all rental properties. **23a** 30,000

b Total of all amounts reported on line 4 for all royalty properties. **23b** 0

c Total of all amounts reported on line 12 for all properties. **23c** 11,442

d Total of all amounts reported on line 18 for all properties. **23d** 11,586

e Total of all amounts reported on line 20 for all properties. **23e** 31,583

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses. **24** 0

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here. **25** ()

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2. **26** 0

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Name(s) shown on return. Do not enter name and social security number if shown on other side.

ANIL and NEENA GOEL

Your social security number

010-82-8662

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

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	INFORMATION CONSULTING SERVICES L	S	<input type="checkbox"/>	87-1700245	<input type="checkbox"/>	<input type="checkbox"/>
B	NITAI INC	S	<input type="checkbox"/>	20-2732318	<input type="checkbox"/>	<input type="checkbox"/>
C	SHREERAM LLC	P	<input type="checkbox"/>	83-2508095	<input type="checkbox"/>	<input type="checkbox"/>
D	SHREERAM LLC	P	<input type="checkbox"/>	83-2508095	<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				128,830
B		2,458		
C		175		
D		609		
29a Totals				128,830
b Totals		3,242		
30 Add columns (h) and (k) of line 29a			30	128,830
31 Add columns (g), (i), and (j) of line 29b			31	(3,242)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31.			32	125,588

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36.			37 0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39	0

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5.	41	125,588
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions.	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules.	43	

Alternative Minimum Tax—Individuals▶ Go to www.irs.gov/Form6251 for instructions and the latest information.

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

2020Attachment
Sequence No. **32**

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

Your social security number

ANIL and NEENA GOEL

010-82-8662

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

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	163,940
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12	2a	10,000
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8	2b	()
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 8. Enter as a positive amount	2e	
f	Alternative tax net operating loss deduction	2f	()
g	Interest from specified private activity bonds exempt from the regular tax	2g	
h	Qualified small business stock, see instructions	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	
m	Passive activities (difference between AMT and regular tax income or loss)	2m	
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	
o	Circulation costs (difference between regular tax and AMT)	2o	
p	Long-term contracts (difference between AMT and regular tax income)	2p	
q	Mining costs (difference between regular tax and AMT)	2q	
r	Research and experimental costs (difference between regular tax and AMT)	2r	
s	Income from certain installment sales before January 1, 1987	2s	()
t	Intangible drilling costs preference	2t	
3	Other adjustments, including income-based related adjustments	3	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$745,200, see instructions.)	4	173,940

Part II Alternative Minimum Tax (AMT)

5	Exemption. IF your filing status is . . . Single or head of household . . . \$ 518,400 . . . \$ 72,900 Married filing jointly or qualifying widow(er) . . . 1,036,800 . . . 113,400 Married filing separately . . . 518,400 . . . 56,700 IF line 4 is over the amount shown above for your filing status, see instructions.	AND line 4 is not over . . . THEN enter on line 5 . . .	5	113,400
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10		6	60,540
7	<ul style="list-style-type: none"> If you are filing Form 2555, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. All others: If line 6 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result. 		7	15,740
8	Alternative minimum tax foreign tax credit (see instructions)		8	
9	Tentative minimum tax. Subtract line 8 from line 7		9	15,740
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line (see instructions)		10	27,647
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1		11	0

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

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2020Department of the Treasury
Internal Revenue Service▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

ANIL and NEENA GOEL

010-82-8662

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Sch C: 01	010-82-8662	0
ii	Sch E: COMMERCIAL	010-82-8662	0
iii	INFORMATION CONSULTING SERVICES LLC	87-1700245	127,820
iv	NITAI INC	20-2732318	0
v	SHREERAM LLC	83-2508095	-175

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	2	127,645	
3	Qualified business net (loss) carryforward from the prior year.	3	(0)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	127,645	
5	Qualified business income component. Multiply line 4 by 20% (0.20).	5	25,529	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions).	6	5	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	7	(0)	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	5	
9	REIT and PTP component. Multiply line 8 by 20% (0.20).	9	1	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9.	10	25,530	
11	Taxable income before qualified business income deduction.	11	189,470	
12	Net capital gain (see instructions).	12	0	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	189,470	
14	Income limitation. Multiply line 13 by 20% (0.20).	14	37,894	
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return. ▶	15	25,530	
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0)	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2020)

HTA

Continuation of Line 1: Qualified Business Income (8995)

	Trade or Business Name	Taxpayer Identification Number	Qualified Business Income or (Loss)
6	SHREERAM LLC	83-2508095	0
7			
8			
9			
10			
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50			

**Net Investment Income Tax—
Individuals, Estates, and Trusts**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8960 for instructions and the latest information.**

OMB No. 1545-2227

2020Attachment
Sequence No. **72**

Name(s) shown on your tax return

ANIL and NEENA GOEL

Your social security number or EIN

010-82-8662

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	234
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	125,588
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	-125,588
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	768
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	768
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	92
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	1,094

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	19
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	19
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	19

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-	12	1,075
Individuals:			
13	Modified adjusted gross income (see instructions)	13	214,890
14	Threshold based on filing status (see instructions)	14	250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0
16	Enter the smaller of line 12 or line 15	16	0
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	0
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	0
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	0
20	Enter the smaller of line 18c or line 19c	20	0
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	0

Passive Activity Loss Limitations

2020

Attachment
Sequence No. 858Department of the Treasury
Internal Revenue Service (99)

► See separate instructions.
 ► Attach to Form 1040, 1040-SR, or 1041.
 ► Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

Identifying number

ANIL and NEENA GOEL

010-82-8662

Part I 2020 Passive Activity Loss**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(1,583)	
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()	
d Combine lines 1a, 1b, and 1c.	1d	(1,583)	

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	()	
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()	
c Add lines 2a and 2b	2c	()	

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	()	
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()	
d Combine lines 3a, 3b, and 3c.	3d		0

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	(1,583)	
--	----------	-----------	--

If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5	1,583	
6 Enter \$150,000. If married filing separately, see instructions	6	150,000	
7 Enter modified adjusted gross income, but not less than zero. See instructions	7	214,890	
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.			
8 Subtract line 7 from line 6	8	0	
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9		0
10 Enter the smaller of line 5 or line 9	10		0
If line 2c is a loss, go to Part III. Otherwise, go to line 15.			

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	0	
12 Enter the loss from line 4	12	0	
13 Reduce line 12 by the amount on line 10	13	0	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	0	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	0	
16 Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16		0

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2020)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Sch E: COMMERCIAL		1,583			1,583
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶	0	1,583	0		

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶	0	0	

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	0	0	0		

Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶		0	1.00	0	0

Worksheet 5—Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Sch E: COMMERCIAL	Sch E, Line 22	1,583	1.000000	1,583
Total ▶		1,583	1.00	1,583

Worksheet 6—Allowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Sch E: COMMERCIAL	Sch E, Line 22	1,583	1,583	
Total		1,583	1,583	0

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (see instructions)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total		0	1.00	0	0

Form **8867**Department of the Treasury
Internal Revenue Service**Paid Preparer's Due Diligence Checklist**

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status*

- To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
► Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

2020Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

ANIL and NEENA GOEL

Taxpayer identification number

010-82-8662

Enter preparer's name and PTIN

Tamera D Wolverton

P00392196

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply).

☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents provided by the taxpayer, if any, that you relied on: PRIOR YEAR _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

HTA

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

► **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2020

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return ANIL GOEL	Business or activity to which this form relates Sch E: COMMERCIAL - COMMERCIAL	Identifying number 010-82-8662
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	11,586
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	11,586
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2020)

Virginia State Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment
Sequence No. 179

Name(s) shown on return ANIL GOEL	Business or activity to which this form relates Sch E: COMMERCIAL - COMMERCIAL	Identifying number 010-82-8662
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Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	11,586
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	11,586
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2020)

Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2020

Summary of Qualified Property by Activity

	Activity	Unadjusted Cost or Basis
1	Sch C: 01	0
2	Sch E: COMMERCIAL	381,000
3	K-1 (1065): 01	0
4	K-1 (1065): 02	0
5	K-1 (1120S): 01	0
6	K-1 (1120S): 02	0

Detail of Qualified Property

	Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis
7	Sch E: COMMERCIAL	OFFICE	8/3/2015	39	6	324,144	100.00%	324,144
8	Sch E: COMMERCIAL	OFFICE FURNISHING	8/3/2015	5	6	56,856	100.00%	56,856

Electronic Filing Information (4868)

Signature Method (Note: When filing status is 'MFJ,' both filers must use PINs.)

- ☒ Practitioner PIN. Use only Section (A) below.
- ☐ Self-Select PIN. Use Sections (A) and (B) below.

PIN Information (Enter information below and then confirm the information on the 'PIN' tab)

(A) Practitioner and Self-Select PIN				(B) Self-Select PIN Only:		
	PIN (5 Digits)	T/S entered	ERO entered	Prior Year PIN	Prior Year AGI	Date of Birth
Taxpayer PIN:	18662	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Spouse PIN	19699	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Date Signed	5/17/2021					
ERO PIN	10158					

If e-filing Form 4868, you must fill out the 8878 (IRS e-file Signature Authorization Form).

