# **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

| Filing Status<br>Check only<br>one box. | If yo    | Single Married filing jointly [ u checked the MFS box, enter the item is a child but not your depender   | name of y    | ed filing separately (<br>your spouse. If you | ,          | _           |           | ,              | . –     | _                               |               |                              |
|---|----------|--|--------------|---|------------|-------------|-----------|----------------|---------|---------------------------------|---------------|------------------------------|
| Your first name                         | and m    | iddle initial  | Last nar     | me  |            |             |           |                | ,       | Your so                         | cial securit  | y number                     |
| Mugdha :                                | S        |  | Poli         | mera  |            |             |           |                |         | 308-71-1612                     |               |                              |
| If joint return, s                      | pouse's  | s first name and middle initial  | Last nar     | me  |            |             |           |                | :       | Spouse's social security number |               |                              |
| Home address                            | •        | er and street). If you have a P.O. box, ser<br>ead Rd  | e instructio | ons.  |            |             |           | Apt. no. 503   | - 1     | Check I                         | here if you,  | •                            |
| City, town, or p                        | ost offi | ce. If you have a foreign address, also c  | omplete s    | paces below.                                  | Sta        | te          |           | code code      | 1       |                                 | · ·           | itly, want \$3<br>Checking a |
| Chapel I                                | Hill     |  |              |   |            |             |           | 7516875        | 54      | box bel                         | ow will not   | change                       |
| Foreign country                         | y name   |  | F            | oreign province/state                         | /coun      | ty          | Foi       | reign postal o | ode     | your tax                        | or refund.    | Spouse                       |
| At any time du                          | ıring 20 | 020, did you receive, sell, send, exc  | hange, o     | r otherwise acquire                           | any        | financial i | nterest i | n any virtua   | al curr | ency?                           | Yes           | ⊠ No                         |
| Standard<br>Deduction                   |          | reone can claim:  You as a de Spouse itemizes on a separate retu   | •            |   |            |             | ent       |                |         |                                 |               |                              |
| Age/Blindness                           | s You:   | Were born before January 2,  | 1956         | Are blind Sp                                  | ouse       | : Wa        | s born b  | efore Janu     | ary 2,  | 1956                            | ☐ Is bli      | ind                          |
| Dependents                              | s (see   | instructions):   |              | (2) Social securit                            | v          | (3) Relat   | ionship   | (4) V          | if qua  | alifies fo                      | r (see instru | ctions):                     |
| If more                                 | •        | irst name Last name  |              | number  | •          | to y        | ou .      | Child t        |         |                                 |               | her dependents               |
| than four                               |          |  |              |   |            |             |           |                |         |                                 | [             |                              |
| dependents,<br>see instruction          |          |  |              |   |            |             |           |                |         |                                 |               |                              |
| and check                               | 5 —      |  |              |   |            |             |           |                |         |                                 | [             |                              |
| here ▶ 🗌                                |          |  |              |   |            |             |           |                |         |                                 |               |                              |
|   | _1_      | Wages, salaries, tips, etc. Attach   | Form(s) V    | N-2   |            |             |           |                |         | 1                               | 2             | 22,856.                      |
| Attach                                  | 2a       | Tax-exempt interest  | 2a           | 0.  | b T        | axable int  | erest     |                |         | 2b                              | ,             | 175.                         |
| Sch. B if required.                     | 3a       | Qualified dividends  | 3a           | 261.  | b C        | rdinary di  | vidends   |                |         | 3b                              | ,             | 1,043.                       |
|   | 4a       | IRA distributions  | 4a           |   | <b>b</b> T | axable an   | nount .   |                |         | 4b                              | ,             |                              |
|   | 5a       | Pensions and annuities   | 5a           |   | <b>b</b> T | axable an   | nount .   |                |         | 5b                              | ,             |                              |
| Standard                                | 6a       | Social security benefits   | 6a           |   | <b>b</b> T | axable an   | nount .   |                |         | 6b                              | ,             |                              |
| Deduction for—                          | 7        | Capital gain or (loss). Attach Sche  | edule D if   | required. If not req                          | uired      | , check he  | ere .     |                | ▶ □     | 7                               |               | -1,628.                      |
| Single or<br>Married filing             | 8        | Other income from Schedule 1, lin  | ne 9         |   |            |             |           |                |         | 8                               |               |                              |
| separately,<br>\$12,400                 | 9        | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,  | and 8. T     | his is your <b>total inc</b>                  | ome        |             |           |                | . •     | 9                               | 7             | 22,446.                      |
| Married filing                          | 10       | Adjustments to income:   |              |   |            |             |           |                |         |                                 |               |                              |
| jointly or<br>Qualifying                | а        | From Schedule 1, line 22   |              |   |            |             | 10a       |                | 250     |                                 |               |                              |
| widow(er),                              | b        | Charitable contributions if you take the standard deduction. See instructions  Add lines 10a and 10b. These are your total adjustments to income |              |   |            |             |           |                |         |                                 |               |                              |
| \$24,800<br>• Head of                   | С        |  |              |   |            |             |           |                |         |                                 | c             | 250.                         |
| household,<br>\$18,650                  | 11       | Subtract line 10c from line 9. This is your adjusted gross income  |              |   |            |             |           |                |         | 11                              |               | 22,196.                      |
| If you checked                          | 12       | Standard deduction or itemized   | •            |   |            |             |           |                |         | 12                              | _             | 12,400.                      |
| any box under<br>Standard               | 13       | Qualified business income deduc  |              | •   | ,          | 995-A .     |           |                |         | 13                              |               | 10.                          |
| Deduction,                              | 14       | Add lines 12 and 13  |              |   |            |             |           |                |         | 14                              |               | 12,410.                      |
| see instructions.                       | 15       | Taxable income. Subtract line 14   | from line    | e 11. If zero or less.                        | ente       | r-0         |           |                |         | 15                              |               | 9,786.                       |

