

**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<br>KIRAN  | Last name<br>ARSHEWAR         | Your social security number<br>299-25-1486 |
| If joint return, spouse's first name and middle initial  | Last name                     | Spouse's social security number            |
| Home address (number and street). If you have a P.O. box, see instructions.<br>1715 US HIGHWAY 46    |                               | Apt. no.<br>431                            |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>PARSIPPANY |                               | State<br>NJ                                |
|  |                               | ZIP code<br>07054                          |
| Foreign country name   | Foreign province/state/county | Foreign postal code                        |

**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.  
 You  Spouse

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

**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) <input checked="" type="checkbox"/> if qualifies for (see instructions): |
|--|----------------|-----------|----------------------------|-------------------------|--|
|  |                |           |                            |                         | Child tax credit   |
| 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"/>   |

|                            |   |     |      |         |
|----------------------------|---|-----|------|---------|
|                            | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  |     | 1    | 90,907. |
| Attach Sch. B if required. | 2a Tax-exempt interest . . . . .  | 2a  |      | 2b      |
|                            | 3a Qualified dividends . . . . .  | 3a  | 151. | 3b      |
|                            | 4a IRA distributions . . . . .  | 4a  |      | 4b      |
|                            | 5a Pensions and annuities . . . . .   | 5a  |      | 5b      |
|                            | 6a Social security benefits . . . . .   | 6a  |      | 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 <b>total income</b> . . . . . ▶                                 |     |      | 9       |
|                            | 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 <b>total adjustments to income</b> . . . . . ▶                                    |     |      | 10c     |
|                            | 11 Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶                                   |     |      | 11      |
|                            | 12 <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .   |     |      | 12      |
|                            | 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .   |     |      | 13      |
|                            | 14 Add lines 12 and 13 . . . . .  |     |      | 14      |
|                            | 15 <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .                             |     |      | 15      |



**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](http://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  
KIRAN ARSHEWAR

Your social security number  
299-25-1486

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____                   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E   | <b>5</b>  | -6,290. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income. List type and amount ▶ <u>Substitute Payment from 1099-Misc</u> . . . . . 6.    | <b>8</b>  | 6.      |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . | <b>9</b>  | -6,284. |

**Part II Adjustments to Income**

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

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://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  
KIRAN ARSHEWAR

Your social security number  
299-25-1486

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 . |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .   | 214,752.                         | 215,002.                        | 16,436.   | 16,186.   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .   |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |   | <b>6</b> ( )  |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .  |                                  |                                 |   | <b>7</b> 16,186.  |

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

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 . |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .  | 7,913.                           | 12,446.                         | 3,847.   | -686.   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .  |                                  |                                 |  |   |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .  |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions. See the instructions . . . . .  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .  |                                  |                                 |  | <b>14</b> ( )   |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .   |                                  |                                 |  | <b>15</b> -686.   |

**Part III Summary**

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

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

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

Name(s) shown on return  
KIRAN ARSHEWAR

Social security number or taxpayer identification number  
299-25-1486

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

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

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

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

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

| 1  | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|--|---|--|--|--|---|--------------------------------|--|
|  |  |   |  |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|  | Robinhood Securities LLC                                     | 07/08/20                                | 11/30/20   | 214,752.   | 215,002.   | W   | 16,436.                        | 16,186.  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
|  |  |   |  |  |  |   |                                |  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ► |  |   |  | 214,752.   | 215,002.   |   | 16,436.                        | 16,186.  |

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





**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

KIRAN ARSHEWAR

299-25-1486

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

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

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

**1a** Physical address of each property (street, city, state, ZIP code)  
**A** 14-11-673 JINSI CHOWRAI MANGALHAT, HYDERABAD TELANGANA IN 500012  
**B**  
**C**

| 1b | Type of Property (from list below) | 2 | For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. |   | Fair Rental Days | Personal Use Days | QJV                      |
|----|------------------------------------|---|---|---|------------------|-------------------|--------------------------|
|    |                                    |   | A   | B |                  |                   |                          |
| A  | 3                                  |   | A   |   | 365              | 0                 | <input type="checkbox"/> |
| B  |                                    |   | B   |   |                  |                   | <input type="checkbox"/> |
| C  |                                    |   | C   |   |                  |                   | <input type="checkbox"/> |