EFIN

Enter your 6-digit EFIN number. Note: You must enter the EFIN through the Preparer Manager.
 EFIN: 542060

Submission ID

The Submission ID for this e-File will be computed automatically when an EFIN is entered above. It will only be regenerated if a 'Rejected by EFC' or 'Rejected by Agency' acknowledgment is received and the e-File is recreated.
 Submission ID: 5420602021126kuurocr

ERO

(Enter data in the Preparer Manager)

ERO's name Tamera D Wolverton			Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P00392196
Firm's name Claros & Wolverton Tax and Accounting Associates L			ERO's EIN 83-1940486	
Address 22082 Avonworth Sq			Phone (703) 585-5001	
City Broadlands	State VA	ZIP code 20148		

Preparer

(Enter data in the Preparer Manager)

Preparer's name Tamera D Wolverton			Non-paid prep type	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN P00392196
Firm's name Claros & Wolverton Tax and Accounting Associates L			EIN 83-1940486		
Address 22082 Avonworth Sq			Phone (703) 585-5001		
City Broadlands	State VA	ZIP code 20148			

Tax Year 2020 Jurat/Disclosure - Code I Text
Form 4868 using Practitioner PIN Method
(with Electronic Funds Withdrawal). Form 8878 is required.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send this form to IRS and to receive the following information from IRS: (a) Acknowledgment of receipt or reason for rejection of transmission, and (b) If delayed, reason for any delay in processing.

Electronic Funds Withdrawal Consent

I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Electronic Funds Withdrawal Consent by entering my PIN below

Taxpayer's PIN: 18662

Date (all numeric): 05/17/2021

Spouse's PIN: 19699

Date (all numeric): 05/17/2021

Line 1 (1040) - Wages, Salaries, Tips, etc.**W-2 Wages, Salaries, Tips, etc.**

		Filer	Spouse
1	Wages (W-2)	1 21,633	55,883
2	Statutory wages (Sch C, 1040)	2 0	0
3	Subtract line 2 from line 1	3 21,633	55,883
	Total W-2 Wages, Salaries, Tips, etc.		77,516

Non W-2 Wages, Salaries, Tips, etc.

4	Scholarship and fellowship grants not reported on W-2	4 0	0
5	Foreign employer compensation not reported on W-2	5 0	0
6	Wages received as a household employee. An employer is not required to provide a W-2	6	
7	Nonemployee compensation (1099-NEC)	7 0	0
8	Disability or deferrals (1099-R)	8 0	0
9	Excess reimbursement (2106)	9 0	0
10	Taxable dependent care benefits (2441)	10 0	0
11	Excess reimbursement (3903)	11 0	0
12	Taxable tips (4137)	12 0	0
13	Total wages (8919)	13 0	0
14	Taxable benefits (8839)	14 0	0
15	Excess salary deferrals (Different limits may apply. See instructions)	15	
16	Clergy excess allowance	16 0	0
17		17	
18		18	
19	Subtotal for filer and spouse	19 0	0
	Total Non W-2 Wages, Salaries, Tips, etc.		0

Total Wages, Salaries, Tips, etc.

20	Total wages, salaries, tips, etc.	20 21,633	55,883
	Less exclusion of prior year adoption benefits (8839)	0	0
	Less retired on disability public service officers (PSO) excluded insurance premiums	0	0
	Total		77,516

Line 19 (1040) - Child Tax Credit and Credit For Other Dependents**Part 1**

1	Number of qualifying children under 17 with the required social security number:	<u>0</u>	X \$2,000	1	<u>0</u>
2	Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number:	<u>1</u>	X \$500	2	<u>500</u>

CAUTION: Don't include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, don't include anyone you included on line 1.

3	Add lines 1 and 2	3	<u>500</u>
4	Enter the adjusted gross income from Form 1040	4	<u>214,890</u>
5	Enter the total of any -		
a	Exclusion of income from Puerto Rico	5a	<u>0</u>
b	Foreign earned income exclusion, housing exclusion or housing deduction from Form 2555.	5b	<u>0</u>
c	Income exclusion of bona fide residents of American Samoa from Form 4563	5c	<u>0</u>
	Add lines 5a, 5b and 5c. Enter the total	5	<u>0</u>
6	Add lines 4 and 5. Enter the total.	6	<u>214,890</u>
7	Enter the amount shown below for your filing status:		
*	Married filing jointly - \$400,000		
*	All other filing statuses - \$200,000	7	<u>400,000</u>
8	Is the amount on line 6 more than the amount on line 7?		
<input checked="" type="checkbox"/>	No. Leave line 8 blank. Enter -0- on line 9.		
<input type="checkbox"/>	Yes. Subtract line 7 from line 6. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.).	8	<u>0</u>
9	Multiply the amount on line 8 by 5% (0.05). Enter the result.	9	<u>0</u>
10	Is the amount on line 3 more than the amount on line 9?		
<input type="checkbox"/>	No. Stop. You cannot take the child tax credit or credit for other dependents on Form 1040. You also cannot take the additional child tax credit on Form 1040. Complete the rest of your Form 1040.		
<input checked="" type="checkbox"/>	Yes. Subtract line 9 from line 3. Enter the result. Go to Part 2	10	<u>500</u>

Part 2

11	Enter the tax from Form 1040	11	<u>27,647</u>
12	Add the following amounts from Form 1040:		
	Schedule 3, foreign tax credit	<u>0</u>	
	Schedule 3, credit for child and dependent care expenses	<u>0</u>	
	Schedule 3, education credits	<u>0</u>	
	Schedule 3, retirement savings contributions credit	<u>0</u>	
	Form 5695, nonbusiness energy property credit if applicable	<u>0</u>	
	Form 8910, personal use part of credit	<u>0</u>	
	Form 8936, personal use part of credit	<u>0</u>	
	Schedule R, credit for the elderly or the disabled	<u>0</u>	
	Enter the total	12	<u>0</u>
13	Subtract line 12 from line 11	13	<u>27,647</u>
14	Are you claiming any of the following credits?		
*	Mortgage interest credit, Form 8396.		
*	Adoption credit, Form 8839.		
*	Residential energy efficient property credit, Form 5695, Part I.		
*	District of Columbia first-time homebuyer credit, Form 8859.		
<input checked="" type="checkbox"/>	No. Enter -0-.		
<input type="checkbox"/>	Yes. If you are filing Form 2555, enter -0-.		
	Otherwise, complete the Line 14 Worksheet to figure the amount to enter here	14	<u>0</u>
15	Subtract line 14 from line 13. Enter the result	15	<u>27,647</u>
16	Is the amount on line 10 of this worksheet more than the amount on line 15?		
<input checked="" type="checkbox"/>	No. Enter the amount from line 10.		
<input type="checkbox"/>	Yes. Enter the amount from line 15. See the TIP below.	16	<u>500</u>

Enter this amount on Form 1040, line 19

Tip: You may be able to take the additional child tax credit on Form 1040 only if you answered "Yes" on line 16 and line 1 is more than zero.

- * First, complete your Form 1040 through earned income credit line (also complete excess social security and tier 1 RRTA tax withheld line).
- * Then, use Schedule 8812 to figure any additional child tax credit.

Line 14 Worksheet

1	Enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet	1	<u>0</u>
2	Number of qualifying children under 17 with the required social security number:	<u>0</u>	X \$1,400
2		2	<u>0</u>

TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.

3 Enter your earned income from the Earned Income Worksheet **3** _____ 0

4 Is the amount on line 3 more than \$2,500?
☐ No. Leave line 4 blank, enter -0- on line 5, and go to line 6.
☐ Yes. Subtract \$2,500 from the amount on line 3. Enter the result **4** _____ 0

5 Multiply the amount on line 4 by 15% (0.15) and enter the result. **5** _____ 0

6 On line 2 of this worksheet, is the amount \$4,200 or more?
☐ No.
 * If line 2 or line 5 above is zero, enter the amount from line 1 above on line 14 of this worksheet.
 Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit and Credit for Other Dependents Worksheet and do the following. Enter -0- on line 14, and complete lines 15 and 16.
 * If both line 2 and line 5 are more than zero, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12.
☐ Yes. If line 5 above is equal to or more than line 1 above, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12. Otherwise, go to line 7.
 If married filing jointly, include your spouse's amounts with yours when completing lines 7 and 8.

7 If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter; otherwise enter the total of the following amounts from Form(s) W-2:
 * Social security tax withheld from box 4, and
 * Medicare tax withheld from box 6 **7** _____ 0

8 Enter the total of any -
a Deductible part of self-employment tax and unreported social security and Medicare tax from Schedule 1 and Schedule 2 . **8a** _____ 0
b Any taxes that you identified using code "UT" and entered on the dotted line next to Schedule 2 line 8 . . . **8b** _____ 0
 Add lines 8a and 8b. Enter the total **8** _____ 0

9 Add lines 7 and 8. Enter the total **9** _____ 0

10 Enter the earned income credit and excess social security and tier 1 RRTA tax withheld from Form 1040 and Schedule 3 **10** _____ 0

11 Subtract line 10 from line 9. If the result is zero or less, enter -0- **11** _____ 0

12 Enter the larger of line 5 or line 11. **12** _____ 0

13 Enter the smaller of line 2 or line 12 **13** _____ 0

14 Is the amount on line 13 of this worksheet more than the amount on line 1?
☒ No. Subtract line 13 from line 1. Enter the result. **14** _____ 0
☐ Yes. Enter -0- **14** _____ 0

Next, figure the amount of any of the following credits that you are claiming.
 * Mortgage interest credit, Form 8396.
 * Adoption credit, Form 8839.
 * Residential energy efficient property credit, Form 5695, Part I.
 * District of Columbia first-time homebuyer credit, Form 8859.
 Then, go to line 15.

15 Enter the total of the amounts from -
a Mortgage interest credit, Form 8396 **15a** _____ 0
b Adoption credit, Form 8839 **15b** _____ 0
c Residential energy efficient property credit, Form 5695 **15c** _____ 0
d District of Columbia first-time homebuyer current year credit, Form 8859 **15d** _____ 0
15 _____ 0

Enter this amount on line 14 of the Child Tax Credit and Credit for Other Dependents Worksheet.