| Form 1040 (2020               | 0)      |   |                         |                    |                   |                        |                |          |         |          |                        | Page 2    |
|-------------------------------|---------|---|-------------------------|--------------------|-------------------|------------------------|----------------|----------|---------|----------|------------------------|-----------|
|                               | 16      | Tax (see instructions). Check   | if any from Form        | n(s): <b>1</b> 881 | 4 <b>2</b> 🗌 4972 | 3 🗌                    |                |          | 16      |          | 9                      | 53.       |
|                               | 17      | Amount from Schedule 2, lir   | ne 3                    |                    |                   |                        | <del>-</del> . |          | 17      |          |                        |           |
|                               | 18      | Add lines 16 and 17   |                         |                    |                   |                        |                |          | 18      |          | 9                      | 53.       |
|                               | 19      | Child tax credit or credit for  | other dependen          | ts                 |                   |                        |                |          | 19      |          |                        |           |
|                               | 20      | Amount from Schedule 3, lir   | ne 7                    |                    |                   |                        |                |          | 20      |          | 9                      | 53.       |
|                               | 21      | Add lines 19 and 20   |                         |                    |                   |                        |                |          | 21      |          | 9                      | 53.       |
|                               | 22      | Subtract line 21 from line 18   | . If zero or less,      | enter -0           |                   |                        |                |          | 22      |          |                        | 0.        |
|                               | 23      | Other taxes, including self-e   | mployment tax,          | from Schedule      | e 2, line 10 .    |                        |                |          | 23      |          |                        | 0.        |
|                               | 24      | Add lines 22 and 23. This is  | your total tax          |                    |                   |                        |                | •        | 24      |          |                        | 0.        |
|                               | 25      | Federal income tax withheld   |                         |                    |                   |                        |                |          |         |          |                        |           |
|                               | а       | Form(s) W-2   |                         |                    |                   | 25a                    | 1,6            | 80.      |         |          |                        |           |
|                               | b       | Form(s) 1099  |                         |                    |                   | 25b                    |                | 0.       |         |          |                        |           |
|                               | С       | Other forms (see instruction  |                         |                    |                   | 25c                    |                |          |         |          |                        |           |
|                               | d       | Add lines 25a through 25c   |                         |                    |                   |                        |                |          | 25d     |          | 1,6                    | 80.       |
| If you have a                 | 26      | 2020 estimated tax paymen   | ts and amount a         | pplied from 20     | )19 return        |                        |                |          | 26      |          |                        |           |
| qualifying child,             | 27      | Earned income credit (EIC)  |                         |                    |                   | 27                     |                |          |         |          |                        |           |
| attach Sch. EIC.              | 28      | Additional child tax credit. A  |                         |                    |                   | 28                     |                |          |         |          |                        |           |
| nontaxable                    | 29      | American opportunity credit   | from Form 8863          |                    | 29                |                        |                |          |         |          |                        |           |
| combat pay, see instructions. | 30      | Recovery rebate credit. See   |                         | -                  |                   | 30                     | 1,2            | 00.      |         |          |                        |           |
|                               | 31      | Amount from Schedule 3, lir   |                         |                    |                   | 31                     |                |          |         |          |                        |           |
|                               | 32      | Add lines 27 through 31. These are your total other payments and refundable credits |                         |                    |                   |                        |                |          |         |          |                        | 00.       |
|                               | 33      | Add lines 25d, 26, and 32. T  | hese are your <b>to</b> | otal payments      |                   |                        |                | •        | 33      |          |                        | 80.       |
| Refund                        | 34      | If line 33 is more than line 24   |                         |                    |                   |                        |                |          | 34      |          |                        | 80.       |
|                               | 35a     | Amount of line 34 you want  | •                       |                    |                   | , .                    |                |          | 35a     |          |                        | 80.       |
| Direct deposit?               | ▶b      | Routing number 0 6 3  |                         |                    |                   |                        | Sav            | rings    |         |          |                        |           |
| See instructions.             | ▶d      | Account number 6 9 4  |                         |                    |                   |                        |                | J        |         |          |                        |           |
|                               | 36      | Amount of line 34 you want  |                         |                    | ed tax ►          | 36                     |                |          |         |          |                        |           |
| Amount                        | 37      |   |                         |                    |                   | <u> </u>               |                | <b>•</b> | 37      |          |                        |           |
| You Owe                       |         | Subtract line 33 from line 24. This is the <b>amount you owe now</b>                |                         |                    |                   |                        |                |          |         |          |                        |           |
| For details on                |         | 2020. See Schedule 3, line 12e, and its instructions for details.                   |                         |                    |                   |                        |                |          |         |          |                        |           |
| how to pay, see instructions. | 38      | Estimated tax penalty (see in   | •                       |                    |                   | 38                     |                |          |         |          |                        |           |
| Third Party                   | Do      | you want to allow another   |                         |                    |                   | ? See                  |                |          |         |          |                        |           |
| Designee                      |         | structions  | •                       |                    |                   |                        | Comp           | olete b  | elow.   | X N      | 0                      |           |
| •                             |         | signee's  |                         | Phone              |                   |                        | ersonal        |          |         |          |                        |           |
|                               | nar     | me ►  |                         | no.                |                   | n                      | ımber (        | (PIN)    | •       |          | $\perp$                |           |
| Sign                          |         | der penalties of perjury, I declare tief, they are true, correct, and com           |                         |                    |                   |                        |                |          |         |          |                        |           |
| Here                          |         |   | ipiete. Deciaration     |                    |                   | aseu on an imom        | allon o        |          |         |          | •                      | •         |
|                               | YO      | ur signature  |                         | Date               | Your occupation   |                        |                |          |         | N, ente  | n Identit<br>r it here | у         |
| Joint return?                 |         |   |                         |                    | Student           |                        |                | 1        | nst.) ► |          |                        |           |
| See instructions.             | Spo     | ouse's signature. If a joint return,  | both must sign.         | Date               | Spouse's occupa   | tion                   |                |          |         |          | pouse a                |           |
| Keep a copy for your records. | ,       |   |                         |                    |                   |                        |                |          |         | ection P | N, ente                | r it here |
| your records.                 |         |   |                         |                    |                   |                        |                | (see i   | nst.) 🕨 |          | $\perp$                |           |
|                               |         | one no.   | D                       | Email address      |                   | Dete                   |                | TINI     | -       | Oh :     | 16.                    |           |
| Paid                          | Pre     | eparer's name   | Preparer's signat       | ture               |                   | Date                   |                | ΓIN      |         | Check    |                        |           |
| Preparer                      |         |   | _                       |                    |                   |                        |                |          |         |          | elf-empl               | oyed      |
| Use Only                      |         | m's name ► Self-Pr  | epared                  |                    |                   |                        |                | Phon     |         |          |                        |           |
|                               | Firr    | m's address ▶   |                         |                    |                   |                        |                | Firm'    | s EIN 🕨 |          |                        |           |
| Go to www.irs.go              | ov/Forn | n1040 for instructions and the late   | est information.        |                    | BAA               | REV 03/13/21 Intuit.cg | cfp.sp         |          |         | For      | m <b>104</b>           | 0 (202    |

