

Equivalences des revenus de mes parent en euros

49,874.88 Euro (59,194 Dollars)

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 IDIATOU | Last name BARRY | Your social security number 090-94-3353 | |
| If joint return, spouse's first name and middle initial IBRAHIMA II | Last name BARRY | Spouse's social security number 579-45-6250 | |
| Home address (number and street). If you have a P.O. box, see instructions. 1514 KINNAIRD TER NE | | 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. LEESBURG | State VA | | ZIP code 20176 |
| 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): | | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) check if qualifies for (see instructions): | |
|--|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| | | | | | | Child tax credit | Credit for other dependents |
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--------------------------------|-----------|---|------------|---------------|
| Attach Schedule B if required. | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 31,498 |
| | 2a | Tax-exempt interest | 2a | |
| | 3a | Qualified dividends | 3a | |
| | 4a | IRA distributions | 4a | |
| | 5a | Pensions and annuities | 5a | |
| | 6a | Social security benefits | 6a | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 7 | |
| | 8 | Other income from Schedule 1, line 9 | 8 | 26,330 |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | 9 | 59,194 |
| | 10 | Adjustments to income: | | |
| | a | From Schedule 1, line 22 | 10a | |
| | b | Charitable contributions if you take the standard deduction. See instructions | 10b | |
| | c | Add lines 10a and 10b. These are your total adjustments to income | 10c | 0 |
| | 11 | Subtract line 10c from line 9. This is your adjusted gross income | 11 | 59,194 |

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **01**

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

IDIATOU & IBRAHIMA II BARRY

Your social security number

090-94-3353

Part I Additional Income

| | | | |
|-----------|---|-----------|---------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) . . . ▶ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | (3 , 3 0 4) |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | 29 , 6 3 4 |
| 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 | 9 | 26 , 3 3 0 |

Part II Adjustments to Income

| | | | |
|------------|--|------------|---|
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | 0 |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| b | Recipient's SSN ▶ | | |
| c | Date of original divorce or separation agreement (see instructions) . . . ▶ | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees deduction. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22 | 0 |

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

Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**

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

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

OMB No. 1545-0074

2020Attachment
Sequence No. **02**

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

IDIATOU & IBRAHIMA II BARRY

Your social security number

090-94-3353

Part I Tax

| | | | |
|----------|--|----------|---|
| 1 | Alternative minimum tax. Attach Form 6251 | 1 | |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | |
| 3 | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 | 3 | 0 |

Part II Other Taxes

| | | | |
|-----------|--|-----------|---|
| 4 | Self-employment tax. Attach Schedule SE | 4 | |
| 5 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 5 | |
| 6 | Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required | 6 | 0 |
| 7a | Household employment taxes. Attach Schedule H | 7a | |
| b | Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required | 7b | |
| 8 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____ | 8 | |
| 9 | Section 965 net tax liability installment from Form 965-A | 9 | |
| 10 | Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b | 10 | 0 |

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

Schedule 2 (Form 1040) 2020

SCHEDULE 3
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Credits and Payments**

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

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

OMB No. 1545-0074

2020Attachment
Sequence No. **03**

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

IDIATOU & IBRAHIMA II BARRY

Your social security number

090-94-3353

Part I Nonrefundable Credits

| | | | |
|---|---|---|-----|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | 138 |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____ | 6 | |
| 7 | Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 7 | 138 |

Part II Other Payments and Refundable Credits

| | | | |
|----|--|-----|---|
| 8 | Net premium tax credit. Attach Form 8962 | 8 | |
| 9 | Amount paid with request for extension to file (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: | | |
| a | Form 2439 | 12a | |
| b | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 | 12b | |
| c | Health coverage tax credit from Form 8885 | 12c | |
| d | Other: _____ | 12d | |
| e | 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, line 31 | 13 | 0 |

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

Schedule 3 (Form 1040) 2020

SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2020Attachment
Sequence No. **09**

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

| | | |
|--|--|---|
| Name of proprietor IDIATOU BARRY | | Social security number (SSN) 090-94-3353 |
| A Principal business or profession, including product or service (see instructions) SALES AND EXPORT | | B Enter code from instructions 999999 |
| C Business name. If no separate business name, leave blank. YAYE LLC | | D Employer ID number (EIN) (see instr.) 85-4056450 |
| E Business address (including suite or room no.) ► 1514 KINNAIRD TER NE City, town or post office, state, and ZIP code LEESBURG, VA 20176 | | |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ► | | |
| G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| H If you started or acquired this business during 2020, check here | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions | | Yes <input checked="" type="checkbox"/> No |
| J If "Yes," did you or will you file required Form(s) 1099? | | Yes <input checked="" type="checkbox"/> No |

Part I Income

| | | | |
|---|--------------------------|---|---|
| 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked | <input type="checkbox"/> | 1 | 0 |
| 2 Returns and allowances | | 2 | 0 |
| 3 Subtract line 2 from line 1 | | 3 | 0 |
| 4 Cost of goods sold (from line 42) | | 4 | |
| 5 Gross profit. Subtract line 4 from line 3. | | 5 | 0 |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | 6 | |
| 7 Gross income. Add lines 5 and 6 | | 7 | 0 |