Late Payment / Filing Penalty and Interest (1040)

End of tax year	12/31/2020
Tax return due date	5/17/2021
Extension due date	10/15/2021
Taxes due with return	20,176

Late Payment Penalty

Enter the date that total payment will be made	6/15/2021
Number of months late	1
Monthly penalty rate for late payment	0.50%
Total late payment penalty	101

Late Filing Penalty

Enter the due date or extended due date if extension was filed	10/15/2021
Enter the date the tax return will be filed	6/15/2021
Number of months filed late	0
Monthly penalty rate for late filing	5.00%
A Total late filing penalty	0
If over 60 days late	
Number of days return will be filed late	0
B Late filing penalty	0
Total late filing penalty (larger of A or B)	0

Late Interest

Enter the due date for late interest	5/17/2021
Number of days return will be late	29
Quarterly interest rate(s)	

			Number of Days	Interest Rate Per Annum	Late Interest Due
1/1/2021	to	3/31/2021	0	3.00%	0.00
4/1/2021	to	6/30/2021	29	3.00%	48.15
7/1/2021	to	9/30/2021	0	0.00%	0.00
10/1/2021	to	12/31/2021	0	0.00%	0.00
1/1/2022	to	3/31/2022	0	0.00%	0.00
4/1/2022	to	6/30/2022	0	0.00%	0.00
7/1/2022	to	9/30/2022	0	0.00%	0.00
10/1/2022	to	12/31/2022	0	0.00%	0.00
1/1/2023	to	3/31/2023	0	0.00%	0.00
4/1/2023	to	6/30/2023	0	0.00%	0.00
7/1/2023	to	9/30/2023	0	0.00%	0.00
10/1/2023	to	12/31/2023	0	0.00%	0.00

Total late interest	48
-------------------------------	----

Total Late Payment/Filing Penalty and Interest 149

Explanation of suppressing the addition of calculated penalty and interest:

Line 5a (Sch A (1040)) - State and Local Taxes**State and local income taxes**

1 2019 state tax overpayment applied to your 2020 state estimated tax 1 0

2 2019 state tax payment paid with extension/return:

State:							
Payment Amount:							
Extension Amount:							

2 0

3 2019 state fourth quarter and other state estimates (paid in 2020):

State:							
Payment Amount:							

3 0

4 State quarterly estimated tax payments made in 2020 4 0

5 Other 2020 state estimated tax payments made in 2020 5 0

6 Amount of state and local income taxes withheld from Form W-2 for 2020 6 3,703

7 Amount of state and local income taxes withheld from Form W-2G for 2020 7 0

8 Amount of state and local income taxes withheld from Form 1099-R for 2020 8 0

9 Amount of state and local income taxes withheld from Form 1099-MISC for 2020 9 0

10 Amount of state and local income taxes withheld from Form 1099-NEC for 2020 10 0

11 Amount of state and local income taxes withheld from Form 1099-G for 2020 11 0

12 Amount of state income taxes withheld from Form 1099-K for 2020 12 0

13 Amount of state income taxes withheld from Form 1099-INT for 2020 13 0

14 Amount of state income taxes withheld from Form 1099-DIV for 2020 14 0

15 Amount of taxes included in excess deductions on termination from K-1 (1041) for 2020 15 0

16 Deductible state or local tax from Form W-2

a AK Employee paid AK State Unemployment 16a 0

b CA State Disability Insurance/ Paid Family Leave 16b 0

c KY Rural Economic Development Act 16c 0

d NJ State Disability Insurance 16d 0

e NJ Unemployment Insurance/Health Care/Workforce Development 16e 0

f NJ Family Leave Insurance program 16f 0

g NY Nonoccupational Disability Fund 16g 0

h RI Temporary Disability Insurance 16h 0

i WA Supplemental Workers Compensation Fund 16i 0

j PA Unemployment Insurance 16j 0

k Other deductible state or local tax 16k 0

State Use Only:

State:							
State's part of Ln 16k:							

I Total deductible state or local tax from Form W-2 16l 0

Other state and local taxes paid in 2020:

17 State 17

18 State 18

19 Income tax paid to U.S. possessions 19 0

20 Total state and local income taxes 20 3,703

State and local general sales taxes

Optional state sales tax

a Enter the adjusted gross income amount from Form 1040 a 214,890

Enter the amount of the following nontaxable items:

b Tax-exempt interest from Form 1040 b 0

c Veterans' benefits c

d Nontaxable combat pay d 0

e Workers' Compensation e

f Nontaxable part of social security/railroad retirement f 0

g Nontaxable part of IRA, pension, or annuity distributions g 0

h Public assistance payments h

i i

21 Add lines a through i, use this income with the tables in instructions 21 214,890

22 State VA

23 Days in state 366

24 Family size, while in state 3 0 0 0

25	Income	214,890	0	0	0
26	Enter amount from state sales tax tables	1,027	0	0	0
27	Multiply line 26 by line 23 divided by 366	1,027	0	0	0

Next. If, for all of 2020, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, or Rhode Island skip lines 28 through 35, enter -0- on line 36, and go to line 37. Otherwise, go to line 28.

☐

- 28 Did you live in Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi, Missouri, New York, North Carolina, South Carolina, Tennessee, Utah or Virginia in 2020?

☐ No

☐ No

☐ No

☐ No

☒ Yes

☐ Yes

☒ Yes

☐ Yes

If line 28 is No, skip lines 29 through 31 and go to 32.

- 29 Enter which optional table to use for the local general sales tax (see instructions)
- 30 Local general sales tax from tables (see instructions)
- 31 Multiply line 30 by line 23 divided by 366
- 32 Did your locality impose a local general sales tax in 2020? Residents of California and Nevada see instructions

B

255

255

☐ No

☐ Yes

0

0

☐ No

☒ Yes

0

0

☐ No

☐ Yes

0

0

☐ No

☐ Yes

If line 32 is No, skip lines 33 through 35, enter -0- on 36, and go to 37.

- 33 Enter local general sales tax rate

If line 28 is Yes, skip lines 34 and 35 and go to line 36.

- 34 Enter state general sales tax rate 0.00000% 0.00000% 0.00000% 0.00000%
- 35 Divide line 33 by line 34 0.0000 0.0000 0.0000 0.0000
- 36 If line 30 is zero, multiply line 27 by line 35, otherwise multiply line 31 by line 33 (If using line 33, omit percentage. Ex. if line 33 is 6% use 6.0) 0 0 0 0
- 37 General sales taxes paid on specified items
- 38 State and local general sales taxes 1,027 0 0 0

- 39 Enter the total of line 38 (all columns) 39 1,027

- 40 Actual state and local general sales tax 40

☐ Check if filing status is MFS and spouse used optional tables.

- 41 Total state and local general sales tax deduction. Enter the larger of line 39 or line 40 (if married filing separately, see instructions) 41 1,027

☐ Check ("X") this box to force state and local income taxes deduction.

☐ Check ("X") this box to force state and local general sales tax deduction.

- 42 State and local income tax/general sales tax deduction 42 3,703

Line 5b (Sch A (1040)) - State and Local Real Estate Taxes

		Home Office																																	
		1	2	3	4																														
1a	Principal residence					1a	7,511																												
1b	Principal residence					1b																													
	Total principal residence					1	7,511																												
2	Real estate taxes from Schedule E properties					2	0																												
<div style="display: flex; justify-content: space-between;"> <div> 3 Other real estate (not held for investment): a _____ b _____ c _____ d _____ e _____ </div> <div> <table border="0"> <thead> <tr> <th colspan="4">Home Office</th> </tr> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table> </div> <div> 3a _____ 3b _____ 3c _____ 3d _____ 3e _____ </div> </div>								Home Office				1	2	3	4																				
Home Office																																			
1	2	3	4																																
	Total other real estate (not held for investment)					3	0																												
4	a Real estate taxes on all properties not held for investment					4a	7,511																												
	b Real estate taxes allocated on Home Office Expense Worksheet					4b	0																												
	Subtract line 4b from line 4a					4	7,511																												
5	Real estate held for investment:																																		
	a _____					5a																													
	b _____					5b																													
	c _____					5c																													
	d _____					5d																													
	e _____					5e																													
	Total other real estate held for investment					5	0																												
6	Total state and local real estate taxes (add line 4 and line 5)					6	7,511																												

Line 5c (Sch A (1040)) - State and Local Personal Property Taxes

1	Non-business portion of vehicle personal property taxes from Vehicle Worksheets	1	0
2	PPTAX	2	453
3	PPTAX	3	363
4	_____	4	_____
5	_____	5	_____
6	_____	6	_____
7	Total	7	816

Line 8a (Sch A (1040)) - Home Mortgage Interest and Points on Form 1098

1 Lender's Name	NOT used to buy, build, or improve a qualified residence	USED for investment assets	Home Office				Total Mortgage Interest	Fully Deductible Points
			1	2	3	4		
a TRUIST BANK							1a 6,010	1a
b							1b	1b
c							1c	1c
d							1d	1d
e							1e	1e
f							1f	1f
g							1g	1g
h							1h	1h
i Mortgage interest from Schedule E							1i 0	1i
j Interest difference not reported above. Explain:							1j	1j

Total of line 1 1 6,010

Qualified Loan Limit - Part I

2 Enter the average balance of all your grandfathered debt. 2

3 Enter the average balance of all your home acquisitions debt. 3

☐ Check the box if the loan was taken out after December 15, 2017.