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

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

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

Attachment Sequence No. **01** Your social security number

| Muga | Aha S Polimera 308   | -71-1 | 612  |
|------|--|-------|------|
| Par  | t 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   |       |      |
| 4    | Other gains or (losses). Attach Form 4797  | 4     |      |
| 5    | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule I                                    | 5     |      |
| 6    | Farm income or (loss). Attach Schedule F   | 6     |      |
| 7    | Unemployment compensation  | 7     |      |
| 8    | Other income. List type and amount ▶   | . 8   |      |
| 9    | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR line 8   |       |      |
| Par  | t II Adjustments to Income   |       |      |
| 10   | Educator expenses  | 10    | 250. |
| 11   | Certain business expenses of reservists, performing artists, and fee-basis governmen officials. Attach Form 2106               |       |      |
| 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  | _     |      |
| С    | Date of original divorce or separation agreement (see instructions) ▶  |       |      |
| 19   | IRA deduction  | 19    |      |
| 20   | Student loan interest deduction  | 20    |      |
| 21   | Tuition and fees deduction. Attach Form 8917   | 21    |      |
| 22   | Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR or 1040-NR line 10a | 22    | 250  |

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

**Additional Credits and Payments** 

Your social security number

Department of the Treasury Internal Revenue Service

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **03** 

OMB No. 1545-0074

| Mug    | dna S Polimera   | 308-  | / T – T 6 | 12                   |
|--------|--|-------|-----------|----------------------|
| Par    | t I Nonrefundable Credits  |       |           |                      |
| 1      | Foreign tax credit. Attach Form 1116 if required   |       | 1         | 34.                  |
| 2      | Credit for child and dependent care expenses. Attach Form 2441                                     |       | 2         |                      |
| 3      | Education credits from Form 8863, line 19  |       | 3         | 919.                 |
| 4      | Retirement savings contributions credit. Attach Form 8880  |       | 4         |                      |
| 5      | Residential energy credits. Attach Form 5695   |       | 5         |                      |
| 6      | Other credits from Form: a $\square$ 3800 b $\square$ 8801 c $\square$                             |       | 6         |                      |
| 7      | Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, lin                       |       | 7         | 953.                 |
| Par    | t II Other Payments and Refundable Credits   |       |           |                      |
| 8      | Net premium tax credit. Attach Form 8962   |       | 8         |                      |
| 9      | Amount paid with request for extension to file (see instructions)                                  |       | 9         |                      |
| 10     | Excess social security and tier 1 RRTA tax withheld  |       | 10        |                      |
| 11     | Credit for federal tax on fuels. Attach Form 4136  |       | 11        |                      |
| 12     | Other payments or refundable credits:  |       |           |                      |
| а      | Form 2439  |       |           |                      |
| b      | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202                        |       |           |                      |
| С      | Health coverage tax credit from Form 8885  |       |           |                      |
| d      | Other: 12d   |       |           |                      |
| е      | Deferral for certain Schedule H or SE filers (see instructions) . 12e                              |       |           |                      |
| f      | Add lines 12a through 12e  |       | 12f       |                      |
| 13     | Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, lin                     | ne 31 | 13        |                      |
| For Pa | perwork Reduction Act Notice, see your tax return instructions.  BAA  REV 03/13/21 Inhuit.cg.dp.sq | )     | Schedul   | e 3 (Form 1040) 2020 |

#### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

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

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99)

▶ 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.