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

| | | | | | |
|--|-----|---------|--|-----|-------|
| 8 Advertising | 8 | | 18 Office expense (see instructions) | 18 | |
| 9 Car and truck expenses (see instructions) | 9 | | 19 Pension and profit-sharing plans | 19 | |
| 10 Commissions and fees | 10 | | 20 Rent or lease (see instructions): | | |
| 11 Contract labor (see instructions) | 11 | | a Vehicles, machinery, and equipment | 20a | |
| 12 Depletion | 12 | | b Other business property | 20b | |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | 21 Repairs and maintenance | 21 | |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) | 22 | |
| 15 Insurance (other than health) | 15 | | 23 Taxes and licenses | 23 | |
| 16 Interest (see instructions): | | | 24 Travel and meals: | | |
| a Mortgage (paid to banks, etc.) | 16a | | a Travel | 24a | |
| b Other | 16b | | b Deductible meals (see instructions) | 24b | |
| 17 Legal and professional services | 17 | | 25 Utilities | 25 | |
| | | | 26 Wages (less employment credits) | 26 | |
| | | | 27a Other expenses (from line 48) | 27a | 3,304 |
| | | | b Reserved for future use | 27b | |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a. | 28 | 3,304 | | | |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | (3,304) | | | |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | | | |
| 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | (3,304) | | | |
| 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | | 32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020

| | |
|---------------------------------|---------------------------|
| Name(s) IDIATOU BARRY | SSN 090-94-3353 |
|---------------------------------|---------------------------|

Part III **Cost of Goods Sold** (see instructions)

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

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

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

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

| | |
|---|-----------------|
| SHIPMENT 1 | 515 |
| SHIPMENT 2 | 2,789 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 48 Total other expenses. Enter here and on line 27a | 48 3,304 |

**Additional Taxes on Qualified Plans
(Including IRAs) and Other Tax-Favored Accounts**▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**▶ **Go to www.irs.gov/Form5329 for instructions and the latest information.**

OMB No. 1545-0074

2020Attachment
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

Your social security number

IDIATOU BARRY**090-94-3353****Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended
return, check here ▶ ☐

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 6, without filing Form 5329. See the instructions for Schedule 2 (Form 1040), line 6.**Part I Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution (other than a distribution related to a qualified disaster or a coronavirus-related distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040)—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

| | | | |
|----------|--|----------|--------------|
| 1 | Early distributions included in income. For Roth IRA distributions, see instructions | 1 | 1,366 |
| 2 | Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: 12 | 2 | 1,366 |
| 3 | Amount subject to additional tax. Subtract line 2 from line 1 | 3 | |
| 4 | Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 6 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions. | 4 | |

Part II Additional Tax on Certain Distributions From Education Accounts and ABL Accounts. Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABL account.

| | | | |
|----------|--|----------|--|
| 5 | Distributions included in income from a Coverdell ESA, a QTP, or an ABL account | 5 | |
| 6 | Distributions included on line 5 that are not subject to the additional tax (see instructions) | 6 | |
| 7 | Amount subject to additional tax. Subtract line 6 from line 5 | 7 | |
| 8 | Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 6 | 8 | |

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2020 than is allowable or you had an amount on line 17 of your 2019 Form 5329.

| | | | |
|-----------|--|-----------|--|
| 9 | Enter your excess contributions from line 16 of your 2019 Form 5329. See instructions. If zero, go to line 15 | 9 | |
| 10 | If your traditional IRA contributions for 2020 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0- | 10 | |
| 11 | 2020 traditional IRA distributions included in income (see instructions) | 11 | |
| 12 | 2020 distributions of prior year excess contributions (see instructions) | 12 | |
| 13 | Add lines 10, 11, and 12 | 13 | |
| 14 | Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0- | 14 | |
| 15 | Excess contributions for 2020 (see instructions) | 15 | |
| 16 | Total excess contributions. Add lines 14 and 15 | 16 | |
| 17 | Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2020 (including 2020 contributions made in 2021). Include this amount on Schedule 2 (Form 1040), line 6 | 17 | |

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2020 than is allowable or you had an amount on line 25 of your 2019 Form 5329.

| | | | |
|-----------|---|-----------|--|
| 18 | Enter your excess contributions from line 24 of your 2019 Form 5329. See instructions. If zero, go to line 23 | 18 | |
| 19 | If your Roth IRA contributions for 2020 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0- | 19 | |
| 20 | 2020 distributions from your Roth IRAs (see instructions) | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0- | 22 | |
| 23 | Excess contributions for 2020 (see instructions) | 23 | |
| 24 | Total excess contributions. Add lines 22 and 23 | 24 | |
| 25 | Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2020 (including 2020 contributions made in 2021). Include this amount on Schedule 2 (Form 1040), line 6 | 25 | |

Health Savings Accounts (HSAs)

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to www.irs.gov/Form8889 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **52**