4 Enter \$1,000,000 (\$500,000 if married filing separately)* 4 1,000,000

5 Enter the LARGER of the amounts on line 2 or the amount on line 4 5 1,000,000

6 Add the amounts on lines 2 and 3. Enter the total here 6 0

7 Enter the SMALLER of the amount on line 5 or the amount on line 6. This is your qualified loan limit 7 0

* See Pub 936 for more details and exceptions.

Deductible Home Mortgage Interest - Part II

8 Enter the total of the average balances of all mortgages on all qualified homes. 8

If line 7 is less than line 8, Go on to line 9.

If line 7 is equal to or more than line 8, go to line 11. All of your interest on all the mortgages included on line 8 is deductible as home mortgage interest on Schedule A (Form 1040)

9 Enter the total amount of interest that you paid. 9 0

10 Divide the amount on line 7 by the amount on line 8. Enter as a decimal (rounded to 3 places) 10 0.000

11 Multiply the amount on line 9 by the decimal amount on line 10. If you skipped lines 9 & 10, enter amount from line 1. This is your DEDUCTIBLE HOME MORTGAGE INTEREST 11 6,010

a Deductible home mortgage interest for line 8a a 6,010

b Deductible home mortgage interest for line 8b b 0

12 Reductions in amounts deductible on Schedule A

a Subtract the amount on line 11a from the amount on line 9.

This is NOT home mortgage interest a 0

b Form 8396 allocation. b 0

c Mortgage interest and points allocated on Home Office Expense Worksheet c 0

d

Total of Lines 12b - 12d 12 0

13 Subtract line 12 from line 11a 13 6,010

Line 11 (Sch A (1040)) - Gifts By Cash or Check

	Type of Charity	Total:
3 From K1 Input Worksheet (1120S) - Charitable cash contributions (60%)	60%	3 1,010
Miscellaneous gifts by cash or check:		Total: 8,400
1 INTERNATIONAL GAUDIYA VEDANTA SOCIETY	60%	1 8,400

Line 1 (Sch C (1040)) - Gross Receipts or Sales

1	Gross receipts or sales NOT reported on 1099-MISC (non statutory employee income)		0
	Total	1	0
2	Miscellaneous income from Form 1099-MISC (Complete Form 1099-MISC input worksheet)		
	Total	2	0
3	Nonemployee compensation from Form 1099-NEC (Complete Form 1099-NEC input worksheet)		
	Total	3	0
4	Gross amount of payment card/third party network transactions from Form 1099-K (Complete Form 1099-K input worksheet)		
	Payer Name	Amount	
	1 INTUIT PAYMENT SOLUTIONS	91,052	
	Total	4	91,052
5	Statutory employee income from Form W-2 (Complete Form W-2 input worksheet)		
	Total	5	0
6	Professional gambler winnings from Form W2-G (Complete Form W2-G input worksheet)		
	Total	6	0
7	Gross profit on collected amounts from Installment sale of certain residential lots and timeshares	7	0
8	Total	8	91,052

Gain / Loss Summary (8949)

Federal		Short Term	Long Term
1	Proceeds (sales price)	1,395,452	0
2	Gain (Loss)	768	0
3	28% Gain (Loss)		0
AMT			
4	Proceeds (sales price)	1,395,452	0
5	Gain (Loss)	768	0
6	28% Gain (Loss)		0
State			
7	Proceeds (sales price)	1,395,452	0
8	Gain (Loss)	768	0

Other Income Not Reported on 1099-MISC (Sch E (1040) Page 1)

		Total	30,000	30,000
Property: COMMERCIAL		Income	Full	
Payer Name		Type	Amount	Allowed
1	RENTS	Rental	30,000	30,000

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Line 22 (Sch E (1040) Page 1) - Allowed Amounts for COMMERCIAL

	Amount Before Limitations	After At-Risk Limitation	After Passive Limitation	Current Year Allowed Amounts
Ordinary income (loss) excluding depreciation	10,003			
Depreciation (less Section 179)	-11,586			
Net ordinary income (loss) (less Section 179)	-1,583	-1,583	0	0
Short-term capital income (loss)	0	0	0	0
Long-term capital income (loss) - Non 28%	0	0	0	0
Long-term capital income (loss) - 28%	0	0	0	0
Section 1231 income (loss)	0	0	0	0
Ordinary income (loss) (Form 4797, Line 10)	0	0	0	0
			After Business Income*	
*Note: Please see Form 4562 for Section 179 limitations				
Section 179 expense	0	0	0	0
Total income (losses) and deductions	-1,583	-1,583	0	0

Amounts reported on Schedule E

	Regular	AMT
1 Passive loss allowed from Form 8582	1 0	0
2 Passive income	2 0	0
3 Nonpassive loss allowed	3 0	0
4 Nonpassive income	4 0	0
5 Add lines 1 through 4. Enter amount on Schedule E, Line 22	5 0	0

Summary of Section 199A Income for COMMERCIAL (Sch E (1040) Page 1)

	Amount Before Limitations	After At-Risk Limitation	After Passive Limitation	Current Year Allowed Amounts
Net ordinary income (loss) excluding Section 179	-1,583	-1,583	0	-1,583
Section 1231 loss	0	0	0	0
Ordinary income (loss) (Form 4797, Line 10)	0	0	0	0
Section 179 expense	0	0	0	0
Total income (losses) and deductions	-1,583	-1,583	0	-1,583

Line 22 (Sch E (1040) Page 1) - AMT Allowed Amounts for COMMERCIAL

	Amount Before Limitations	After At-Risk Limitation	After Passive Limitation	Current Year Allowed Amounts
Ordinary income (loss)	-1,583	-1,583	0	0
Short-term capital income (loss)	0	0	0	0
Long-term capital income (loss) - Non 28%	0	0	0	0
Long-term capital income (loss) - 28%	0	0	0	0
Section 1231 income (loss)	0	0	0	0
Ordinary income (loss) (Form 4797, Line 10)	0	0	0	0
			After Business Income*	
*Note: Please see Form 4562 for Section 179 limitations				
Section 179 expense	0	0	0	0
Total income (losses) and deductions	-1,583	-1,583	0	0

Line 2 (Sch SE (1040)) - Net Business Profit or (Loss) Worksheet

1a	From Schedule C (Form 1040) - Profit or Loss From Business	1a	0
1b	From Clergy Worksheet 3	1b	0
1c	Amount from line 1a or 1b whichever is applicable	1c	0
2	From 1099 NEC Input Worksheet - Self-employment income reported as other income	2	0
3	From K-1 Input Worksheet (1065) - Self-employment nonfarm income	3	-175
4	LESS from K-1 Input Worksheet (1065) - Sec. 179 expense deduction	4	0
5	LESS from K-1 Input Worksheet (1065) - Unreimbursed partnership expenses	5	0
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12	Total for net business profit or (loss)	12	-175

Line 2 (8880) - Employee Contributions

	(a) Filer	(b) Spouse
1 Section 401(k) elective deferrals (W-2, code D)	1 0	7,386
2 Section 403(b) elective deferrals (W-2, code E)	2 0	0
3 Section 402A Designated Roth contributions (W-2, codes AA and BB)	3 0	0
4 Section 457(b) Designated Roth contributions (W-2, code EE)	4 0	0
5 Section 408(k)(6) elective deferrals (SEP) (W-2, code F)	5 0	0
6 Section 457(b) deferred compensation plan (W-2, code G)	6 0	0
7 Section 501(c)(18)(D) elective deferrals (W-2, code H)	7 0	0
8 Contributions to a section 408(p) SIMPLE (W-2, code S)	8 7,367	0
9 Voluntary contributions to a qualified retirement plan (as defined in sec. 4974(c))	9	
10 Self-employed SEP and qualified plans	10 0	0
11	11	
12	12	
13 Total	13 7,367	7,386

Line 11 (8880) - Credit Limit Worksheet

1	Enter total tax from Form 1040 or Form 1040NR	1	27,647
2	Total of credits for foreign tax, child and dependent care expenses, education from Form 1040 or Form 1040NR, and credit for the elderly or the disabled from Schedule R	2	0
3	Subtract line 2 from line 1. If zero or less, stop; the credit cannot be claimed	3	27,647