Name(s) shown on return Your social security number 308-71-1612 Mugdha S Polimera Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 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 . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked . . . . . . . . . . . . . . . . . 28,234. 29,867. -1,633. Totals for all transactions reported on Form(s) 8949 with Box B checked . . . . . . . . . . . . . 3 Totals for all transactions reported on Form(s) 8949 with Box C checked . . . . . . . . . . . . . . . . . 0. Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . . . . . -1,633. 7 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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 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 . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 5. 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

5.

Schedule D (Form 1040) 2020 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -1,628.• 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 • 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. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 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 . . . . . . . . . . . . . . . 18 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 . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ 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. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 1,628.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

# 8949

Department of the Treasury

Internal Revenue Service

### 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.

OMB No. 1545-0074 Attachment Sequence No. 12A

Social security number or taxpayer identification number

308-71-1612

Mugdha S Polimera 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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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.

X (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 F                    | orm 1099-B                          | ·   |  |   |  |
|--|--|--------------------------------|-------------------------------------|---|--|---|--|
| (a) Description of property  | (b) Date acquired                          | (c)<br>Date sold or            | <b>(d)</b><br>Proceeds              | (e) Cost or other basis. See the <b>Note</b> below    | Adjustment, if<br>If you enter an enter a co<br>See the sepa | (h) Gain or (loss). Subtract column (e) |  |
| (Example: 100 sh. XYZ Co.)   | (Mo., day, yr.)                            | disposed of (Mo., day, yr.)    | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions | (f)<br>Code(s) from<br>instructions                          | <b>(g)</b><br>Amount of<br>adjustment   | from column (d) and<br>combine the result<br>with column (g) |
| 78468R622 SPDR BLOOMBERG BARCLAYS HIGH Y IELD BOND ETF 137   | 02/03/20                                   | 02/10/20                       | 15,014.                             | 14,895.   |  |   | 119.   |
| 55336V100 MPLX LP 661  | 02/10/20                                   | 04/30/20                       | 13,220.                             | 14,972.   |  |   | -1,752.  |
|  |  |                                |                                     |   |  |   |  |
|  |  |                                |                                     |   |  |   |  |
|  |  |                                |                                     |   |  |   |  |
|  |  |                                |                                     |   |  |   |  |
|  |  |                                |                                     |   |  |   |  |
|  |  |                                |                                     |   |  |   |  |
|  |  |                                |                                     |   |  |   |  |
|  |  |                                |                                     |   |  |   |  |
|  |  |                                |                                     |   |  |   |  |
|  |  |                                |                                     |   |  |   |  |
|  |  |                                |                                     |   |  |   |  |
|  |  |                                |                                     |   |  |   |  |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C) | al here and inc<br>is checked), <b>lir</b> | lude on your<br>ne 2 (if Box B | 28.234.                             | 29.867.   |  |   | -1.633.  |

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.

OMB No. 1545-0074 Attachment Sequence No. 12A

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

Social security number or taxpayer identification number

308-71-1612

Mugdha S Polimera

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.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I 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 <b>Note</b> 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                              | i to you on r                  | 01111 1099-0                        |   |  |   |  |
|--|---|--------------------------------|-------------------------------------|---|--|---|--|
| 1 (a) Description of property  | (b) Date acquired                         | (c)<br>Date sold or            | (d)<br>Proceeds                     | (e) Cost or other basis. See the <b>Note</b> below    | Adjustment, if<br>If you enter an<br>enter a co<br>See the sep | (h) Gain or (loss). Subtract column (e) |  |
| (Example: 100 sh. XYZ Ćo.)   | (Mo., day, yr.)                           | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions | (f) Code(s) from instructions  (g) Amount of adjustment        |   | from column (d) and<br>combine the result<br>with column (g) |
| 399473206 GROUPON, INC. COMMON STOCK 0   | VARIOUS                                   | 06/18/20                       | 4.                                  | 4.  |  |   | 0.   |
|  |   |                                |                                     |   |  |   |  |
|  |   |                                |                                     |   |  |   |  |
|  |   |                                |                                     |   |  |   |  |
|  |   |                                |                                     |   |  |   |  |
|  |   |                                |                                     |   |  |   |  |
|  |   |                                |                                     |   |  |   |  |
|  |   |                                |                                     |   |  |   |  |
|  |   |                                |                                     |   |  |   |  |
|  |   |                                |                                     |   |  |   |  |
|  |   |                                |                                     |   |  |   |  |
|  |   |                                |                                     |   |  |   |  |
|  |   |                                |                                     |   |  |   |  |
|  |   |                                |                                     |   |  |   |  |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box C | I here and inc<br>is checked), <b>lir</b> | lude on your<br>ne 2 (if Box B | А                                   | 4   |  |   | 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.