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

| Income:                        | Properties: | A    | B | C |
|--------------------------------|-------------|------|---|---|
| 3 Rents received . . . . .     | 3           | 590. |   |   |
| 4 Royalties received . . . . . | 4           |      |   |   |

| Expenses:   |    | A      | B | C |
|---|----|--------|---|---|
| 5 Advertising . . . . .                                     | 5  |        |   |   |
| 6 Auto and travel (see instructions) . . . . .              | 6  |        |   |   |
| 7 Cleaning and maintenance . . . . .                        | 7  | 1,100. |   |   |
| 8 Commissions. . . . .                                      | 8  |        |   |   |
| 9 Insurance . . . . .                                       | 9  |        |   |   |
| 10 Legal and other professional fees . . . . .              | 10 |        |   |   |
| 11 Management fees . . . . .                                | 11 | 1,250. |   |   |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 |        |   |   |
| 13 Other interest. . . . .                                  | 13 | 1,050. |   |   |
| 14 Repairs. . . . .   | 14 | 1,110. |   |   |
| 15 Supplies . . . . .                                       | 15 | 1,120. |   |   |
| 16 Taxes . . . . .  | 16 |        |   |   |
| 17 Utilities . . . . .                                      | 17 | 1,250. |   |   |
| 18 Depreciation expense or depletion . . . . .              | 18 |        |   |   |
| 19 Other (list) ▶ . . . . .                                 | 19 |        |   |   |
| 20 Total expenses. Add lines 5 through 19 . . . . .         | 20 | 6,880. |   |   |

|   |    |             |     |     |
|---|----|-------------|-----|-----|
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . . | 21 | -6,290.     |     |     |
| 22 Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .  | 22 | ( -6,290. ) | ( ) | ( ) |

|   |     |        |  |  |
|---|-----|--------|--|--|
| 23a Total of all amounts reported on line 3 for all rental properties . . . . . | 23a | 590.   |  |  |
| b Total of all amounts reported on line 4 for all royalty properties . . . . .  | 23b |        |  |  |
| c Total of all amounts reported on line 12 for all properties . . . . .         | 23c |        |  |  |
| d Total of all amounts reported on line 18 for all properties . . . . .         | 23d |        |  |  |
| e Total of all amounts reported on line 20 for all properties . . . . .         | 23e | 6,880. |  |  |

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

**25 Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . . **25** ( 6,290. )

**26 Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . **26** -6,290.



# Passive Activity Loss Limitations

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040, 1040-SR, or 1041.  
▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return  
KIRAN ARSHEWAR

Identifying number  
299-25-1486

## Part I 2020 Passive Activity Loss

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

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

|  |           |            |         |
|--|-----------|------------|---------|
| <b>1a</b> Activities with net income (enter the amount from Worksheet 1, column (a)) . . . . .   | <b>1a</b> | 0.         |         |
| <b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b)) . . . . .      | <b>1b</b> | ( 6,290. ) |         |
| <b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) . . . . . | <b>1c</b> | ( )        |         |
| <b>d</b> Combine lines 1a, 1b, and 1c . . . . .  | <b>1d</b> |            | -6,290. |

### Commercial Revitalization Deductions From Rental Real Estate Activities

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

### All Other Passive Activities

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

|  |          |  |         |
|--|----------|--|---------|
| <b>4</b> Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used . . . . . | <b>4</b> |  | -6,290. |
|--|----------|--|---------|

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

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

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

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

|  |           |          |         |
|--|-----------|----------|---------|
| <b>5</b> Enter the <b>smaller</b> of the loss on line 1d or the loss on line 4 . . . . .   | <b>5</b>  |          | 6,290.  |
| <b>6</b> Enter \$150,000. If married filing separately, see instructions . . . . .   | <b>6</b>  | 150,000. |         |
| <b>7</b> Enter modified adjusted gross income, but not less than zero. See instructions . . . . .  | <b>7</b>  | 106,575. |         |
| <b>Note:</b> If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.            |           |          |         |
| <b>8</b> Subtract line 7 from line 6 . . . . .   | <b>8</b>  | 43,425.  |         |
| <b>9</b> Multiply line 8 by 50% (0.50). <b>Do not</b> enter more than \$25,000. If married filing separately, see instructions . . . . . | <b>9</b>  |          | 21,713. |
| <b>10</b> Enter the <b>smaller</b> of line 5 or line 9 . . . . .   | <b>10</b> |          | 6,290.  |