Line 7 (8582) - Modified Adjusted Gross Income

Income			
1	Wages	1	77,516
2	Interest income before Series EE Bond exclusion	2	234
3	Dividend income	3	0
4	Tax refund	4	0
5	Alimony received	5	0
6	Nonpassive business income	6	0
7	Royalty and nonpassive rental activities income	7	0
8	Nonpassive partnership income	8	-784
9	Nonpassive S corporation income	9	126,372
10	Nonpassive farm rental income	10	0
11	Nonpassive farm income	11	0
12	Nonpassive estate and trust income	12	0
13	Real estate mortgage investment conduits	13	0
14	Form 4797, Part I		
	Federal	Passive	For MAGI
a	Section 1231 gain/loss (Form 4797)	0	0 14a 0
b	Section 1231 gain (Form 4684)	0	14b 0
c	Section 1231 gain (Form 6252)	0	14c 0
d	Section 1231 gain/loss (Form 8824)	0	14d 0
15	Form 4797, Part II		
	Federal	Passive	For MAGI
a	Ordinary gains (Form 4797)	0	0 15a 0
b	Ordinary gain/loss (Form 4684)	0	15b 0
c	Ordinary gains (Form 6252)	0	15c 0
d	Ordinary gains (Form 8824)	0	15d 0
e	Form 4797 nonpassive gains or losses reported on Form 1040		15e 0
16	Capital gains and losses	Total	Passive
			MAGI Amount
a	Capital gains and losses (Sch D)	768	0 16a 768
b	From Form 2439	0	16b 0
c	From Form 4684	0	16c 0
d	From Form 4797	0	16d 0
e	From Form 6252	0	16e 0
f	From Form 6781	0	16f 0
g	From Form 8824	0	16g 0
h	Gains and losses from Sch K-1	0	16h 0
i	Capital gain distributions		16i 0
j	Capital loss carryover		16j ()
k	Total nonpassive capital gains and losses		16k 768
l	Total nonpassive loss released by capital gains BEFORE limitation		16l 0
m	Remaining nonpassive loss subject to loss limitation		16m 0
n	Loss limitation (\$1,500 if MFS, \$3,000 for any other filing status)		16n -3,000
o	Nonpassive capital gains or losses after limitation		16o 768
17	Taxable IRA distributions	17	0
18	Taxable pensions distributions	18	0
19	Unemployment compensation	19	10,692
20	Other income	20	92
21	_____	21	
22	_____	22	
23	Total income. Add lines 1 through 22	23	214,890
Adjustments			
24	Educator expenses	24	0
25	Certain business expenses of reservists, performing artists, etc	25	0
26	Moving expenses	26	0
27	Self-employed health insurance deduction	27	0
28	Penalty on early withdrawals of savings	28	0
29	Alimony paid	29	0
30	Self-employed SEP, SIMPLE, and qualified plans	30	0
31	Health savings account deduction	31	0
32	Other adjustments	32	0
33	_____	33	
34	_____	34	
35	Total adjustments. Add lines 24 through 34	35	0
36	Exclusion amount from employer provided adoption assistance	36	0
37	Modified adjusted gross income. Line 23 minus line 35 plus line 36	37	214,890

Form **8582**

AMT Passive Activity Loss Limitations

OMB No. 1545-1008

2020

Department of the Treasury
Internal Revenue Service (99)

► **DO NOT FILE.**
► **Keep for your records.**

Attachment
Sequence No. **858**

Name(s) shown on return

ANIL and NEENA GOEL

Identifying number

010-82-8662

Part I 2020 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(1,583)
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	(
d Combine lines 1a, 1b, and 1c.	1d	(1,583)

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	(
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	(
c Add lines 2a and 2b.	2c	(

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	(
d Combine lines 3a, 3b, and 3c.	3d		0

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used.	4	(1,583)
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If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5		1,583
6 Enter \$150,000. If married filing separately, see instructions	6		150,000
7 Enter modified adjusted gross income, but not less than zero. See instructions	7		214,890
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.			
8 Subtract line 7 from line 6	8		0
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9		0
10 Enter the smaller of line 5 or line 9	10		0

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11		0
12 Enter the loss from line 4	12		0
13 Reduce line 12 by the amount on line 10	13		0
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14		0

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15		0
16 Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16		0

For Paperwork Reduction Act Notice, see instructions.

AMT Form **8582** (2020)

HTA

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Sch E: COMMERCIAL		1,583			1,583
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶	0	1,583	0		

Worksheet 2—For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶	0	0	

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	0	0	0		

Worksheet 4—Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶		0	1.00	0	0

Worksheet 5—Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Sch E: COMMERCIAL	Sch E, Line 22	1,583	1.000000	1,583
Total ▶		1,583	1.00	1,583

Worksheet 6—Allowed Losses (see instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Sch E: COMMERCIAL	Sch E, Line 22	1,583	1,583	
Total		1,583	1,583	0

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (see instructions)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total		0	1.00	0	0

Assets by Classification - Sch E: COMMERCIAL

12/31/2020

ANIL and NEENA GOEL 010-82-8662

Item No.	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2020 Deprec.	2020 Accum. Deprec.
<u>5-yr Residential rental furnishings and appliances</u>																
2	OFFICE FURNISHING	8/3/2015	F-3	100.00%	56,856	0	0	0	0	56,856	5	200DB	HY	53,581	3,275	56,856
	Total: 5-yr Res rental furnishings				56,856	0	0	0	0	56,856				53,581	3,275	56,856
<u>39-yr Nonresidential and commercial real estate</u>																
1	OFFICE	8/3/2015	R-5	100.00%	324,144	0	0	0	0	324,144	39	SL/GDS	MM	36,366	8,311	44,677
	Total: 39-yr Nonresidential real estate				324,144	0	0	0	0	324,144				36,366	8,311	44,677
	SubTotals				381,000	0	0	0	0	381,000				89,947	11,586	101,533
	Less: Disposed Assets				(0)	(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)
	Ending Totals				381,000	0	0	0	0	381,000				89,947	11,586	101,533

Detail Report - Sch E: COMM 12/31/2020

ANIL and NEENA GOEL 010-82-8662

Item No.	Description of Property **** indicates DISPOSED	Date Placed in Service	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Special Allowance	Recovery Basis	Rec Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2020 Current Deprec.	2020 Accum. Deprec.
1	OFFICE	8/3/2015	100.00%	324,144	0	0	324,144	39	SL/GDS	MM	36,366	8,311	44,677
2	OFFICE FURNISHING	8/3/2015	100.00%	56,856	0	0	56,856	5	200DB	HY	53,581	3,275	56,856
SubTotals				381,000	0	0	381,000				89,947	11,586	101,533
Less: Disposed Assets				(0)	(0)	(0)	(0)				(0)	(0)	(0)
Ending Totals				381,000	0	0	381,000				89,947	11,586	101,533

Dividends Summary (1099DIV (Worksheet))**Ordinary Dividends**

From 1099-DIV inputs
 From K-1 inputs
 From Form(s) 8621
 From Form(s) 8814
 Subtotal.

Adjustments

Nominee distribution (code N)
 Other adjustments (code J)
 Total adjustments

Total ordinary dividends

Total	Filer	Spouse
1,127	1,127	0
0	0	0
0	0	0
0	0	0
1,127	1,127	0
1,127	1,127	0
0	0	0
1,127	1,127	0
0	0	0

Qualified Dividends

From 1099-DIV inputs
 From K-1 inputs
 From Form(s) 8814
 Subtotal.

Adjustments

Nominee distribution (code N)
 Other adjustments (code J)
 Total adjustments

Total qualified dividends

Total	Filer	Spouse
1,078	1,078	0
0	0	0
0	0	0
1,078	1,078	0
1,078	1,078	0
0	0	0
1,078	1,078	0
0	0	0

Capital Gains

From 1099-DIV inputs

Adjustments

Nominee distribution (code N)
 Other adjustments (code J)
 Total adjustments

Total capital gains

Total	Filer	Spouse
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

Other Dividend Information

Section 199A dividends

Total	Filer	Spouse
5	5	0

1099-G Summary Totals (1099G (Worksheet))

Box	Form	Activity	Total	Filer	Spouse
1		Unemployment compensation	10,692	0	10,692
1a		Amount repaid (if any)	0	0	0
2	a	State or local income tax refunds, credits, or offsets	0	0	0
	b	Taxable business/trade state or local income tax refunds.	0	0	0
4		Federal income tax withheld	0	0	0
5		RTAA payments	0	0	0
6		Taxable grants	0	0	0
7		Agriculture payments	0	0	0
9		Market Gain	0	0	0

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1099-G Summary by Payers (1099G (Worksheet))

		1	1a	1b		2	4	5	6	7	8	9	10a	11
Payers		Unemploy Comp	Amt Repaid (if any)	Prev Gov't Program Contrib	Railroad Unemploy Comp	State/Local Refunds	Fed Tax Withheld	ATAA / RTAA Payments	Taxable Grants	Ag Payments	Taxable Trade/Bus Income	Market Gain	ST	State Tax Withheld
1	VIRGINIA EMPLOYMENT COM	S	10,692	0	0	0	0	0	0	0	0	0	0	0
Total		10,692	0	0	0	0	0	0	0	0	0	0		0

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Interest Summary (1099INT (Worksheet))

Interest	Total	Filer	Spouse
Seller-financed mortgage	0	0	0
U.S. Savings bonds/ treasury obligations	0	0	0
Taxable interest from Form(s) 1099INT, box 1	234	0	234
Taxable interest from K-1 inputs	0	0	0
Tax-exempt interest from Form(s) 1099INT, box 8	0	0	0
Tax-exempt interest from K-1 inputs	0	0	0
Total Interest	234	0	234

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1099-K Summary Totals (1099K (Worksheet))

Form	Activity	Total	Filer	Spouse
1a	Gross amount of payment card/third party network transactions	91,052	91,052	0
	Schedule C	91,052	91,052	0
	Sch C: 01	91,052	91,052	0
1b	Card Not Present transactions (included in Box 1a)	91,052	91,052	0
4	Federal income tax withheld	0	0	0
5a	January	7,789	7,789	0
5b	February	790	790	0
5c	March	7,075	7,075	0
5d	April	8,608	8,608	0
5e	May	13,327	13,327	0
5f	June	22,081	22,081	0
5g	July	12,093	12,093	0
5h	August	3,750	3,750	0
5i	September	8,057	8,057	0
5j	October	2,856	2,856	0
5k	November	2,603	2,603	0
5l	December	2,023	2,023	0

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1099-K Summary by Payers (1099K (Worksheet))