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

IDIATOU & IBRAHIMA II BARRY

Social security number of HSA
beneficiary. If both spouses
have HSAs, see instructions ► **090-94-3353**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | | |
|----|---|-----------|---|---------------------------------|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions | ► | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family |
| 2 | HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | | 2 | |
| 3 | If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter. | | 3 | 4,550 |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs | | 4 | |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | 4,550 |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter | | 6 | 4,550 |
| 7 | If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions | | 7 | |
| 8 | Add lines 6 and 7 | | 8 | 4,550 |
| 9 | Employer contributions made to your HSAs for 2020 | 9 | | 2,675 |
| 10 | Qualified HSA funding distributions | 10 | | |
| 11 | Add lines 9 and 10 | | 11 | 2,675 |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | | 12 | 1,875 |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12. | | 13 | |

Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|-----|---|------------|--------------------------|
| 14a | Total distributions you received in 2020 from all HSAs (see instructions) | 14a | 3,373 |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b | |
| c | Subtract line 14b from line 14a | 14c | 3,373 |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | 3,373 |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line | 16 | 0 |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here | ► | <input type="checkbox"/> |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box | 17b | |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | | |
|----|---|-----------|--|
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box | 21 | |

Credit for Qualified Retirement Savings Contributions

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
 ► **Go to www.irs.gov/Form8880 for the latest information.**

Name(s) shown on return

IDIATOU & IBRAHIMA II BARRY

Your social security number

090-94-3353*You **cannot** take this credit if **either** of the following applies.***CAUTION!**

- *The amount on Form 1040, 1040-SR, or Form 1040-NR, line 11, is more than \$32,500 (\$48,750 if head of household; \$65,000 if married filing jointly).*
- *The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 2003; **(b)** is claimed as a dependent on someone else's 2020 tax return; or **(c)** was a **student** (see instructions).*

| | (a) You | (b) Your spouse |
|---|----------|-----------------|
| 1 Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2020. Do not include rollover contributions | 1 | |
| 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2020 (see instructions) | 2 | 1,383 |
| 3 Add lines 1 and 2 | 3 | 1,383 |
| 4 Certain distributions received after 2017 and before the due date (including extensions) of your 2020 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception | 4 | |
| 5 Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 1,383 |
| 6 In each column, enter the smaller of line 5 or \$2,000. | 6 | 1,383 |
| 7 Add the amounts on line 6. If zero, stop ; you can't take this credit | 7 | 1,383 |
| 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11* | 8 | 59,194 |
| 9 Enter the applicable decimal amount from the table below: | | |

| If line 8 is - | | And your filing status is - | | |
|--------------------------|----------------|-----------------------------|-------------------|--|
| Over - | But not over - | Married filing jointly | Head of household | Single, Married filing separately, or Qualifying widow(er) |
| Enter on line 9 - | | | | |
| --- | \$19,500 | 0.5 | 0.5 | 0.5 |
| \$19,500 | \$21,250 | 0.5 | 0.5 | 0.2 |
| \$21,250 | \$29,250 | 0.5 | 0.5 | 0.1 |
| \$29,250 | \$31,875 | 0.5 | 0.2 | 0.1 |
| \$31,875 | \$32,500 | 0.5 | 0.1 | 0.1 |
| \$32,500 | \$39,000 | 0.5 | 0.1 | 0.0 |
| \$39,000 | \$42,500 | 0.2 | 0.1 | 0.0 |
| \$42,500 | \$48,750 | 0.1 | 0.1 | 0.0 |
| \$48,750 | \$65,000 | 0.1 | 0.0 | 0.0 |
| \$65,000 | --- | 0.0 | 0.0 | 0.0 |

Note: If line 9 is zero, **stop**; you can't take this credit.

| | | |
|---|-----------|--------------|
| 10 Multiply line 7 by line 9 | 10 | 138 |
| 11 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions | 11 | 3,574 |
| 12 Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4 | 12 | 138 |

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

For Paperwork Reduction Act Notice, see your tax return instructions.Form **8880** (2020)

Standard DeductionSee *Standard Deduction Chart* on the last page of this form.

| | | | |
|-----------|--|------------|--------|
| 12 | Standard deduction or itemized deductions (from Schedule A) | 12 | 26,100 |
| 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | 13 | |
| 14 | Add lines 12 and 13 | 14 | 26,100 |
| 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 33,094 |
| 16 | Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____ | 16 | 3,574 |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 3,574 |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | 138 |
| 21 | Add lines 19 and 20 | 21 | 138 |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 3,436 |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0 |
| 24 | Add lines 22 and 23. This is your total tax ▶ | 24 | 3,436 |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 1,934 |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 1,934 |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 0 |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits ▶ | 32 | 0 |
| 33 | Add lines 25d, 26, and 32. These are your total payments ▶ | 33 | 1,934 |

- If you have a qualifying child, attach Sch. EIC.
- If you have nontaxable combat pay, see instructions.

| | | | | |
|-----------------------------------|------------|---|------------|--|
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | |
| | 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | |
| | 36 | Amount of line 34 you want applied to your 2021 estimated tax 36 | | |
| Direct deposit? See instructions. | b | Routing number <input type="text"/> | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | d | Account number <input type="text"/> | | |
| Amount You Owe | 37 | Subtract line 33 from line 24. This is the amount you owe now 37 | | 1,502 |
| | 38 | Estimated tax penalty (see instructions) 38 | | |

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.