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

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

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

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

## Part IV Total Losses Allowed

|  |           |  |        |
|--|-----------|--|--------|
| <b>15</b> Add the income, if any, on lines 1a and 3a and enter the total . . . . .   | <b>15</b> |  | 0.     |
| <b>16</b> <b>Total losses allowed from all passive activities for 2020.</b> Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return . . . . . | <b>16</b> |  | 6,290. |

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (see instructions)

| Name of activity                                       | Current year             |                        | Prior years                  | Overall gain or loss |          |
|--|--------------------------|------------------------|------------------------------|----------------------|----------|
|  | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain             | (e) Loss |
| 14-11-673 JINSI CHOWRAI                                | 0.                       | 6,290.                 |                              |                      | 6,290.   |
|  |                          |                        |                              |                      |          |
|  |                          |                        |                              |                      |          |
| <b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c | 0.                       | 6,290.                 |                              |                      |          |

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

| Name of activity                                  | (a) Current year deductions (line 2a) | (b) Prior year unallowed deductions (line 2b) | (c) Overall loss |
|---|---------------------------------------|---|------------------|
|   |                                       |   |                  |
|   |                                       |   |                  |
| <b>Total.</b> Enter on Form 8582, lines 2a and 2b |                                       |   |                  |

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

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

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

| Name of activity        | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio  | (c) Special allowance | (d) Subtract column (c) from column (a) |
|-------------------------|---|----------|------------|-----------------------|---|
| 14-11-673 JINSI CHOWRAI | E Ln 22   | 6,290.   | 1.00000000 | 6,290.                | 0.                                      |
|                         |   |          |            |                       |   |
|                         |   |          |            |                       |   |
| <b>Total</b>            |   | 6,290.   | 1.00       | 6,290.                | 0.                                      |

**Worksheet 5—Allocation of Unallowed Losses** (see instructions)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------|---|----------|-----------|--------------------|
|                  |   |          |           |                    |
|                  |   |          |           |                    |
| <b>Total</b>     |   |          | 1.00      |                    |



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2020, through December 31, 2020, or fiscal year beginning .....

# IT-203

20

and ending .....

For help completing your return, see the instructions, Form IT-203-I.

|   |  |   |             |   |                                |  |                             |
|---|--|---|-------------|---|--------------------------------|--|-----------------------------|
| Your first name and middle initial<br>KIRAN   |  | Your last name (for a joint return, enter spouse's name on line below)<br>ARSEWAR |             | Your date of birth (mmddyyyy)<br>07151992 |                                | Your Social Security number<br>299251486 |                             |
| Spouse's first name and middle initial  |  | Spouse's last name  |             | Spouse's date of birth (mmddyyyy)         |                                | Spouse's Social Security number          |                             |
| Mailing address (see instructions, page 14) (number and street or PO box)<br>1715 US HIGHWAY 46 |  |   |             | Apartment number<br>431                   |                                | New York State county of residence<br>NR |                             |
| City, village, or post office<br>PARSIPPANY   |  |   | State<br>NJ | ZIP code<br>07054                         | Country (if not United States) |  | School district name<br>NR  |
| Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)          |  |   |             | Apartment no.                             | City, village, or post office  |  | School district code number |
| State   |  | ZIP code  |             | Country (if not United States)            |                                | Decedent information                     | Taxpayer's date of death    |
|   |  |   |             |   |                                |  | Spouse's date of death      |

### A Filing status (mark an X in one box):

- ①  Single
- ②  Married filing joint return (enter both spouses' Social Security numbers above)
- ③  Married filing separate return (enter both spouses' Social Security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er)

**B** Did you itemize your deductions on your 2020 federal income tax return? Yes  No

**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes  No

**D1** Did you have a financial account located in a foreign country? (see page 15) es  No

**D2** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see page 15) es  No

### E New York City part-year residents only (see page 15)

(1) Number of months you lived in NY City in 2020 .....