Payers	F/S	1a Gross Amount	1b Card Not Present	2 MCC	3 # of Pymnt Trans	4 Fed Tax Withheld	5a Jan.	5b Feb.	5c March	5d April	5e May	5f June	5g July	5h Aug.	5i Sept.	5j Oct.	5k Nov.	5l Dec.	6a ST	8a State Tax Withheld	6b ST	8b State Tax Withheld	Payer Type	Transaction Type
1 INTUIT PAYMENT SOLUTIONS	F	91,052	91,052	8244	182	0	7,789	790	7,075	8,608	13,327	22,081	12,093	3,750	8,057	2,856	2,603	2,023	VA	0		0		
Total		91,052	91,052			0	7,789	790	7,075	8,608	13,327	22,081	12,093	3,750	8,057	2,856	2,603	2,023		0		0		

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1099-MISC Summary Totals (1099MISC (Worksheet))

<u>Box</u>	<u>Form</u>	<u>Activity</u>	<u>Total</u>	<u>Filer</u>	<u>Spouse</u>
3		Other income	23	23	0
		Not allocated	23	23	0
8		Substitutes for dividends or interest	92	92	0

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Summary of 2020 Allowed Amounts (K1 Input (1120S))

INFORMATION CONSULTING SERVICES LLC	Amount Before Limitations	After Basis Limitation	After At-Risk Limitation	After Passive Limitation
Ordinary income (loss)	128,830	128,830	128,830	128,830
Cash contributions (60%)	1,010	1,010	1,010	1,010
Net Income (Loss)	127,820	127,820	127,820	127,820

Amounts reported on Schedule E

1 Nonpassive loss allowed	1	0
2 Nonpassive income	2	128,830
3 Items reported separately on Schedule E	3	0
4 Add lines 1 through 2. Enter amount on Schedule E, Line 32	4	128,830

Summary of 2020 Section 199A Income (K1 Input (1120S))

INFORMATION CONSULTING SERVICES LLC	Amount Before Limitations	After Basis Limitation	After At-Risk Limitation	After Passive Limitation
Ordinary Income	128,830	128,830	128,830	128,830
Cash Contributions (60%)	1,010	1,010	1,010	1,010
Net Income (Loss)	127,820	127,820	127,820	127,820

Summary of 2020 AMT Allowed Amounts (K1 Input (1120S))

INFORMATION CONSULTING SERVICES LLC	Amount Before Limitations	After Basis Limitation	After At-Risk Limitation	After Passive Limitation
Ordinary income (loss)	128,830	128,830	128,830	128,830
Cash contributions (60%)	1,010	1,010	1,010	1,010
Net Income (Loss)	127,820	127,820	127,820	127,820

AMT amounts reported

1 Nonpassive loss allowed	1	0
2 Nonpassive income	2	128,830
3 Items reported separately on Schedule E	3	0
4 Add lines 1 through 3.	4	128,830

Summary of 2020 Allowed Amounts (K1 Input (1120S))

NITAI INC	Amount Before Limitations	After Basis Limitation	After At-Risk Limitation	After Passive Limitation
Real estate rental income (loss)	-2,458	-2,458	-2,458	-2,458
Net Income (Loss)	-2,458	-2,458	-2,458	-2,458

Amounts reported on Schedule E

1 Nonpassive loss allowed	1	-2,458
2 Nonpassive income	2	0
3 Items reported separately on Schedule E	3	0
4 Add lines 1 through 2. Enter amount on Schedule E, Line 32	4	-2,458

Summary of 2020 Section 199A Income (K1 Input (1120S))

NITAI INC	Amount Before Limitations	After Basis Limitation	After At-Risk Limitation	After Passive Limitation
Ordinary Income	-2,458	0	0	0
Net Income (Loss)	-2,458	0	0	0

Summary of Carryover to 2021 (K1 Input (1120S))

NITAI INC	Basis	At-Risk	Passive
Ordinary loss (Section 199A)	2,458	0	0
Total carryover	2,458	0	0

Summary of 2020 AMT Allowed Amounts (K1 Input (1120S))

NITAI INC	Amount Before Limitations	After Basis Limitation	After At-Risk Limitation	After Passive Limitation
Real estate rental income (loss)	-2,458	-2,458	-2,458	-2,458
Net Income (Loss)	-2,458	-2,458	-2,458	-2,458

AMT amounts reported

1 Nonpassive loss allowed	1	-2,458
2 Nonpassive income	2	0
3 Items reported separately on Schedule E	3	0
4 Add lines 1 through 3.	4	-2,458

Total carryover	0	0	0
----------------------------------	----------	----------	----------

W-2 Summary by Payers (W2 (1040))

Payers		F/S	1 Fed Wage	2 Fed Tax	3 SS Wage	4 SS Tax	5 Med Wage	6 Med Tax	7 SS Tips	8 Alloc Tips	10 Dep Care	11 Dist Plan
1	INFORMATION CONSULTING	F	21,633	1,674	29,000	1,798	29,000	421	0	0	0	0
2	INFORMATION CONSULTING	S	1,050	0	1,050	65	1,050	15	0	0	0	0
3	BOTTOMLINE TECHNOLOGIE	S	24,153	2,648	26,166	1,622	26,166	379	0	0	0	0
4	VMD SYSTEMS INTERGRATC	S	30,680	2,649	36,053	2,235	36,053	523	0	0	0	0
Total this page			77,516	6,971	92,269	5,720	92,269	1,338	0	0	0	0
Payers		F/S	St 1	16a St Wage	17a State Tax	18a Local Wage	19a Local Tax	St 2	16b St Wage	17b State Tax	18b Local Wage	19b Local Tax
1	INFORMATION CONSULTING	F	VA	21,633	951	0	0		0	0	0	0
2	INFORMATION CONSULTING	S	VA	1,050	0	0	0		0	0	0	0
3	BOTTOMLINE TECHNOLOGIE	S	VA	24,153	1,158	0	0		0	0	0	0
4	VMD SYSTEMS INTERGRATC	S	VA	30,680	1,594	0	0		0	0	0	0
Total this page				77,516	3,703	0	0		0	0	0	0

CLIENT COPY

Form 760-PMT 2020 Payment Coupon
(DOC ID 761) ***No Staples Please***
To Be Used For Payments On Previously
Filed 2020 Individual Income Tax Returns Only

Your Social Security Number

Spouse's Social Security Number

010828662

178829699

0108286628 7611833 120006

If your return was filed through e-File or submitted directly to the Department, make your check payable to the Department of Taxation and mail to the VA Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478.

If your return was filed with your local Commissioner of the Revenue, make your check payable to your local Treasurer and send your payment to the locality where you filed the return.

**Amount of
Payment**

6168. 00

Name(s) ANIL AND NEENA GOEL		
Address 42767 RAVENGLASS DR		
City ASHBURN	State VA	ZIP 20148
Daytime Phone Number 7035653342		



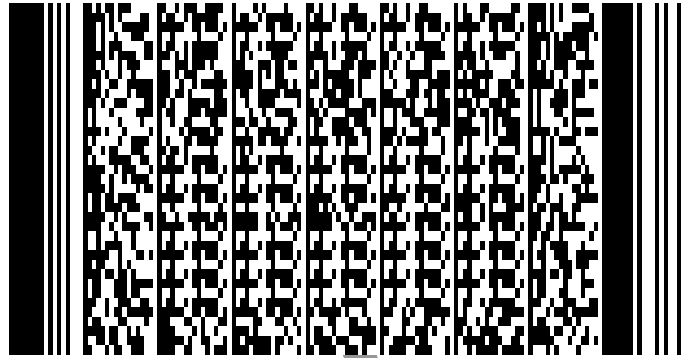
ANIL GOEL
NEENA GOEL
42767 RAVENGLASS DR

ASHBURN VA 20148

SSN - You GOEL 010828662
SSN - Spouse GOEL 178829699
Fed Adj Gross Income (FAGI) 1. 214890.
Additions 2.
Subtotal 3. 214890.
Age Deduction - You 4A.
Age Deduction - Spouse 4B.
Soc Sec & Tier 1 Railroad 5.
State Income Tax Overpayment 6.
Subtractions 7. 10692.
Subtotal Subtractions 8. 10692.
Total VA Adj Gross Income (VAGI) 9. 204198.
Itemized Deductions - VA Sch. A 10. 23747.
Standard Deduction 11.
Exemptions 12. 2790.
Deductions 13.
Subtotal (Deductions & Exemptions) 14. 26537.
VA Taxable Income 15. 177661.
Amount of Tax 16. 9958.
Spouse Tax Adjustment (STA) 17. 259.
VAGI - Spouse 17A. 66809.
Net Amount of Tax 18. 9699.

Vendor ID 1833
Withholding (VA) - You 19A. 951.
Withholding (VA) - Spouse 19B. 2752.
Estimated Payments 20.
2019 Overpayment 21.
Extension Payments 22.
Credit - Low-Income or EIC 23.
Credit - Schedule OSC 24.
Credits - Schedule CR 25.
Total Payments / Credits 26. 3703.
Tax You Owe 27. 5996.
Tax Overpayment 28.
Overpayment Credited to Next Year 29.
VAC - Virginia 529 / ABLEnow 30.
VAC - Other Contributions 31.
Addition to Tax, Penalty & Interest 32. 172.
Sales and Use Tax 33.
Amount You Owe 6168.
Will Pay by Credit/Debit Card N
Your Refund

Bank Routing #
Bank Account #



Filing Status, Age & License Information

Additional Filing Information

Filing Status 2

Federal Head of Household

DOB - You 02181968

VA Driver's License ID - You A65346576

VA Driver's License - Iss. Date - You 12252016

Spouse Name (Filing Status 3 Only)

Locality 107

Name or Filing Status Change

Address Change

VA Return Not Filed Last Year

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

DOB - Spouse 08291972

VA Driver's License ID - Spouse A65346575

VA Driver's License - Iss. Date - Spouse 07192016

Reason Code

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

No Sales & Use Tax Due Indicator X

Obtain Electronic 1099G

ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You

Spouse 1 65 & Over - Spouse

Dependents 01 Blind - You

Total (A) 03 Blind - Spouse

Total (B)

Contact Information

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

Signature - You _____ Date

Phone - You

Signature - Spouse _____ Date

Phone - Spouse

Signature - Preparer TAMERA D WOLVERTON Date 061421

Phone - Preparer 7035855001

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

Preparer Information P00392196

File by May 1, 2021
Include Page 1, Page 2 and all
supporting 760CG documents.