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

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

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

| | | | | |
|---|---|-------------------|----------------------------|--|
| Joint return? See instructions. Keep a copy for your records. | 13645 | 03-03-2021 | DIRECT SUPPORT PROF | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/> |
| | Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/> |
| | 39914 | 03-03-2021 | | |
| | Phone no. | Email address | | |

Paid Preparer Use Only

| | | | |
|--|-------------------------------|--------------------------|---|
| Preparer's signature STEVENS Y K | Date 03-03-2021 | PTIN P01231678 | Check if: <input type="checkbox"/> Self-employed |
| Preparer's name STEVENS Y K | Phone no. 301-200-3657 | | |
| Firm's name METRONET LOGISTICS | Firm's EIN 47-1163744 | | |
| Firm's address 6480 NEW HAMPSHIRE AVE STE 201 TAKOMA PARK, MD 20912 | | | |

Go to www.irs.gov/Form1040SR for instructions and the latest information.Form **1040-SR** (2020)

EEA

2020 Form 1040-V Payment Voucher and Filing Instructions
IDIATOU & IBRAHIMA II BARRY

Due date:

04-15-2021

Balance due:

\$1,502

Transaction method:

To pay by check or money order, write "2020 Form 1040-SR," your name, address, SSN or ITIN, and daytime phone number on the payment, make it payable to "United States Treasury," and mail with Form 1040-V to the address below. To pay using your bank account (at no extra cost to you), go to IRS.gov/Payments. To pay by credit or debit card (for a fee), go to 1040paytax.com.

Mail-to address:

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

Taxpayer records:

Amount paid _____
Check number _____
Date mailed _____

Form 1040-V (2020)

▼ Detach Here and Mail With Your Payment and Return ▼

| | | | |
|--|--|--|-------------------|
| Form 1040-V Department of the Treasury Internal Revenue Service (99) | Payment Voucher | | OMB No. 1545-0074 |
| | ▶ Do not staple or attach this voucher to your payment or return. Go to www.irs.gov/Payments for payment options and information. | | 2020 |
| 1 Your social security number (SSN) (if a joint return, SSN shown first on your return) | 2 If a joint return, SSN shown second on your return | 3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury" | 1,502 |
| 090-94-3353 | 579-45-6250 | | |

EEA

IDIATOU & IBRAHIMA II BARRY
1514 KINNAIRD TER NE
LEESBURG, VA 20176

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

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

090943353 ZZ BARR 30 0 202012 610

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ►

Taxpayer's name

IDIATOU BARRY

Spouse's name

IBRAHIMA II BARRY

Social security number

090-94-3353

Spouse's social security number

579-45-6250

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 | 59,194 |
| 2 | Total tax | 2 | 3,436 |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 1,934 |
| 4 | Amount you want refunded to you | 4 | |
| 5 | Amount you owe | 5 | 1,502 |

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 (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 METRONET LOGISTICS to enter or generate my PIN 13645 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 METRONET LOGISTICS to enter or generate my PIN 39914 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. 272804-91226
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 ► STEVENS Y K Date ► 03-03-2021

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

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

Form 8879 (Rev. 01-2021)

FOR TAX YEAR 2020

IDIATOU & IBRAHIMA II BARRY

METRONET LOGISTICS

6480 NEW HAMPSHIRE AVE STE 201

TAKOMA PARK, MD 20912

(301)200-3657

METRONET LOGISTICS

6480 NEW HAMPSHIRE AVE STE 201
TAKOMA PARK, MD 20912
STEVENS.K@METRONETLOGISTICS.COM
Phone: (301)200-3657 | Fax: (301)200-3657

March 03, 2021

Idiatou & Ibrahima II Barry
1514 Kinnaird Ter NE
Leesburg, VA 20176

Subject: Preparation of Your 2020 Tax Returns

Idiatou & Ibrahima II Barry:

Thank you for choosing METRONET LOGISTICS to assist you with your 2020 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2020 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2020 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (301)200-3657.

Sincerely,

Stevens Y K
METRONET LOGISTICS

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

METRONET LOGISTICS

6480 NEW HAMPSHIRE AVE STE 201
TAKOMA PARK, MD 20912
STEVENS.K@METRONETLOGISTICS.COM
Phone: (301)200-3657 | Fax: (301)200-3657

March 03, 2021

Idiatou & Ibrahima II Barry
1514 Kinnaird Ter NE
Leesburg, VA 20176

Idiatou & Ibrahima II Barry:

| Return Type | Refund/Balance Due | Transaction Method |
|---------------------|---------------------|--------------------------|
| Federal Income Tax | \$1,502 Balance Due | Mail a check |
| Virginia Income Tax | \$1,108 Refund | Direct Deposit to **2709 |

The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Federal Income Tax
Virginia Income Tax

Mail payment on or before due date to the following address:

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

Sincerely,

Stevens Y K
METRONET LOGISTICS

METRONET LOGISTICS

6480 NEW HAMPSHIRE AVE STE 201
TAKOMA PARK, MD 20912
STEVENS.K@METRONETLOGISTICS.COM
Phone: (301)200-3657 | Fax: (301)200-3657

March 03, 2021

Idiatou & Ibrahima II Barry
1514 Kinnaird Ter NE
Leesburg, VA 20176

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (301)200-3657.