(2) Number of months your spouse lived in NY City in 2020 .....

**F** Enter your 2-character special condition code(s) if applicable (see page 15) .....

### G New York State part-year residents (see page 16)

Enter the date you moved into or out of NYS (mmddyyyy) .....

On the last day of the tax year (mark an X in one box):

1) Lived in NYS .....

2) Lived outside NYS; received income from NYS sources during nonresident period .....

3) Lived outside NYS; received no income from NYS sources during nonresident period .....

### H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2020? ..... es  No   
(if Yes, complete Form IT-203-B)



### I Dependent information (see page 16)

| First name and middle initial | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|-------------------------------|-----------|--------------|------------------------|--------------------------|
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |

If more than 6 dependents, mark an X in the box.



203001203555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
299251486

| Federal income and adjustments (see page 18)   | Federal amount<br>Whole dollars only |            | New York State amount<br>Whole dollars only |           |
|--|--------------------------------------|------------|---|-----------|
| 1 Wages, salaries, tips, etc. ....   | 1                                    | 90907 .00  | 1   | 90907 .00 |
| 2 Taxable interest income .....  | 2                                    | .00        | 2   | .00       |
| 3 Ordinary dividends .....   | 3                                    | 162 .00    | 3   | .00       |
| 4 Taxable refunds, credits, or offsets of state and local<br>income taxes (also enter on line 24) .....                                | 4                                    | .00        | 4   | .00       |
| 5 Alimony received .....   | 5                                    | .00        | 5   | .00       |
| 6 Business income or loss (submit a copy of federal Sch. C, Form 1040) .....   | 6                                    | .00        | 6   | .00       |
| 7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....   | 7                                    | 15500 .00  | 7   | .00       |
| 8 Other gains or losses (submit a copy of federal Form 4797) .....   | 8                                    | .00        | 8   | .00       |
| 9 Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....                              | 9                                    | .00        | 9   | .00       |
| 10 Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....                            | 10                                   | .00        | 10  | .00       |
| 11 Rental real estate, royalties, partnerships, S corporations,<br>trusts, etc. (submit a copy of federal Schedule E, Form 1040) ..... | 11                                   | -6290 .00  | 11  | .00       |
| 12 Rental real estate included<br>in line 11 (federal amount) <b>12.</b> <input type="text" value="-6290"/> .....                      |                                      | -6290 .00  |   |           |
| 13 Farm income or loss (submit a copy of federal Sch. F, Form 1 .....  | 13                                   | .00        | 13  | .00       |
| 14 Unemployment compensation.....  | 14                                   | .00        | 14  | .00       |
| 15 Taxable amount of Social Security benefits (also enter on line 26) .....  | 15                                   | .00        | 15  | .00       |
| 16 Other income (see page 24 Identify: SUBST PAY DIV IN .....  | 16                                   | 6 .00      | 16  | .00       |
| 17 Ad lines 1 through 11 and 13 through 16 .....   | 17                                   | 100285 .00 | 17  | 90907 .00 |
| 18 Total federal adjustments to income (see page 24)<br>Identify: .....  | 18                                   | .00        | 18  | .00       |
| 19 Federal adjusted gross income (subtract line 18 from line 17) ..  | 19                                   | 100285 .00 | 19  | 90907 .00 |
| 19a Recomputed federal adjusted gross income (see page 25, Line 19a worksheet)   | 19a                                  | 100285 .00 | 19a   | 90907 .00 |

| New York additions (see page 26)   |    |            |    |           |
|--|----|------------|----|-----------|
| 20 Interest income on state and local bonds and obligations<br>(but not those of New York State or its localities) ..... | 20 | .00        | 20 | .00       |
| 21 Public employee 414(h) retirement contributions .....   | 21 | .00        | 21 | .00       |
| 22 Other (Form IT-225, line 9) .....   | 22 | .00        | 22 | .00       |
| 23 Add lines 19a through 22 .....  | 23 | 100285 .00 | 23 | 90907 .00 |

