

MetaFin Consulting, LLC

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Secaucus, NJ 07094

3233252898

Client TAX90537

March 31, 2021

RAHUL ABASAHEB and NILIMA RAHUL GAIKWAD**3063 WHITE ASH TRL #3063****ORLANDO, FL 32826****Home: (407) 435-5077 Work: (407) 361-1900 Mobile: (407) 435-5077****FEDERAL FORMS****Form 1040****Form 8879****2020 U.S. Individual Income Tax Return****IRS e-file Signature Authorization****FEE SUMMARY****Preparation Fee**

RAHUL ABASAHEB AND NILIMA RAHUL GAIKWAD

867-76-8457

	2020	2019	Diff
INCOME			
Wages, salaries, tips, etc.....	73,302	53,339	19,963
Total income.....	73,302	53,339	19,963
ADJUSTMENTS TO INCOME			
Total adjustments.....	0	0	0
Adjusted gross income.....	73,302	53,339	19,963
ITEMIZED DEDUCTIONS			
Taxes.....	836	721	115
Interest.....	1,850	2,850	-1,000
Total itemized deductions.....	2,686	3,571	-885
TAX COMPUTATION			
Standard deduction.....	24,800	24,400	400
Larger of itemized or standard deduction	24,800	24,400	400
Taxable income.....	48,502	28,939	19,563
Tax before credits.....	5,428	3,083	2,345
CREDITS			
Total credits.....	0	0	0
Tax after credits.....	5,428	3,083	2,345
OTHER TAXES			
Total tax.....	5,428	3,083	2,345
PAYMENTS			
Federal income tax withheld.....	5,819	4,204	1,615
Other payments.....	1,200	0	1,200
Total payments.....	7,019	4,204	2,815
REFUND OR AMOUNT DUE			
Amount overpaid.....	1,591	1,121	470
Amount refunded to you.....	1,591	1,121	470
Amount you owe.....	0	0	0
TAX RATES			
Marginal tax rate.....	12.0%	12.0%	0.0%
Effective tax rate.....	11.2%	10.7%	0.5%

Federal**2020 Federal Form 1040 Electronic Financial Transaction Information.**

The taxpayer(s) will receive a refund of \$1,591 which will be deposited directly into the following account.

Name of Bank: BANK OF AMERICA
Routing Transit Number: 063100277
Account Number: *****5080
Account Type: Checking

RAHUL ABASAHEB AND NILIMA RAHUL GAIKWAD

867-76-8457

Forms needed for this return

Federal: 1040, 8879

Tax Rates

	<u>Marginal</u>	<u>Effective</u>
Federal	12.0%	11.2%

Carryovers to 2021

None

IRS e-file Signature Authorization

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

OMB No. 1545-0074

Submission Identification Number (SID) ► 981332202108804g84s1

Taxpayer's name RAHUL ABASAHEB GAIKWAD	Social security number 867-76-8457
Spouse's name NILIMA RAHUL GAIKWAD	Spouse's social security number 971-97-4768

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	73,302.
2	Total tax.....	2	5,428.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099.....	3	5,819.
4	Amount you want refunded to you.....	4	1,591.
5	Amount you owe.....	5	

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 MetaFin Consulting, LLC to enter or generate my PIN 01490 as my
ERO firm name
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 MetaFin Consulting, LLC to enter or generate my PIN 13735 as my
ERO firm name
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.

98133261112
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 ► Vijay K Koukuntla Date ► _____

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

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (Rev. 01-2021)

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 RAHUL ABASAHEB GAIKWAD		Last name GAIKWAD	Your social security number 867-76-8457
If joint return, spouse's first name and middle initial NILIMA RAHUL GAIKWAD		Last name GAIKWAD	Spouse's social security number 971-97-4768
Home address (number and street). If you have a P.O. box, see instructions. 3063 WHITE ASH TRL #3063			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. ORLANDO, FL 32826			
Foreign country name	Foreign province/state/county	Foreign postal code	

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

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

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2.	1	73,302.
2a	Tax-exempt interest	2a	
2b	Taxable interest	2b	
3a	Qualified dividends	3a	
3b	Ordinary dividends	3b	
4a	IRA distributions	4a	
4b	Taxable amount	4b	
5a	Pensions and annuities	5a	
5b	Taxable amount	5b	
6a	Social security benefits	6a	
6b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	7	
8	Other income from Schedule 1, line 9.	8	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income .	9	73,302.
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	
11	Subtract line 10c from line 9. This is your adjusted gross income .	11	73,302.
12	Standard deduction or itemized deductions (from Schedule A).	12	24,800.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A.	13	
14	Add lines 12 and 13.	14	24,800.
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	48,502.

BAA 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	16	
2 <input type="checkbox"/> 4972	3 <input type="checkbox"/> _____		
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	5,428.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,428.
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	5,428.
25	Federal income tax withheld from :		
a	Form(s) W-2	25a	5,819.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	5,819.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) No	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	1,200.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,200.
33	Add lines 25d, 26, and 32. These are your total payments	33	7,019.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,591.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,591.
b	Routing number 063100277	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 898088225080		
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 now	37	
	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	

• If you have a qualifying child, attach Sch. EIC.

• If you have nontaxable combat pay, see instructions.

Refund

Direct deposit?
See instructions.

Amount You Owe

For details on how to pay, see instructions.

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 **Vijay K Koukuntla** Phone no. **3233252898** Personal identification number (PIN) **61112**

Sign Here

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOMEMAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. **(407) 361-1900**

Email address

Paid Preparer Use Only

Preparer's name Vijay K Koukuntla	Preparer's signature Vijay K Koukuntla	Date	PTIN P01946338	Check if: <input type="checkbox"/> Self-employed
Firm's name MetaFin Consulting, LLC	Firm's address 206 Harmon Cove Towers Secaucus, NJ 07094		Phone no. 3233252898	Firm's EIN 47-4861613

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

Form **1040** (2020)