TAMERA D WOLVERTON
CLAROS & WOLVERTON TAX AND ACC
22082 AVONWORTH SQ
BROADLANDS VA 20148

2020 VA Schedule A/CG

Itemized Deductions - Enclose Schedule A with
your return, when claiming itemized deductions.

010828662



ANIL GOEL

Filing Status Claimed on Federal Return

[2]

1 Medical & Dental Expenses

1.

2 Adjusted Gross Income

2.

214890.

3 Multiply Line 2 by 10%

3.

21489.

4 Subtract Line 3 from Line 1

4.

5a State and Local Taxes

Claiming General Sales Tax []

5a.

3703.

5b State and Local Real Estate Taxes

5b.

7511.

5c State and Local Personal Property Taxes

5c.

816.

6 Other Deductible Taxes - Type & Amount

6.

Foreign Income Taxes

7 Add Lines 5a, 5b, 5c and 6

7.

12030.

8a Home Mortgage Int and Points Rep

Didn't Use Mortgage []

8a.

6010.

8b Home Mortgage Int Not Rep

SEE ATTACHED

8b.

8c Points Not Reported 1098

8c.

8d Mortgage Insurance Premiums

8d.

8e Add Lines 8a - 8d

8e.

6010.

9 Investment Interest

9.

10 Add Lines 8e and 9

10.

6010.

11 Gifts by Cash or Check

11.

9410.

12 Other Than by Cash or Check

12.

13 Carryover From Prior Year

13.

14 Add Lines 11 through 13

14.

9410.

15 Casualty & Theft Loss(es)

15.

16a Gambling Losses

16a.

16b Other - Type & Amount

16b.

16c Add Lines 16a and 16b

SEE ATTACHED

16c.

17 Add Lines 4, 7, 10, 14, 15, and 16c OR If Deductions Limited, Enter Worksheet Line 12a or 12b

17.

27450.

18 If Your Total on Line 17 was limited, Enter Worksheet Amt Part B Line 15, Otherwise enter Line 5a above

18.

3703.

19 Virginia Itemized Deductions

19.

23747.

**Additions**

Interest on obligations (other state) 1.
Other Additions
Fixed Date Conformity 2A.

2B.

2C.

Total Additions 3.

Subtractions

Income (US obligations / securities) 4.

Disability Income (wages) - You 5A.

Disability Income (wages) - Spouse 5B.

Other Subtractions

Fixed Date Conformity 6A.

6B. Code 37 10692.

6C. Code

6D. Code

Total Subtractions 7. 10692.

Deductions 8A.

8B.

8C.

Total Deductions 9.

Claiming More Adjustments - Schedule ADJS

Low-Income Credit or VA EIC

Family Name SSN VAGI

You

Spouse

Dependent

Dependent

Total Family VAGI 10.

Low-Income Credit or VA EIC (con't)

Total Exemptions 11.

of Personal Exemptions 12.

Total Exemptions Amount or \$0 13.

Federal EIC 14.

20% of Line 14 15.

Greater of Line 13 or Line 15 16.

Credit 17.

Addition to Tax, Penalty & Interest

Addition to Tax 18. 172.

Form 760C Addition X

Form 760F Addition

Penalty 19.

Late Filing Penalty

Extension Penalty

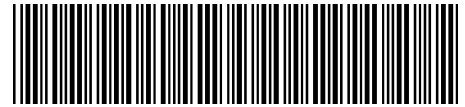
Interest 20.

Total Adjustments 21. 172.

2020 Schedule INC/CG

010828662

Report all W-2s, 1099s & VK-1s with VA Withholding



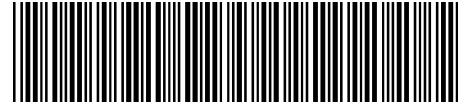
ANIL GOEL

NEENA GOEL

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
010828662	W	951.	841700245	30841700245F001	21633.
178829699	W	1158.	020433294	30020433294F001	24153.
178829699	W	1594.	043671521	043671521	30680.

Total VA Withholding	SSN	VA Withholding
You	010828662	951.
Spouse	178829699	2752.

Total # of W-2s, 1099s & VK-1s 3

Underpayment of Virginia Estimated
Tax by Individuals, Estates and Trusts

• Enclose this form with Form 760, 763, 760PY or 770.

Fiscal Year Filers: Enter beginning date _____ 20 _____, ending date _____ 20 _____, and check here ☐

First Name, Middle Initial and Last Name (of Both If Joint) - OR - Name of Estate or Trust	Your Social Security Number or FEIN	
ANIL and NEENA GOEL	010-82-8662	
If Estate or Trust, Name and Title of Fiduciary	Spouse's Social Security Number	
	178-82-9699	
	Office Use SC	Office Use Payment

Part I - Compute Your Underpayment

1. 2020 Income Tax Liability After Spouse Tax Adjustment and Tax Credits. See instructions. (If \$150 or less, you are not required to file Form 760C)	1.	9699.
2. Enter 90% of the Amount Shown on Line 1	2.	8729.
3. 2019 Income Tax Liability After Spouse Tax Adjustment and Tax Credits	3.	
4. Enter the Amount From Line 2 or Line 3, Whichever is Less	4.	8729.
5. Enter the Number of Installment Periods for Which You Were Liable to Make Payments	5.	4

Line 6 Through 14: Complete Each Line Across All Columns Before Continuing to Next Line

	A	B	C	D
6. Due Dates of Installment Payments	May 1, 2020	June 15, 2020	Sept. 15, 2020	Jan. 15, 2021
7. Tax Liability (Divide the amount on Line 4 by the number of installments reported on Line 5 and enter the result in the appropriate columns)	2182.	2182.	2182.	2183.
8. Enter the Income Tax Withheld for Each Installment Period	926.	926.	926.	925.
9. Enter the Overpayment Credit from Your 2019 Income Tax Return	0.	0.	0.	0.
10. Enter the Amount of Any Timely Payment Made for Each Installment Period in the Appropriate Column (Do not enter any late payments)	0.	0.	0.	0.
11. Underpayment or [Overpayment] (Subtract Lines 8, 9 and 10 from Line 7. See instructions for overpayment)	1256.	1256.	1256.	1258.
12. Other Payments (Enter the payments from the Late Payment/Overpayment Table below, beginning with the earliest payment recorded. Do not enter more than the underpayment in any column.)				
	Date	Amount		
a. First Payment		0.	0.	0.
b. Second Payment		0.	0.	0.
c. Third Payment		0.	0.	0.
d. Fourth Payment		0.	0.	0.
13. Enter the Total Timely Payments Made as of Each Installment Due Date From Lines 8, 9, 10 and 12 (For ex., in Column A enter all payments made by May 1, 2020)	926.	926.	926.	925.
14. Subtract Line 13 from Line 7 (If the sum of all underpayments (do not include any OVERPAYMENTS) reported is \$150 or less, stop here; you are not subject to an addition to tax. If your underpayments total more than \$150, proceed to Part II)	1256.	1256.	1256.	1258.

Continued on Back →

Late Payment/Overpayment Table (See Instructions for Lines 11 and 12.)

Date of Payment	Date of Payment	Date of Payment	Date of Payment
Payment Amount	Payment Amount	Payment Amount	Payment Amount
\$	\$	\$	\$

**Part II - Exceptions That Void the Addition to Tax**

		A May 1, 2020	B June 15, 2020	C Sept. 15, 2020	D Jan. 15, 2021
15. Total Amount Paid and Withheld from January 1, 2020 through the Installment Date Indicated		926.	1852.	2778.	3703.
16. Exception 1: Prior Year's Tax (Multiply the 2019 tax by the percentage in each col.)	100% of 2019 Tax 0.	25% 0.	50% 0.	75% 0.	100% 0.
17. Exception 2: Tax on Prior Year's Income Using the 2020 Rates and Exemptions (Multiply the 2019 tax by the percentage in each col.)	100% of Tax	25% 0.	50% 0.	75% 0.	100% 0.
18. Exception 3 Worksheet: Tax on Annualized 2020 income (Use the formula below to compute the amount on Lines 18a, b and c for each col.) Lines 18a, b and c: April 30 column: Multiply the actual amount for the period ended April 30, 2020, by 3. May 31 column: Multiply the actual amount for the period ended May 31, 2020, by 2.4. August 31 column: Multiply the actual amount for the period ended August 31, 2020, by 1.5.					
		From January 1 to:	April 30	May 31	August 31
a. Annualized Virginia Adjusted Gross Income (VAGI) for Each Period		0.	0.	0.	
b. Compute the Annualized Itemized Deductions Using the Formula Above OR Enter the Full Standard Deduction in Each Column if You Did Not Claim Itemized Deductions					
c. Compute the Annualized Child and Dependent Care Expenses and Other Deductions for Each Period					
d. Total Dollar Amount of Exemptions Claimed on Your Return					
e. Virginia Taxable Income (Subtract Lines 18b, c and d from Line 18a)		0.	0.	0.	
f. Virginia Tax (Enter the Virginia income tax for the amount(s) on Line 18e)		0.	0.	0.	
g. Multiply Line 18f by the Percentage Shown for Each Period		22.5% 0.	45% 0.	67.5% 0.	
19. Exception 4 Worksheet: Tax on 2020 Income Over a 4, 5 and 8 Month Period* (* 3, 4 and 7 months for estates and trusts) From January 1 to: April 30 May 31 August 31					
a. Enter Your Virginia Adjusted Gross Income (VAGI) for Each Period					
b. Enter the Itemized Deductions Claimed for Each Period OR (If Greater) the Full Standard Deduction					
c. Enter the Child and Dependent Care Expenses and Other Deductions for Each Period					
d. Enter the Total Dollar Amount of Exemptions Claimed on Your Return					
e. Virginia Taxable Income (Subtract Lines 19b, c and d from Line 19a)		0.	0.	0.	
f. Virginia Tax (Enter the Virginia income tax for the amount(s) on Line 19e)		0.	0.	0.	
g. Multiply Line 19f by 90% (.90) for Each Period		0.	0.	0.	