| New York subtractions (see page 27)  |    |            |    |           |
|--|----|------------|----|-----------|
| 24 Taxable refunds, credits, or offsets of state and<br>local income taxes (from line 4) ..... | 24 | .00        | 2  | .00       |
| 25 Pensions of NYS and local governments and the<br>federal government (see page 27) .....     | 25 | .00        | 2  | .00       |
| 26 Taxable amount of Social Security benefits (from line 15) .....                             | 26 | .00        | 26 | .00       |
| 27 Interest income on U.S. government bonds .....  | 27 | .00        | 27 | .00       |
| 28 Pension and annuity income exclusion .....  | 28 | .00        | 28 | .00       |
| 29 Other (Form IT-225, line 18) .....  | 29 | .00        | 29 | .00       |
| 30 Add lines 24 through 29 .....   | 30 | .00        | 30 | .00       |
| 31 New York adjusted gross income (subtract line 30 from line 23)                              | 31 | 100285 .00 | 31 | 90907 .00 |

32 Enter the amount from line 31, **Federal amount** column ..... 100285.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



|  |  |
|--|--|
| Name(s) as shown on page 1<br>KIRAN ARSHEWAR | Enter your Social Security number<br>299251486 |
|--|--|

**Standard deduction or itemized deduction** (see page 29)

33 Enter your **standard deduction** (table on page 29) or your **itemized deduction** (from Form IT-196).

Mark an **X** in the appropriate box: ...  **Standard** – or –  **Itemized**

|  |          |
|--|----------|
| 33   | 8000.00  |
| 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)        | 92285.00 |
| 35 Dependent exemptions (enter the number of dependents listed in Item I; see page 29) | 000.00   |
| 36 <b>New York taxable income</b> (subtract line 35 from line 34)                      | 92285.00 |

**Tax computation, credits, and other taxes**

|   |          |
|---|----------|
| 37 <b>New York taxable income</b> (from line 36)                                | 92285.00 |
| 38 New York State tax on line 37 amount (see page 30)                           | 5396.00  |
| 39 New York State household credit (page 30, table 1, 2, or 3)                  | .00      |
| 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) | 5396.00  |
| 41 New York State child and dependent care credit (see page 31)                 | .00      |
| 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) | 5396.00  |
| 43 New York State earned income credit (see page 31)                            | .00      |

|  |         |
|--|---------|
| 44 <b>Base tax</b> (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) | 5396.00 |
|--|---------|

45 Income percentage (see page 31)  New York State amount from line 31  ÷ Federal amount from line 31  =  Round result to 4 decimal places

|   |         |
|---|---------|
| 46 Allocated New York State tax (multiply line 44 by the decimal on line 45)    | 4891.00 |
| 47 New York State nonrefundable credits (Form IT-203-ATT, line 8)               | .00     |
| 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) | 4891.00 |
| 49 Net other New York State taxes (Form IT-203-ATT, line 33)                    | .00     |
| 50 <b>Total New York State taxes</b> (add lines 48 and 49)                      | 4891.00 |

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

|   |     |         |
|---|-----|---------|
| 51 Part-year New York City resident tax (Form IT-360.1)   | 51  | .00     |
| 52 Part-year resident nonrefundable New York City child and dependent care credit   | 52  | .00     |
| 52a Subtract line 52 from line 51   | 52a | .00     |
| 52b MCTMT net earnings base   | 52b | .00     |
| 52c MCTMT   | 52c | .00     |
| 53 Yonkers nonresident earnings tax (Form Y-203)  | 53  | .00     |
| 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)  | 54  | .00     |
| 55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54)  | 55  | .00     |
| 56 <b>Sales or use tax</b> (See the instructions on page 33. Do not leave line 56 blank.)   | 56  | 0.00    |
| 57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)   | 57  | .00     |
| 58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57) | 58  | 4891.00 |

See instructions on pages 31 and 32 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203003203555



Enter your Social Security number
299251486

59 Enter amount from line 58 ..... 59 4891 .00

Payments and refundable credits (see page 34)

Table with 2 columns: Description and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 12 and 13). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 36 through 38)

Table with 2 columns: Description and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [ ] direct deposit to checking or savings account (fill in line 73) - or - [ ] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 37 for payment options.