# Form **8863**

# Education Credits (American Opportunity and Lifetime Learning Credits)

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

► Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 50

Name(s) shown on return

Mugdha S Polimera

Your social security number 308-71-1612



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

| Par  |  |        |             |    |         |
|------|--|--------|-------------|----|---------|
| 1    | After completing Part III for each student, enter the total of all amounts from all P  | arts I | II, line 30 | 1  |         |
| 2    | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)   | 2      |             |    |         |
| 3    | Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter | 3      |             |    |         |
| 4    | Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit  | 4      |             |    |         |
| 5    | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)  | 5      |             |    |         |
| 6    | If line 4 is:  |        | ,           |    |         |
|      | • Equal to or more than line 5, enter 1.000 on line 6  |        |             |    |         |
|      | • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (roat least three places)   |        | I           | 6  |         |
| 7    | Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable America             |        |             |    |         |
|      | skip line 8, enter the amount from line 7 on line 9, and check this box  |        |             | 7  |         |
| 8    | Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter   |        |             |    |         |
|      | on Form 1040 or 1040-SR, line 29. Then go to line 9 below  |        |             | 8  |         |
| Part |  |        |             |    |         |
| 9    | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet  | •      | ,           | 9  |         |
| 10   | After completing Part III for each student, enter the total of all amounts from a  |        |             |    |         |
|      | zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19  |        |             | 10 | 15,495. |
| 11   | Enter the smaller of line 10 or \$10,000   |        |             | 11 | 10,000. |
| 12   | Multiply line 11 by 20% (0.20)   |        |             | 12 | 2,000.  |
| 13   | Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)   | 13     | 69,000.     |    |         |
| 14   | Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter | 14     | 22,196.     |    |         |
| 15   | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19  | 15     | 46,804.     |    |         |
| 16   | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)  | 16     | 10,000.     |    |         |
| 17   | If line 15 is:   | 10     | 10,000.     |    |         |
| ••   | • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18  |        |             |    |         |
|      | • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun places)  |        |             | 17 | 1.000   |
| 18   | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet  | ,      | ,           | 18 | 2,000.  |
| 19   | Nonrefundable education credits. Enter the amount from line 7 of the Credit  |        |             |    |         |
|      | instructions) here and on Schedule 3 (Form 1040), line 3   |        |             | 19 | 919.    |

BAA

| Name(s) shown on return | Your social security number |
|-------------------------|-----------------------------|
| Murdha S Dolimera       | 308-71-1612                 |



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

| D    |  | - 0:      |  |                             |                                     |  |  |  |  |  |
|------|--|-----------|--|-----------------------------|-------------------------------------|--|--|--|--|--|
|      | t III Student and Educational Institution Information  |           |  |                             |                                     |  |  |  |  |  |
| 20   | Student name (as shown on page 1 of your tax return) Mugdha S  |           | Student social security number (as s<br>rour tax return)   | hown oi                     | n page 1 of                         |  |  |  |  |  |
|      | Polimera   |           | 308-71-1612  |                             |                                     |  |  |  |  |  |
| 22   | Educational institution information (see instructions)   |           |  |                             |                                     |  |  |  |  |  |
|      | Name of first educational institution  | b. N      | Name of second educational institut  | ion (if ar                  | ıv)                                 |  |  |  |  |  |
|      | University of NC-Chapel Hill   |           |  | (                           | .,,                                 |  |  |  |  |  |
|      | 1) Address. Number and street (or P.O. box). City, town or   | (1)       | Address Number and street (or D  | O boy)                      | City town or                        |  |  |  |  |  |
| (    | post office, state, and ZIP code. If a foreign address, see instructions.  | (1)       | Address. Number and street (or P. post office, state, and ZIP code. If instructions.   |                             |                                     |  |  |  |  |  |
|      | Suite 2215 SASB North, CB# 1400 450 Ridge Road   |           |  |                             |                                     |  |  |  |  |  |
|      | Chapel Hill NC 275991400   |           |  |                             |                                     |  |  |  |  |  |
| (    | 2) Did the student receive Form 1098-T  from this institution for 2020?   ✓ Yes ☐ No   | (2)       | Did the student receive Form 1098 from this institution for 2020?  | -Т _                        | Yes 🗌 No                            |  |  |  |  |  |
| (    | 3) Did the student receive Form 1098-T from this institution for 2019 with box ☐ Yes ☒ No 7 checked?   | (3)       | Did the student receive Form 1098 from this institution for 2019 with b 7 checked?   |                             | Yes 🗌 No                            |  |  |  |  |  |
| (    | 4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.  |           | Enter the institution's employer (EIN) if you're claiming the America if you checked "Yes" in (2) or (3) from Form 1098-T or from the institution. | an oppo<br>). You c         | rtunity credit or                   |  |  |  |  |  |
|      | 56-6001393   |           |  |                             |                                     |  |  |  |  |  |
| 23   | Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?  |           | s - Stop!  to line 31 for this student.   No   | — Go to                     | line 24.                            |  |  |  |  |  |
| 24   | Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. | X Ye      |  | — <b>Stop</b> !<br>his stud | Go to line 31 ent.                  |  |  |  |  |  |
| 25   | Did the student complete the first 4 years of postsecondary education before 2020? See instructions.   | × Go      | s – Stop! o to line 31 for this No   | — Go to                     | line 26.                            |  |  |  |  |  |
| 26   | Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?   | G         |  |                             | olete lines 27<br>for this student. |  |  |  |  |  |
| CAUT | rion   |           |  | in the s                    | ame year. If                        |  |  |  |  |  |
|      | American Opportunity Credit  |           |  |                             |                                     |  |  |  |  |  |
| 27   | Adjusted qualified education expenses (see instructions). Don  | n't enter | more than \$4,000  | 27                          |                                     |  |  |  |  |  |
| 28   | Subtract \$2,000 from line 27. If zero or less, enter -0   |           |  | 28                          |                                     |  |  |  |  |  |
| 29   |  |           |  | 29                          |                                     |  |  |  |  |  |
|      | If line 28 is zero, enter the amount from line 27. Otherwise, a  |           |  |                             |                                     |  |  |  |  |  |
| 30   |  |           |  | 20                          |                                     |  |  |  |  |  |
|      | enter the result. Skip line 31. Include the total of all amounts for   | rom all l | -arts III, line 30, on Paπ I, line 1.  | 30                          |                                     |  |  |  |  |  |
|      | Lifetime Learning Credit   |           |  |                             |                                     |  |  |  |  |  |
| 31   | Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10   |           | total of all amounts from all Parts  | 31                          | 15,495.                             |  |  |  |  |  |

### Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

► Attach to your tax return.