Note
Estates and trusts should use end dates of March 31, April 30 & July 31.

Note
Exceptions 3 and 4 do not apply to the fourth installment period.

Part III - Compute the Addition to Tax

If an exception has been met (Part II) for any installment period, complete the column for that period as follows: write "Exception" and the exception number (1, 2, 3, or 4) on Line 20; skip Lines 21 through 23; and enter "0" on Line 24. For all other periods, complete each line as instructed below.

		A May 1, 2020	B June 15, 2020	C Sept. 15, 2020	D Jan. 15, 2021
20. Amount of Underpayment from Part I, Line 14		1256.	1256.	1256.	1258.
21. Date of Payment from Part I, Line 12 (If no payments were entered on Line 12, enter the actual date of payment on May 1, 2021 whichever is earlier.)		05012021	05012021	05012021	05012021
22. a. Number of Days After Installment Due Date Through Date Paid or June 30, 2020, Whichever Is Earlier (If June 30, 2020) is earlier, enter 60 and 15 respectively.)		29	15		
b. Number of Days After June 30, 2020, Through Date Paid or May 1, 1, 2021, Whichever Is Earlier (If May 1, 2021, is earlier, enter 305, 305, 228 and 106.)		305	305	228	106
23. a. Multiply the Number of Days in Each Column on Line 22a by the Daily Rate .00019 (7% Per Annum)		0.00551	0.00285	0.00000	0.00000
b. Multiply the Number of Days in Each Column on Line 22b by the Daily Rate .00014 (5% Per Annum)		0.04270	0.04270	0.03192	0.01484
c. Add Lines 23a and 23b in Each Column and Enter the Total Here		0.04821	0.04555	0.03192	0.01484
24. Multiply the Amount on Line 20 by Line 23c for Each Column		59.	56.	39.	18.
25. Addition to Tax (Total the amounts on Line 24. Enter here and on the "Addition to Tax" line on your income tax return)		172.			

Line 17 (VA 760CG) - Spouse Tax Adjustment Worksheet

STEP 1 - Determine Separate Federal Adjusted Gross Income

	1040 Amount	A - Yourself	B - Spouse
1 Wages, salaries, tips, etc.	1 77,516	21,633	55,883
2 Taxable interest income	2 234	0	234
3 Dividend income	3 0	0	0
4 State and local income tax refunds	4 0	0	0
5 Alimony received	5 0	0	0
6 Business income or (loss)	6 0	0	0
7 Capital gain or (loss)	7 768	768	0
8 Other gains or (losses)	8 0	0	0
9 Taxable IRA distributions	9 0	0	0
10 Taxable pensions and annuities	10 0	0	0
11 Rents, royalties, partnerships, estates, trusts, etc.	11 125,588	125,588	0
12 Farm income or (loss)	12 0	0	0
13 Taxable unemployment compensation	13 10,692	0	10,692
14 Taxable social security benefits	14 0	0	0
15 Other income	15 92	92	0
16 Total (add Lines 1 through 15)	16 214,890	148,081	66,809
17 Less: Federal adjustments to income	17 0	0	0
18 FAGI-subtract line 17 from line 16	18 214,890	148,081	66,809

(The total of both columns should equal your joint FAGI reported on your 1040)

STEP 2 - Determine Separate Virginia Adjusted Gross Income

19 Total additions to FAGI (Form 760, line 2)	19 0	0
20 Sub-total - add lines 18 and 19	20 148,081	66,809
21 Age Deduction (Form 760, line 4)	21 0	0
22 Social Security Act and Tier 1 Railroad Retirement Act Benefits (Form 760, line 5)	22 0	0
23 State income tax refund or overpayment credit reported as income on your federal return (Form 760, line 6)	23 0	0
24 Other Subtractions (Form 760, line 7)	24 10,692	0
25 Total Subtractions from FAGI - add lines 21, 22, 23, and 24	25 10,692	0
26 Subtract line 25 from line 20. These are your separate VAGI amounts	26 137,389	66,809

(The total of both columns should equal your combined VAGI reported on line 9 of your 760)

STEP 3 - Determine Personal Exemptions

Enter separate personal exemption amounts

27 You: 65 or over <input type="text" value="0"/> + Blind <input type="text" value="0"/> = Total <input type="text" value="0"/> X \$800 = <input type="text" value="0"/> + \$930 =	27a 930	////
Spouse: <input type="text" value="0"/> + <input type="text" value="0"/> = <input type="text" value="0"/> X \$800 = <input type="text" value="0"/> + \$930 =	27b	//// 930
28 Subtract line 27 from line 26. If either amount is 0 or less, stop here. You do not qualify for this adjustment	28 136,459	65,879

STEP 4 - Determine Your Spouse Tax Adjustment

29 Enter the VA Taxable Income on Form 760	29 177,661
30 Enter the smaller amount from column A or column B on line 28 above. If larger than \$17000 and line 29 is greater than \$34,000, go to line 37 and enter \$259	30 0
31 Subtract line 30 from line 29 (if \$0 or less, enter \$0)	31 0
32 Divide the amount on line 29 by 2	32 0
33 Enter the tax on the SMALLER amount from line 30 or line 32. Refer to the Tax Rate Schedule or Tax Table in the instructions booklet	33 0
34 Enter the tax on the LARGER amount from line 31 or line 32. Refer to the Tax Rate Schedule or Tax Table in the instructions booklet	34 0
35 Add line 33 and line 34	35 0
36 Enter the Amount of Tax on Form 760	36 0
37 SPOUSE TAX ADJUSTMENT: Subtract line 35 from line 36. Enter this amount on Line 17 of Form 760. This amount cannot exceed \$259	37 259

Line 33 (VA 760CG) - Sales and Use Tax**Merchandise**

1	Total cost of merchandise purchased by mail and no sales tax was charged	1	_____
2	Total cost of items purchased by television, internet, telephone and paid no sales tax	2	_____
3	Total cost of merchandise purchased outside of VA and paid no sales tax	3	_____
4	Total of lines 1 - 3	4	0

☐ Check if the purchases on line 4 were delivered or used in Northern Virginia and/or Hampton Roads regions

☐ Check if the purchases on line 4 were delivered or used in Central Virginia region on or after October 1, 2020.

☐ Check if the purchases on line 4 were delivered or used in Historic Triangle region.

☐ Check if the purchases on line 4 were delivered or used in Halifax County on or after July 1, 2020.

5	Use Tax on merchandise	5	0
---	----------------------------------	---	---

Food items and personal hygiene products

6	Cost of food and personal hygiene products purchased by mail and no sales tax charged	6	_____
7	Total cost of items purchased by television, internet, telephone and paid no sales tax	7	_____
8	Total cost of food and hygiene products purchased outside of VA and paid no sales tax	8	_____
9	Total of lines 6 - 8	9	0
10	Multiply the amount on line 9 by 2.5% (.025)	10	0
11	Add lines 5 and 10. Sales and Use Tax (enter on line 33)	11	0

Line 8, 9, & 10 (VA 760C) - Estimated Tax Paid and Tax Withheld

If balance is due on return, enter date of payment _____

Estimated payment due dates were adjusted for applicable COVID-19 extensions

Payment Due Dates	First Quarter 6/1/2020	Second Quarter 6/15/2020	Third Quarter 9/15/2020	Fourth Quarter 1/15/2021
-------------------	---------------------------	-----------------------------	----------------------------	-----------------------------

Tax Withheld

		Date Paid	Amount
1	First quarter tax withheld:	1 6/1/2020	926
2	Second quarter tax withheld:	2 6/15/2020	926
3	Third quarter tax withheld:	3 9/15/2020	926
4	Fourth quarter tax withheld:	4 1/15/2021	925

Estimated Payments

5	Estimated tax payment applied from prior year's return	5	_____	0
6	First estimated tax payment	6	_____	0
7	Second estimated tax payment	7	_____	0
8	Third estimated tax payment	8	_____	0
9	Fourth estimated tax payment	9	_____	0
10	Taxes due and paid with filed 2020 tax return by January 31, 2021	10	_____	_____
11	_____	11	_____	0
12	_____	12	_____	0
13	_____	13	_____	0
14	_____	14	_____	_____
15	_____	15	_____	_____
16	_____	16	_____	_____
17	_____	17	_____	_____
18	_____	18	_____	_____

Estimated Payments and Tax Withheld Summary

Estimated tax paid and tax withheld before the end of the first quarter	926
Estimated tax paid and tax withheld during the second quarter	926
Estimated tax paid and tax withheld during the third quarter	926
Estimated tax paid and tax withheld during the fourth quarter	925
Estimated tax paid after the close of the fourth quarter	0