Table with 2 columns: Description and Amount. Rows include amount applied to 2021 tax, amount owed, estimated tax penalty, and other penalties and interest.

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 38). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 38) [ ]

73a Account type: [ ] Personal checking - or - [ ] Personal savings - or - [ ] Business checking - or - [ ] Business savings

73b Routing number [ ] 73c Account number [ ]

74 Electronic funds withdrawal (see page 38) ..... ate [ ] Amount [ ] .00

Third-party designee? (see instr.) Yes [ ] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, Email.

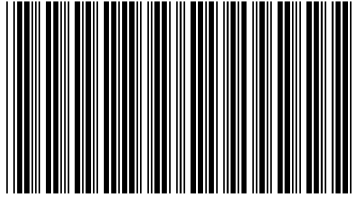
Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, Email.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM







040MP01200

For Privacy Act Notification, See Instructions

Your Social Security Number (required)  
299251486

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)  
ARSHEWAR KIRAN

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50)  
0901

Home Address (Number and Street, including apartment number)  
1715 US HIGHWAY 46 APT 431

City, Town, Post Office  
PARSIPPANY

State ZIP Code  
NJ 07054

Driver's License Number (Voluntary) (See instructions)  
695912187

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

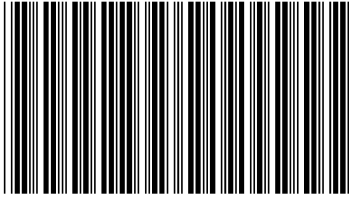
|   |                   |     |    |
|---|-------------------|-----|----|
| Do you want to designate \$1 to the Gubernatorial Elections Fund? | You               | Yes | No |
| If joint return, does your spouse want to designate \$1?          | Spouse/CU Partner | Yes | No |

**Direct Deposit Information**

|  |      |   |
|--|------|---|
| dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)                    | dd1. | 4 |
| dd2. Account type (C for checking, S for savings)  | dd2. |   |
| dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States | dd3. |   |
| dd4. Routing number  | dd4. |   |
| dd5. Account number  | dd5. |   |







040MP02200

Name(s) as shown on Form NJ-1040  
ARSHEWAR KIRAN

Your Social Security Number  
299251486

1555

Part-year residents, provide months/days you were a New Jersey resident during 2020:  
From: To:

Fiscal year filers only:  
Enter month of your year end 2021

**Filing Status**  
Fill in only one.

- 1.  Single
- 2.  Married/CU Couple, filing joint return
- 3.  Married/CU Partner, filing separate return
- 4.  Head of Household Enter spouse's/CU partner's SSN
- 5.  Qualifying Widow(er)/Surviving CU Partner  
Indicate the year of your spouse's/CU partner's death: 2018 2019

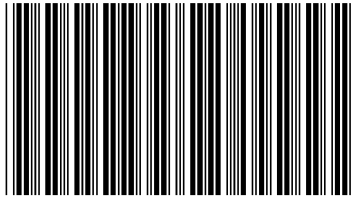
**Exemptions**

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

|  |                                     |      |                   |                  |   |             |             |
|--|-------------------------------------|------|-------------------|------------------|---|-------------|-------------|
| 6. Regular   | <input checked="" type="checkbox"/> | Self | Spouse/CU Partner | Domestic Partner | 1 | x \$1,000 = | <u>1000</u> |
| 7. Senior 65+ (Born in 1955 or earlier)                                | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$1,000 = | _____       |
| 8. Blind/Disabled  | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$1,000 = | _____       |
| 9. Veteran   | <input type="checkbox"/>            | Self | Spouse/CU Partner |                  |   | x \$6,000 = | _____       |
| 10. Qualified Dependent Children                                       | <input type="checkbox"/>            |      |                   |                  |   | x \$1,500 = | _____       |
| 11. Other Dependents   | <input type="checkbox"/>            |      |                   |                  |   | x \$1,500 = | _____       |
| 12. Dependents Attending Colleges (See instructions)                   | <input type="checkbox"/>            |      |                   |                  |   | x \$1,000 = | _____       |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) |                                     |      |                   |                  |   | 13.         | 1000 .      |