Sincerely,

Stevens Y K
METRONET LOGISTICS

1040

Individual Diagnostic Summary

2020

Name(s)

IDIATOU & IBRAHIMA II BARRY

Social Security No.

090-94-3353

Spouse SSN No.

579-45-6250

Mailing Address:TaxpayerSpouse1514 KINNAIRD TER NE
LEESBURG, VA 20176

Daytime Phone: 571-419-8421
 Evening Phone: 571-419-8421
 Cell Phone: 571-419-8421
 TP email: IDIATOU64@GMAIL.COM
 SP email:

703-850-5069
 703-850-5069
 703-850-5069

Resident State: VA

Date of Birth: Taxpayer 04-30-1964

Spouse 08-12-1954

Dependent Information: (*If more than 5 dependents see last page of summary)

| Name | SSN | Relationship | Date of Birth | Dependent Status |
|-------------|-------------|--------------|---------------|------------------|
| ALPHA BARRY | 578-45-3217 | SON | 05-10-1994 | Not A Dependent |

Preparer: STEVENS Y K

Invoice:

Date: 03-03-2021

Return Information Form Type: 1040-SR

| Item on Return | 2020 Federal | 2019 Federal (If available) |
|--|--------------|-----------------------------|
| Filing Status | 2 | 2 |
| Exemptions (suspended until tax year 2025) | N\A | N\A |
| Total Income | 59,194 | 33,054 |
| AGI | 59,194 | 33,054 |
| Deductions | 26,100 | 25,700 |
| Taxable Income | 33,094 | 7,354 |
| Tax (before credits) | 3,574 | 738 |
| Tax (after credits) | 3,436 | |
| Tax Rate Percentage | 12 | 10 |
| EIC | | |
| Additional CTC | | |
| Overpayment | | 1,110 |
| Refund | | 1,110 |
| Refund Applied to ES | | |
| Balance Due | 1,502 | |

Form of Refund/Payment: The client will be sending a check to the IRS.

State/City Information (* If more than 8 states see last page of summary)

| T/S/J | State/City | AGI | Taxable Income | Tax | Refund/ (Balance Due) |
|-------|------------|--------|----------------|-----|-----------------------|
| J | VA760 | 17,560 | 5,900 | | 1,108 |

Account Transaction Summary**2020**

Name(s) as shown on return

Your ID Number

IDIATOU & IBRAHIMA II BARRY

XXX-XX-3353

Account #1

Financial Institution**Routing Transit Number** 256075025**Account Number** 1310015912709**Account Type** checking

State Main Form(s)

VA Deposit 1,108

Net Deposit 1,108

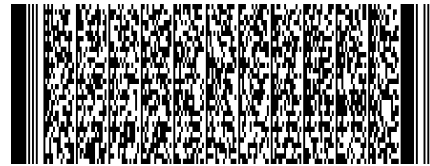
PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize **METRONET LOGISTICS** to use this account.

Your Signature_____
Date_____
Spouse's Signature (If Married Filing Jointly)_____
Date



IDIATOU BARRY
IBRAHIMA II BARRY
1514 KINNAIRD TER NE

LEESBURG VA 20176

| | | | | |
|------------------------------------|------|-----------|-------------------------------------|---------------|
| SSN - You | BARR | 090943353 | Vendor ID | 1024 |
| SSN - Spouse | BARR | 579456250 | | |
| Fed Adj Gross Income (FAGI) | 1. | 59194. | Withholding (VA) - You | 19A. 1108. |
| Additions | 2. | | Withholding (VA) - Spouse | 19B. |
| Subtotal | 3. | 59194. | Estimated Payments | 20. |
| Age Deduction - You | 4A. | | 2019 Overpayment | 21. |
| Age Deduction - Spouse | 4B. | 12000. | Extension Payments | 22. |
| Soc Sec & Tier 1 Railroad | 5. | | Credit - Low-Income or EIC | 23. |
| State Income Tax Overpayment | 6. | | Credit - Schedule OSC | 24. |
| Subtractions | 7. | 29634. | Credits - Schedule CR | 25. |
| Subtotal Subtractions | 8. | 41634. | Total Payments / Credits | 26. 1108. |
| Total VA Adj Gross Income (VAGI) | 9. | 17560. | Tax You Owe | 27. |
| Itemized Deductions - VA Sch A | 10. | | Tax Overpayment | 28. 1108. |
| Standard Deduction | 11. | 9000. | Overpayment Credited to Next Year | 29. |
| Exemptions | 12. | 2660. | VAC - Virginia 529 / ABLEnow | 30. |
| Deductions | 13. | | VAC - Other Contributions | 31. |
| Subtotal (Deductions & Exemptions) | 14. | 11660. | Addition to Tax, Penalty & Interest | 32. |
| VA Taxable Income | 15. | 5900. | Sales and Use Tax | 33. |
| Amount of Tax | 16. | 0. | Amount You Owe | |
| Spouse Tax Adjustment (STA) | 17. | | Will Pay by Credit/Debit Card | |
| VAGI - Spouse | 17A. | | Your Refund | 1108. |
| Net Amount of Tax | 18. | 0. | Bank Routing # | C 256075025 |
| | | | Bank Account # | 1310015912709 |