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

OMB No. 1545-2294

2020

Attachment Sequence No. **55** 

Name(s) shown on return

Mugdha S Polimera

Your taxpayer identification number 308-71-1612

**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   |  |                                    |   |        |  |
| ii  |  |                                    |   |        |  |
| iii |  |                                    |   |        |  |
| iv  |  |                                    |   |        |  |
| v   |  |                                    |   |        |  |
|     | Total qualified business income or (loss). Combine lines 1i through 1v, column (c)               | 2                                  |   |        |  |
|     | Qualified business net (loss) carryforward from the prior year                                   | 3 (                                |   |        |  |
|     | Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-               | 4                                  |   |        |  |
| 5   | Qualified business income component. Multiply line 4 by 20% (0.20)                               |                                    | 5                                       |        |  |
|     | Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)                  |                                    |   |        |  |
|     | (see instructions)   | <b>6</b> 51.                       |   |        |  |
|     | Qualified REIT dividends and qualified PTP (loss) carryforward from the prior                    | _  ,                               |   |        |  |
|     | year   | 7 (                                |   |        |  |
|     | Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- | 8 51.                              |   |        |  |
|     | or less, enter -0  |                                    | 9                                       | 10.    |  |
|     | Qualified business income deduction before the income limitation. Add lines 5 an                 |                                    | 10                                      | 10.    |  |
|     | Taxable income before qualified business income deduction  | <b>11</b> 9,796.                   |   | 10.    |  |
|     | Net capital gain (see instructions)  | <b>12</b> 261.                     | -                                       |        |  |
|     | Subtract line 12 from line 11. If zero or less, enter -0   |                                    |   |        |  |
|     | Income limitation. Multiply line 13 by 20% (0.20)  |                                    | 14                                      | 1,907. |  |
|     | Qualified business income deduction. Enter the lesser of line 10 or line 14. Also                |                                    |   |        |  |
|     | the applicable line of your return   |                                    | 15                                      | 10.    |  |
| 16  | Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than             | n zero, enter -0                   | 16                                      | ( 0.)  |  |
| 47  |  |                                    |   |        |  |
|     | Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0     | <u> </u>                           | 17                                      | ( 0.)  |  |