14. Dependent Information. Provide the following information for each dependent.

|    | Last Name, First Name, Middle Initial | Social Security Number | Birth Year | No Health Insurance |
|----|---------------------------------------|------------------------|------------|---------------------|
| a. | _____                                 |                        |            |                     |
| b. | _____                                 |                        |            |                     |
| c. | _____                                 |                        |            |                     |
| d. | _____                                 |                        |            |                     |



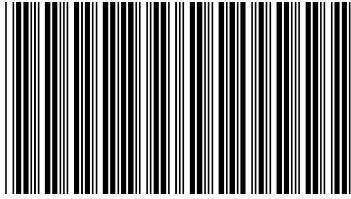
040MP03200

Name(s) as shown on Form NJ-1040  
ARSHEWAR KIRAN

Your Social Security Number  
299251486

1555

|  |           |        |                                      |
|--|-----------|--------|--------------------------------------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)             | 15.       | 90907  | .                                    |
| 16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)   | 16a.      | .      | .                                    |
| 16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a                                       | 16b.      | .      | .                                    |
| 17. Dividends  | 17.       | 162    | .                                    |
| 18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)   | 18.       | .      | .                                    |
| 19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)   | 19.       | 15500  | .                                    |
| 20a. Pensions, Annuities, and IRA Withdrawals (See instructions)   | 20a.      | .      | .                                    |
| 20b. Excludable Pensions, Annuities, and IRA Withdrawals   | 20b.      | .      | .                                    |
| 21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)     | 21.       | .      | .                                    |
| 22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1) | 22.       | .      | .                                    |
| 23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)                            | 23.       | .      | .                                    |
| 24. Net Gambling Winnings (See instructions)   | 24.       | .      | .                                    |
| 25. Alimony and Separate Maintenance Payments received   | 25.       | .      | .                                    |
| 26. Other (Enclose documents) (See instructions)   | 26.       | 6      | .                                    |
| 27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)  | 27.       | 106575 | .                                    |
| 28a. Retirement/Pension Exclusion (See instructions)   | 28a.      | .      | .                                    |
| 28b. Other Retirement Income Exclusion (See Worksheet D and instructions page 19)  | 28b.      | .      | .                                    |
| 28c. Total Exclusion Amount (Add lines 28a and 28b)  | 28c.      | .      | .                                    |
| 29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)  | 29.       | 106575 | .                                    |
| 30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)   | 30.       | 1000   | .                                    |
| 31. Medical Expenses (See Worksheet F and instructions)  | 31.       | .      | .                                    |
| 32. Alimony and Separate Maintenance Payments (See instructions)   | 32.       | .      | .                                    |
| 33. Qualified Conservation Contribution  | 33.       | .      | .                                    |
| 34. Health Enterprise Zone Deduction   | 34.       | .      | .                                    |
| 35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)   | 35.       | 0      | .                                    |
| 36. Organ/Bone Marrow Donation Deduction (See instructions)  | 36.       | .      | .                                    |
| 37. Total Exemptions and Deductions (Add lines 30 through 36)  | 37.       | 1000   | .                                    |
| 38. Taxable Income (Subtract line 37 from line 29)   | 38.       | 105575 | .                                    |
| 39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)  | 39a.      | 1728   | .                                    |
| 39b. Block   | .         | .      | .                                    |
| 39b. Lot   | .         | .      | .                                    |
| 39b. Qualifier   |           |        | Fill in if you completed Worksheet G |
| 39c. County/Municipality Code  |           |        |                                      |
| 39d. Indicate your residency status during 2020 (fill in only one)   | Homeowner | Tenant | Both                                 |
| 40. Property Tax Deduction (From Worksheet H) (See instructions)   | 40.       | .      | .                                    |
| 41. New Jersey Taxable Income (Subtract line 40 from line 38)  | 41.       | 105575 | .                                    |
| 42. Tax on Amount on line 41 (Tax Table page 52)   | 42.       | 4599   | .                                    |
| 43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)                                   | 43.       | 3923   | .                                    |
| Enter Code   |           | 32     |                                      |
| 44. Balance of Tax (Subtract line 43 from line 42)   | 44.       | 676    | .                                    |
| 45. Child and Dependent Care Credit (See instructions)   | 45.       | .      | .                                    |
| Fill in if you are a CU couple claiming the Child and Dependent Care Credit  |           |        |                                      |
| 46. Sheltered Workshop Tax Credit  | 46.       | .      | .                                    |
| 47. Gold Star Family Counseling Credit (See instructions)  | 47.       | .      | .                                    |
| 48. Credit for Employer of Organ/Bone Marrow Donor (See instructions)  | 48.       | .      | .                                    |
| 49. Total credits (Add lines 45 through 48)  | 49.       | .      | .                                    |
| 50. Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry  | 50.       | 676    | .                                    |
| 51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0                     | 51.       | 0      | .                                    |
| 52. Interest on Underpayment of Estimated Tax  | 52.       | 20     | .                                    |
| Fill in if Form NJ-2210 is enclosed  |           |        | X                                    |