090943353



Filing Status, Age & License Information

Additional Filing Information

Filing Status 2

Locality 107

Federal Head of Household

Name or Filing Status Change

DOB - You 04301964

Address Change

VA Driver's License ID - You

VA Return Not Filed Last Year

VA Driver's License - Iss. Date - You

Dependent on Another's Return

Spouse Name (Filing Status 3 Only)

Farmer / Fisherman / Merchant Seaman

DOB - Spouse 08121954

Amended

VA Driver's License ID - Spouse

Reason Code

VA Driver's License - Iss. Date - Spouse

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

No Sales & Use Tax Due Indicator X

Obtain Electronic 1099G

ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1

65 & Over - You

Spouse 1

65 & Over - Spouse 1

Dependents

Blind - You

Total (A) 2

Blind - Spouse

Total (B) 1

Contact Information

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

Signature - You _____ Date 030321 Phone - You 5714198421 5714198421

Signature - Spouse _____ Date 030321 Phone - Spouse 7038505069

Signature - Preparer _____ Date 030321 Phone - Preparer 3012003657

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

Preparer Information 7 P01231678

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

STEVENS Y K
METRONET LOGISTICS
6480 NEW HAMPSHIRE AVE STE 201
TAKOMA PARK, MD 20912

2020 Schedule ADJ/CG



090943353

Additions

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

2B.

2C.

Total Additions 3.

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

Total Exemptions 11.

of Personal Exemptions 12.

Total Exemptions Amount or \$0 13.

Federal EIC 14.

20% of Line 14 15.

Greater of Line 13 or Line 15 16.

Credit 17.

Addition to Tax, Penalty & Interest

Addition to Tax 18.

Form 760C Addition

Form 760F Addition

Penalty 19.

Late Filing Penalty

Extension Penalty

Interest 20.

Total Adjustments 21.

Subtractions

Income (US obligations / securities) 4.

Disability Income (wages) - You 5A.

Disability Income (wages) - Spouse 5B.

Other Subtractions

Fixed Date Conformity 6A.

6B. Code 37 29634.

6C. Code

6D. Code

Total Subtractions 7. 29634.

Deductions

8A.

8B.

8C.

Total Deductions 9.

Claiming More Adjustments - Schedule ADJS

Low-Income Credit or VA EIC

Family Name SSN VAGI

You

Spouse

Dependent

Dependent

Total Family VAGI 10.

2020 Schedule INC/CG

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



090943353

IDIATOU BARRY

IBRAHIMA II BARRY

| Your/ Spouse SSN | Withholding Type | VA Withholding | Employer FEIN | VA Account Number | VA Wages, tips, other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| 090943353 | W | 1108. | 546001395 | 30546001395F001 | 31498. |

| Total VA Withholding | SSN | VA Withholding |
|----------------------|-----------|----------------|
| You | 090943353 | 1108. |
| Spouse | | |

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

[illegible]Form VA-8879 (REV. 10/20)

| VA-COMP | Three-year State Tax Return Comparison | | | 2020 |
|---|--|--------|--------|-----------------------------------|
| Name(s) as shown on return IDIATOU & IBRAHIMA II BARRY | | | | Taxpayer ID Number 090-94-3353 |
| | | | | |
| [State] Income Tax Return | 2018 | 2019 | 2020 | Difference 2019-2020 |
| Filing Status | MFJ | MFJ | MFJ | |
| Gross Income | 26,806 | 33,054 | 59,194 | 26,140 |
| Standard Deduction | | 9,000 | 9,000 | |
| Itemized Deduction | | | | |
| Deductions | 6,000 | | | |
| Taxable Income | 17,086 | 8,464 | 5,900 | (2,564) |
| Actual State Income | 17,086 | 8,464 | 5,900 | (2,564) |
| State Income Tax | 112 | | | |
| Local Taxes | | | | |
| Use Tax | | | | |
| Contributions | | | | |
| Income Tax Withheld | 955 | 1,227 | 1,108 | (119) |
| Estimates and Extension payments . . . | | | | |
| Underpayment Penalty | | | | |
| Overpayment Applied to Next Year . . . | | | | |
| Refund | 843 | 1,227 | 1,108 | (119) |
| Balance.Due | | | | |
| Marginal tax rate | 5.750000 | | | |
| Effective tax rate | 0.660000 | | | |
| | | | | |

**Virginia
Worksheet**

Age 65 and Older Deduction Worksheet

(Form 760)
(Keep for your records)