|               | le Al              | <b>(59)</b><br>I Pages<br>nd W-2s | of Yo               | our                                    | 2020                           |                          |                        | <u>i</u> na D |                      | Tax Retur   | 1                    | DOR<br>Use<br>Only      |                        |                       |                             |                |
|---------------|--------------------|-----------------------------------|---------------------|--|--------------------------------|--------------------------|------------------------|---------------|----------------------|---|----------------------|-------------------------|------------------------|-----------------------|-----------------------------|----------------|
|               |                    | ar year 2                         | 020, c              | or fiscal year                         |                                | 1                        |                        | 20            | and ending           |   |                      | you a vet               |                        | _                     |                             | No X           |
| CHAI          | 1 HC               |                                   | 7516                | ORANG                                  | IMERA                          |                          |                        | 503           | Your S<br>Spouse's S | SN: 30871161<br>SN:                                     | 2 Wer                |                         | nted an a              | utomation<br>me tax r | extension to                |                |
| Filing        | Statu              |                                   | 1. Sino             | gle<br>ad of Househo                   | old                            |                          | ed Filing<br>fying Wid | -             | ☐ 3. Marı            | ied Filing Separately                                   |                      | ar spous                | Yes L                  | No                    | X                           |                |
|               | -                  |                                   |                     | C. for the ent                         | •                              |                          | Yes X                  | No            | -                    | Return for decease                                      | d taxpa              | yer.                    | Date of                |                       |                             |                |
|               |                    |                                   |                     | ent for the e                          |                                |                          | Yes<br>to the N        | No<br>C Edu   |                      | Return for decease  vment Fund by ma                    |                      |                         | Date of                |                       |                             | r all of       |
| your          | overpa             | ayment t                          | o the f             | Fund. To ma                            | ake a contr                    | ibution,                 | enclose                | Form 1        | NC-EDU and           | your payment of   | \$                   | 0.                      | To desi                | -                     | our overpa                  |                |
| $\overline{}$ |                    |                                   |                     |  |                                |                          |                        |               |                      | on April 15, 2021,                                      |                      |                         |                        | sident.               |                             |                |
|               |                    | -                                 |                     |  |                                |                          |                        |               | -                    | ointed Personal Re                                      |                      |                         |                        |                       |                             |                |
| FS            | 1                  | PP                                | N                   |  | DT                             | N                        | OC                     | N             | TPRES                | Y SPRE  | IS 1                 | N                       | VT                     | N                     | SVT                         | N              |
| POLI          |                    | 2701                              | -                   | 27516                                  | DS                             | N                        | EΑ                     | N             | TD                   |   | SD                   |                         |                        |                       | FDEX                        | T N            |
| MUGD          | HA                 |                                   |                     | S                                      | POLI                           | MERA                     |                        |               |                      | 308711612   |                      |                         | ORAI                   | NG                    |                             |                |
|               |                    |                                   |                     |  |                                |                          |                        |               |                      |   |                      | NC                      | 275                    | 16                    |                             |                |
| 2701          | НС                 | MEST                              | EAI                 | D RD                                   |                                |                          |                        |               | 503                  | CHAPEL  | HILI                 | Ĺ                       |                        |                       |                             |                |
| 06            |                    |                                   | 221                 | L96                                    |                                | 16                       |                        |               | 0                    | 26C   | !                    |                         |                        | 0                     |                             | █,             |
| 07            |                    |                                   |                     | 0                                      |                                | 18                       | Y                      |               | 0                    | 26E   |                      |                         |                        | 0                     |                             | 70201          |
| 09            |                    |                                   |                     | 0                                      |                                | 20A                      |                        |               | 706                  | EU  |                      |                         |                        |                       |                             | 590            |
| 10A           |                    |                                   |                     | 0                                      |                                | 20B                      |                        |               | 0                    | 27  |                      |                         |                        | 0                     |                             | 22             |
| 10B           |                    |                                   |                     | 0                                      |                                | 21A                      |                        |               | 0                    | 29  |                      |                         |                        | 0                     |                             |                |
| 11            | S                  | Y                                 | I                   | N                                      |                                | 21B                      |                        |               | 0                    | 30  |                      |                         |                        | 0                     |                             |                |
| 11            |                    |                                   | 107                 | 750                                    |                                | 21C                      |                        |               | 0                    | 31  |                      |                         |                        | 0                     |                             |                |
| 13            |                    |                                   | 000                 | 000                                    |                                | 21D                      |                        |               | 0                    | 32  |                      |                         |                        | 0                     |                             |                |
| 14            |                    |                                   | 114                 | 146                                    |                                | 26A                      |                        |               | 0                    | 34  |                      |                         | 1                      | 05                    |                             |                |
| 15            |                    |                                   | 6                   | 501                                    |                                | 26B                      |                        |               | 0                    |   |                      |                         |                        |                       |                             |                |
| TN            | 3                  | 31745                             | 787                 | 703                                    |                                | PN                       |                        |               |                      | PP  |                      |                         |                        |                       |                             |                |
|               |                    | turn B                            |                     |  | efund D                        |                          |                        | 10!           |                      | ment Due  |                      |                         | )                      |                       |                             |                |
| the best      | and ce<br>of my ki | rtify that I han nowledge a       | ave exa<br>nd belie | mined this return<br>f, they are true, | n and accomp<br>correct, and o | eanying sch<br>complete. | nedules an             | d statem      | ents, and to         | Check here if you to discuss this re                    | u author<br>turn and | ize the No<br>d attachm | orth Caro<br>ents with | lina Dep<br>the paid  | artment of R<br>preparer be | evenue<br>low. |
| <u> </u>      |                    |                                   |                     |  |                                |                          |                        | 1.0:          |                      |   | ,                    | D. /                    |                        | 74578                 |                             | ,              |
| Your Sig      |                    | R USE ON                          | LY If               | prepared by a p                        | erson other t                  | Date<br>nan taxpay       |                        |               | ,                    | nt return, both must sign.<br>ormation of which the pre |                      | Date<br>s any know      |                        | ct Phone              | No. (Include a              | rea code)      |
|               |                    |                                   |                     |  |                                |                          |                        |               |                      |   |                      |                         |                        |                       |                             |                |
|               |                    | EPARE:<br>Signature               | D                   |  |                                | Date                     | Prepa                  | arer's Co     | ntact Phone Numl     | per (Include area code)                                 |                      |                         | Prepa                  | rer's FEIN            | I, SSN, or PTII             | <u> </u>       |
|               | lf y               | ou ARE I                          | NOT d               |  | -                              |                          |                        |               |                      | O. BOX R, RALEIGH                                       |                      |                         |                        | H, NC 27              | 640-0640                    | <b></b>        |