040MP04200

Name(s) as shown on Form NJ-1040  
ARSHEWAR KIRAN

Your Social Security Number  
299251486

1555

|   |     |     |   |
|---|-----|-----|---|
| 53. Shared Responsibility Payment (See instructions) <b>REQUIRED</b> Enclose Schedule HCC and fill in <b>X</b>  | 53. | 0   | . |
| 54. Total Tax Due (Add lines 50 through 53)   | 54. | 696 | . |
| 55. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)   | 55. | .   | . |
| 56. Property Tax Credit (See instructions page 23)  | 56. | 50  | . |
| 57. New Jersey Estimated Tax Payments/Credit from 2019 tax return   | 57. | .   | . |
| 58. New Jersey Earned Income Tax Credit (See instructions)<br>Fill in if you had the IRS calculate your federal earned income credit<br>Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit | 58. | .   | . |
| 59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)  | 59. | .   | . |
| 60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)   | 60. | .   | . |
| 61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)   | 61. | .   | . |
| 62. Wounded Warrior Caregivers Credit (See instructions)  | 62. | .   | . |
| 63. Pass-Through Business Alternative Income Tax Credit (See instructions)  | 63. | .   | . |
| 64. Total Withholdings, Credits, and Payments (Add lines 55 through 63)   | 64. | 50  | . |
| 65. If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 and enter the amount you owe<br>If you owe tax, you can still make a donation on lines 68 through 75.                      | 65. | 646 | . |
| 66. If the total on line 64 is more than line 54, you have an overpayment. Subtract line 54 from line 64 and enter the overpayment  | 66. | .   | . |
| 67. Amount from line 66 you want to credit to your 2021 tax   | 67. | .   | . |
| 68. Contribution to N.J. Endangered Wildlife Fund \$10 \$20 Other   | 68. | .   | . |
| 69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse \$10 \$20 Other   | 69. | .   | . |
| 70. Contribution to N.J. Vietnam Veterans' Memorial Fund \$10 \$20 Other  | 70. | .   | . |
| 71. Contribution to N.J. Breast Cancer Research Fund \$10 \$20 Other  | 71. | .   | . |
| 72. Contribution to U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other   | 72. | .   | . |
| 73. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code   | 73. | .   | . |
| 74. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code   | 74. | .   | . |
| 75. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code   | 75. | .   | . |
| 76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)   | 76. | .   | . |
| 77. Balance due (If line 65 is more than zero, add line 65 and line 76)   | 77. | 646 | . |
| 78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66)   | 78. | .   | . |

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

\_\_\_\_\_  
Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703  
Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LLC 30-1017196

**Tax Due Address**  
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:  
State of New Jersey  
Division of Taxation  
Revenue Processing Center - Payment  
PO Box 111  
Trenton, NJ 08645-0111  
Include Social Security number and make check or money order payable to:  
State of New Jersey - TGI  
You can also make a payment on our website:  
www.njtaxation.org

**Refund or No Tax Due Address**  
Use the labels provided with the envelope and mail to:  
New Jersey Division of Taxation  
Revenue Processing Center - Refunds  
PO Box 555  
Trenton, NJ 08647-0555

### Additional information from your 2020 New Jersey Tax Return

Form NJ-1040: Income Tax Resident Return

Other

Continuation Statement

| NatureOfPrizeSource | Amount |
|---------------------|--------|
| Substitute payments | 6      |