2020

Name(s) as shown on return

IDIATOU & IBRAHIMA II BARRY

Your social security number

090-94-3353

FOR 2020: Only taxpayers born on or between January 2, 1939, and January 1, 1956, may claim an income-based age deduction for the 2020 taxable year. Married taxpayers must enter the combined income of both spouses, regardless of filing status or whether one or both spouses claim an income-based age deduction.

| | | |
|---|--------|--------|
| 1. Enter the number of taxpayers born on or between January 2, 1939, and January 1, 1956, who are claiming an <u>income-based age deduction</u> for Age 65 and Older. A. <i>Filing Status 1, Single:</i> Enter 1. B. <i>All Married Taxpayers:</i> <ul style="list-style-type: none"> If one spouse is claiming an <u>income-based age deduction</u>: Enter 1. If both spouses are eligible to claim an <u>income-based age deduction</u> and both spouses are filing Virginia returns, regardless of whether you are filing jointly or separately: Enter 2. | 1 | |
| 2. Enter your Federal Adjusted Gross Income (FAGI). A. <i>Filing Status 1, Single:</i> Enter your FAGI from your federal return. B. <i>All Married Taxpayers:</i> Enter the combined FAGI for you and your spouse from your federal return(s). | 59,194 | |
| 3. Enter your fixed date conformity (FDC) addition, if applicable. A. <i>Filing Status 1, Single:</i> Enter your FDC addition. B. <i>All Married Taxpayers:</i> Enter the combined FDC addition for you and your spouse. | | |
| 4. Add Line 2 and Line 3 and enter the total. | 59,194 | |
| 5. Enter your fixed date conformity (FDC) subtraction, if applicable. A. <i>Filing Status 1, Single:</i> Enter your FDC subtraction. B. <i>All Married Taxpayers:</i> Enter the combined FDC subtraction for you and your spouse. | | |
| 6. Subtract Line 5 from Line 4 and enter the difference. | 59,194 | |
| 7. Enter your Social Security and Tier 1 Railroad Benefits. A. <i>Filing Status 1, Single:</i> Enter taxable benefits from your federal return. B. <i>All Married Taxpayers:</i> Enter the combined taxable benefits for you and your spouse from your federal return(s). | | |
| 8. Subtract Line 7 from Line 6 and enter the difference. This is your AFAFI. | 59,194 | |
| 9. Enter the income limit for your age deduction - <i>Filing Status 1, Single: enter \$50,000</i> <i>All Married Taxpayers, enter \$75,000</i> | 75,000 | |
| 10. If Line 8 is less than Line 9, your AFAFI is below the threshold. A. <i>Filing Status 1, Single:</i> Enter \$12,000 here and on your return. B. <i>All Married Taxpayers:</i> Enter \$12,000 for each spouse claiming an income-based age deduction here and on your return(s). | You | Spouse |
| | | 12,000 |
| 11. If Line 8 is greater than Line 9, subtract Line 9 from Line 8 and enter the difference. | | |
| 12. Multiply Line 1 by \$12,000 and enter the result. | | |
| 13. If Line 11 is greater than Line 12: You do not qualify for an age deduction. If married and you are computing an income-based age deduction for both spouses, neither spouse qualifies for an age deduction. | | |
| 14. If Line 12 is greater than Line 11, subtract Line 11 from Line 12 and enter the difference. A. <i>Filing Status 1, Single:</i> This is your age deduction. Enter on your return. B. <i>Married Taxpayer and <u>only one spouse</u> claiming an income-based age deduction:</i> This is your age deduction. Enter on your return. C. <i>Married Taxpayers and <u>both spouses</u> claiming an income-based age deduction - Go to Line 15.</i> | | |
| 15. <i>Married Taxpayers and both spouses are claiming an income-based age deduction:</i> Divide Line 14 by 2. Enter the result in the "You" and "Spouse" columns. Enter on your return(s). | You | Spouse |

To compute the age deduction, use the calculator at www.tax.virginia.gov or this worksheet.

Virginia
Worksheet

Adjusted Federal Adjusted Gross Income Worksheet

2020

(Keep for your records)

Name(s) as shown on return

IDIATOU BARRY

Your social security number

090-94-3353

Spouse

Taxpayer

| | | |
|---|---------------|---------------|
| 1. Federal Adjusted Gross Income (FAGI). | 18,162 | 41,032 |
| 2. Enter your fixed date conformity (FDC) addition, if applicable. | | |
| 3. Add Line 1 and Line 2 and enter the total. | 18,162 | 41,032 |
| 4. Enter your fixed date conformity (FDC) subtraction, if applicable. | | |
| 5. Subtract Line 4 from Line 3 and enter the difference. | 18,162 | 41,032 |
| 6. Enter your Social Security and Tier 1 Railroad Benefits. | | |
| 7. Subtract Line 6 from Line 5 and enter the difference. This is your AFAGI. | <u>18,162</u> | <u>41,032</u> |