| Name   | (First 10 Characters) POLIMERA Your Social Security Number   | 30871   | L1612       |
|--|--|---|-------------|
|  | D-400 Line-by-Line Information   |   |             |
| 6.   | Federal Adjusted Gross Income  | 6.  | 22196       |
| 7.   | Additions to Federal Adjusted Gross Income   | 7.  | 0           |
| 8.   | Add Lines 6 and 7  | 8.  | 22196       |
| 9.   | Deductions From Federal Adjusted Gross Income  | 9.  | 22190       |
| 10.  | Child Deduction  | Э.  |             |
| 10.  | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit  | 10a.  | C           |
|  | b. Enter the amount of the child deduction   | 10b.  | (           |
| 11.  | N.C. Standard Deduction  | 11.   | 7           |
| 11.  | N.C. Itemized Deduction  | 11.   | 1           |
| 11.  | Deduction amount   | 11.   | 10750       |
| 12.  | a. Add Lines 9, 10b, and 11  | 12a.  | 10750       |
|  | b. Subtract amount on Line 12a from Line 8   | 12b.  | 11446       |
| 13.  | Part-year Residents and Nonresidents Taxable Percentage  | 13.   | 0.0000      |
| 14.  | N.C. Taxable Income  | 14.   | 11446       |
| 15.  | N.C. Income Tax  | 15.   | 601         |
| 16.  | Tax Credits  | 16.   | (           |
| 17.  | Subtract Line 16 from Line 15  | 17.   | 601         |
| 18.  | Consumer Use Tax   | 18.   | (           |
|  | You certify that no Consumer Use Tax is due  |   | 7           |
| 19.  | Add Lines 17 and 18  | 19.   | 601         |
|  | Carolina Income Tax Withheld   |   |             |
| North  |  |   |             |
| <u>North</u>   |  |   |             |
| North<br>20a.  | Your tax withheld  | 20a.  | 706         |
| 20a.<br>20b.   | Spouse's tax withheld  | 20a.<br>20b.  | 70 <i>6</i> |
| 20a.<br>20b.<br><b>Other</b>   | Spouse's tax withheld  Tax Payments  | 20b.  | (           |
| 20a.<br>20b.<br><b>Other</b><br>21a.   | Spouse's tax withheld  Tax Payments  2020 estimated tax  | 20b.<br>21a.  | (           |
| 20a.<br>20b.<br><b>Other</b><br>21a.<br>21b.   | Spouse's tax withheld  Tax Payments  2020 estimated tax Paid with extension  | 20b.<br>21a.<br>21b.  | (           |
| 20a.<br>20b.<br>Other<br>21a.<br>21b.<br>21c.  | Spouse's tax withheld  Tax Payments  2020 estimated tax Paid with extension Partnership  | 20b.<br>21a.<br>21b.<br>21c.  | (           |
| 20a.<br>20b.<br>Other<br>21a.<br>21b.<br>21c.<br>21d.  | Spouse's tax withheld  Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation  | 20b.<br>21a.<br>21b.<br>21c.<br>21d.  | (           |
| 20a.<br>20b.<br>Other<br>21a.<br>21b.<br>21c.<br>21d.<br>22.   | Spouse's tax withheld  Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments   | 20b.<br>21a.<br>21b.<br>21c.<br>21d.<br>22.   | ((          |
| 20a.<br>20b.<br>Other<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.  | Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments   | 20b.<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.  | 706         |
| 20a.<br>20b.<br>Other<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.   | Spouse's tax withheld  Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds  | 21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.   | 706         |
| 20a.<br>20b.<br>Other<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.  | Spouse's tax withheld  Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23  | 21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.  | 706<br>706  |
| 20a.<br>20b.<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.   | Spouse's tax withheld  Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due  | 21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.  | 706<br>706  |
| 20a.<br>20b.<br>Other<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.                                    | Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties   | 21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.                                      | 706         |
| 20a.<br>20b.<br>Other<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.                            | Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23  Tax Due Penalties Interest   | 21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.                              | 706<br>706  |
| 20a.<br>20b.<br>Other<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.                            | Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23  Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d  | 20b.<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.<br>26d.              | 706<br>706  |
| 20a.<br>20b.<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.<br>26d.<br>EU                       | Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax  | 20b.<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.<br>26d.<br>EU        | 706         |
| 20a.<br>20b.<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.<br>26d.<br>EU<br>26e.               | Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax   | 21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.<br>26d.<br>EU<br>26e.        | 706         |
| 20a.<br>20b.<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.<br>26d.<br>EU<br>26e.<br>27.        | Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount   | 21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.<br>26d.<br>EU<br>26e.<br>27. | 706         |
| 20a.<br>20b.<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.<br>26d.<br>EU<br>26e.               | Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax   | 21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.<br>26d.<br>EU<br>26e.        | 706         |
| 20a.<br>20b.<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.<br>26d.<br>EU<br>26e.<br>27.<br>28. | Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount   | 21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.<br>26d.<br>EU<br>26e.<br>27. | 706         |
| 20a.<br>20b.<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.<br>26d.<br>EU<br>26e.<br>27.<br>28. | Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23  Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment  | 21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.<br>26d.<br>EU<br>26e.<br>27. | 700         |
| 20a.<br>20b.<br>21a.<br>21b.<br>21c.<br>21d.<br>22.<br>23.<br>24.<br>25.<br>26a.<br>26b.<br>26c.<br>26d.<br>EU<br>26e.<br>27.<br>28. | Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment  int of Refund to Apply to:   | 20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.                                 | 706         |
| 20a. 20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.  Amou   | Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment Int of Refund to Apply to:  Amount of Line 28 to be applied to 2021 Estimated Income Tax  | 20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.                                 | 706         |
| 20a. 20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.  Amou   | Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment  and of Refund to Apply to:  Amount of Line 28 to be applied to 2021 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund                               | 20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.                                 | 706         |
| 20a. 20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.  Amou   | Tax Payments  2020 estimated tax Paid with extension Partnership S Corporation Amended Returns Only - Previous payments Total Payments Amended Returns Only - Previous refunds Subtract Line 24 from Line 23 Tax Due Penalties Interest Add Lines 26b and 26c and enter the total on 26d Exception to Underpayment of Estimated Tax Interest on the Underpayment of Estimated Income Tax Pay this Amount Overpayment  and of Refund to Apply to:  Amount of Line 28 to be applied to 2021 Estimated Income Tax N.C. Nongame and Endangered Wildlife Fund N.C. Education Endowment Fund | 20b.  21a. 21b. 21c. 21d. 22. 23. 24. 25. 26a. 26b. 26c. 26d. EU 26e. 27. 28.                                 | 706         |