| | | | | |
|--|---|--------------------|---|--------------------|
| VAWK_AGI | For your records only. Adjusted Gross Income Split Worksheet | | 2020 AGI FD / ST Summary | |
| Name(s) as shown on state return IDIATOU & IBRAHIMA II BARRY | | | Social Security Number 090-94-3353 | |
| Federal 1040 Income and Adjustments | Federal | | State | |
| | Col. A Spouse | Col. B Taxpayer | Col. A Spouse | Col. B Taxpayer |
| Federal 1040 | | | | |
| 1 Wages, salaries, tips, etc. | 1 | 31,498 | | 31,498 |
| 2b Taxable interest | 2b | | | |
| 3b Ordinary dividends | 3b | | | |
| 4b Taxable amount of IRA distributions | 4b | | | |
| 5b Taxable amount of Pensions and annuities | 5b | 1,366 | | 1,366 |
| 6 Taxable amount of Social security benefits | 6 | | | |
| 7 Capital gain or (loss) | 7 | | | |
| Schedule 1 - Additional Income | | | | |
| 1 Taxable refunds, credits, or offsets of state and local income taxes | 1 | | | |
| 2a Alimony received | 2a | | | |
| 3 Business income or (loss) | 3 | (3,304) | | (3,304) |
| 4 Other gains or (losses) | 4 | | | |
| 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. | 5 | | | |
| 6 Farm income or (loss) | 6 | | | |
| 7 Unemployment compensation | 7 | 18,162 | 11,472 | 18,162 |
| 8 Other income. | 8 | | | |
| 9 Add the amounts in each column for Federal 1040 Lines 1-7 and Schedule 1 lines 1-8. This is your total income | 9 | 18,162 | 41,032 | 18,162 |
| Schedule 1 - Adjustments to Income | | | | |
| 10 Educator Expenses | 10 | | | |
| 11 Certain business expenses of reservists, performing artists, & fee-basis gov. officials | 11 | | | |
| 12 Health savings account deduction | 12 | | | |
| 13 Moving expenses | 13 | | | |
| 14 Deductible part of self-employment tax | 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 | | | |
| 19 IRA deduction | 19 | | | |
| 20 Student loan interest deduction | 20 | | | |
| 21 Tuition and fees | 21 | | | |
| 22 Line 22 other adjustments | 22 | | | |
| Charitable Contributions (Standard Deduction Only) | | | | |
| Add lines 10 through 22 plus Charitable Contributions | | | | |
| Line 9 less Line 22. This is your AGI | | 18,162 | 41,032 | 18,162 |

VAWK_PEN

For your records only.
Total Pensions and Annuities Worksheet

2020 Pension
FD/ST Summary

Name(s) as shown on state return

IDIATOU & IBRAHIMA II BARRY

Social Security Number

090-94-3353

Federal

| | Spouse | Taxpayer | Total |
|-----------------------------------|--------|----------|-------|
| 1099R (Line 1) | | 1,366 | 1,366 |
| RRB (Line 7) | | | |
| Income Screen (Line 4d) | | | |

Subtotal:

| | | |
|--|-------|-------|
| | 1,366 | 1,366 |
|--|-------|-------|

Federal's Computation

| | | | |
|---|--|-------|-------|
| Total Pensions and Annuities (Amount carrying to the Federal) | | 1,366 | 1,366 |
|---|--|-------|-------|

State

| | Spouse | Taxpayer | Total |
|-----------------------------------|--------|----------|-------|
| 1099R (Line 1) | | 1,366 | 1,366 |
| RRB (Line 7) | | | |
| Income Screen (Line 4d) | | | |

Subtotal:

| | | |
|--|-------|-------|
| | 1,366 | 1,366 |
|--|-------|-------|

State's Computation

| | | | |
|---|--|-------|-------|
| Total Pensions and Annuities (Amount carrying to the State) | | 1,366 | 1,366 |
|---|--|-------|-------|

Schedule A

Mortgage Insurance Premiums
Deduction Worksheet - Line 8d

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

IDIATOU & IBRAHIMA II BARRY

090-94-3353

Before you begin: See the instructions for line 8d to see if you must use this worksheet to figure your deduction.

1. Enter the total premiums you paid in 2020 for qualified mortgage insurance for a contract issued after December 31, 2006 **1.** 849
2. Enter the amount from Form 1040 or 1040-SR, line 11 **2.** 59,194
3. Enter \$100,000 (\$50,000 if married filing separately) **3.** 100,000
4. Is the amount on line 2 more than the amount on line 3?
 - ☒ **No.** Your deduction isn't limited. Enter the amount from line 1 of this worksheet on Schedule A, line 8d. **Don't** complete the rest of this worksheet.
 - ☐ **Yes.** Subtract line 3 from line 2. If the result isn't a multiple of \$1,000 (\$500 if married filing separately), increase it to the next multiple of \$1,000 (\$500 if married filing separately). For example, increase \$425 to \$1,000, increase \$2,025 to \$3,000; or if married filing separately, increase \$425 to \$500, increase \$2,025 to \$2,500, etc. **4.** _____
5. Divide line 4 by \$10,000 (\$5,000 if married filing separately). Enter the result as a decimal. If the result is 1.0 or more, enter 1.0 **5.** _____
6. Multiply line 1 by line 5 **6.** _____
7. **Mortgage insurance premiums deduction.** Subtract line 6 from line 1. Enter the result here and on Schedule A, line 8d **7.** 849