

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 VISHWAROOP GOUD	Last name VORUGANTI	Your social security number 051-63-6255
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. 12037 CHARTER OAK PARKWAY		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. SAINT LOUIS		State MO
Foreign country name		ZIP code 63146
Foreign province/state/county		Foreign postal code

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): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
	Last name				Child tax credit	Credit for other dependents
					<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 Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	79,131.
	2a	Tax-exempt interest	2a		2b	11.
	3a	Qualified dividends	3a		3b	
	4a	IRA distributions	4a		4b	
	5a	Pensions and annuities	5a		5b	
	6a	Social security benefits	6a		6b	
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	9,847.
	8	Other income from Schedule 1, line 9			8	-8,260.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	80,729.
	10 Adjustments to income:					
	a	From Schedule 1, line 22	10a			
	b	Charitable contributions if you take the standard deduction. See instructions	10b			
	c	Add lines 10a and 10b. These are your total adjustments to income ▶			10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶			11	80,729.
	12	Standard deduction or itemized deductions (from Schedule A)			12	12,400.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	12,400.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	68,329.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	10,822.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	10,822.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10,822.
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	10,822.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,885.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,885.
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	1,228.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,228.
33	Add lines 25d, 26, and 32. These are your total payments	33	14,113.

• 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	3,291.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,291.
b	Routing number 0 5 1 0 0 0 0 1 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 3 5 0 3 8 8 6 2 2 1 2		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
38	Estimated tax penalty (see instructions)	38	

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.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	SOFTWARE ENGINEER	
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"/>
<input type="text"/>	<input type="text"/>		
Phone no.	Email address		
<input type="text"/>	<input type="text"/>		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/28/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

**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
VISHWAROOP GOUD VORUGANTI

Your social security number
051-63-6255

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-8,260.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-8,260.

Part II Adjustments to Income

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

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 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: **VISHWAROOP GOUD VORUGANTI** Your social security number: **051-63-6255**

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	141,205.	131,358.	0.	9,847.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 9,847.

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

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

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	9,847.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21 ()	
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

SCHEDULE E
(Form 1040)

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**
▶ **Go to www.irs.gov/ScheduleE for instructions and the latest information.**

Name(s) shown on return

VISHWAROOP GOUD VORUGANTI

Your social security number

051-63-6255

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	2-7-89 SREE RAMA COLONY UPPAL, HYDERABAD TELANGANA IN 500039					
B						
C						
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV	
A	3		A	365	0	<input type="checkbox"/>
B			B			<input type="checkbox"/>
C			C			<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	450.		
4 Royalties received	4			
Expenses:				
5 Advertising	5	150.		
6 Auto and travel (see instructions)	6	330.		
7 Cleaning and maintenance	7	280.		
8 Commissions	8			
9 Insurance	9	1,400.		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13	5,500.		
14 Repairs	14	450.		
15 Supplies	15			
16 Taxes	16			
17 Utilities	17	600.		
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	8,710.		
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 Form 6198	21	-8,260.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-8,260.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a		450.	
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		8,710.	
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	(8,260.)		
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	-8,260.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



2021 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



21352011555

Social Security Number

051 - 63 - 6255

Name Control

VORU

1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr.

Spouse's Social Security Number

[] - [] - []

Name Control

[]

Amount Paid \$ 149.00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial)
VORUGANTI, VISHWAROOP GOUD
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code
12037 CHARTER OAK PARKWAY SAINT LOUIS MO 63146

Department Use Only [] [] [] [] [] []

(Revised 01-2021)

250 555 000000 0516362555 221518212 0000000000 21 000014900 2



2021 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



21352011555

Social Security Number

051 - 63 - 6255

Name Control

VORU

1st Qtr. [X] 2nd Qtr. 3rd Qtr. 4th Qtr.

Spouse's Social Security Number

[] - [] - []

Name Control

[]

Amount Paid \$ 149.00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial)
VORUGANTI, VISHWAROOP GOUD
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code
12037 CHARTER OAK PARKWAY SAINT LOUIS MO 63146

Department Use Only [] [] [] []

(Revised 01-2021)

250 555 000000 0516362555 221518212 0000000000 21 000014900 2



2021 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



21352011555

Social Security Number

051 - 63 - 6255

Name Control

VORU

1st Qtr. 2nd Qtr. [X] 3rd Qtr. 4th Qtr.

Spouse's Social Security Number

[] - [] - []

Name Control

[]

Amount Paid \$ 149.00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial)
VORUGANTI, VISHWAROOP GOUD
Spouse's Name (Last, First, Initial)
Address (Number and Street), City, State, and ZIP Code
12037 CHARTER OAK PARKWAY SAINT LOUIS MO 63146

Department Use Only [] [] [] []

(Revised 01-2021)

250 555 000000 0516362555 221518212 0000000000 21 000014900 2



2021 Declaration of Estimated Tax for Individuals (Form MO-1040ES)



21352011555

Social Security Number

051 - 63 - 6255

Name Control

VORU

1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr. (4th Qtr. selected)

Spouse's Social Security Number

[Empty]

Name Control

[Empty]

Amount Paid \$ 149.00

Return this form with check or money order payable to the Missouri Department of Revenue P.O. Box 555, Jefferson City, MO 65105-0555. If you pay by check, you authorize the Department to process the check electronically. Any returned check may be presented again electronically.

Your Name (Last, First, Initial): VORUGANTI, VISHWAROOP GOUD
Spouse's Name (Last, First, Initial):
Address (Number and Street), City, State, and ZIP Code: 12037 CHARTER OAK PARKWAY SAINT LOUIS MO 63146

Department Use Only (Grey arrow pointing to empty boxes)

(Revised 01-2021)

250 555 000000 0516362555 221518212 0000000000 21 000014900 2



MISSOURI DEPARTMENT OF REVENUE

REV 02/15/21 PRO

2020 Individual Income Tax Payment Voucher (Form MO-1040V)

Please print. Make check payable to Missouri Department of Revenue. Mail Form MO-1040V and payment to the Missouri Department of Revenue, P.O. Box 371, Jefferson City, MO 65105-0371.

Name VISHWAROOP GOUD VORUGANTI		
Spouse's Name		
Street Address 12037 CHARTER OAK PARKWAY		
City SAINT LOUIS	State MO	ZIP Code 63146
Full payment of taxes must be submitted by April 15, 2021 to avoid interest and additions to tax for failure to pay. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically.		
1555 (12-2020)		

Social Security Number 051 - 63 - 6255

Name Control VORU

Spouse's Social Security Number

Spouse's Name Control

Amount of Payment (U.S. funds only) \$ 601.00



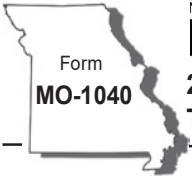
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Department Use Only

Department Use Only

Form MO-1040V (Revised 12-2020)

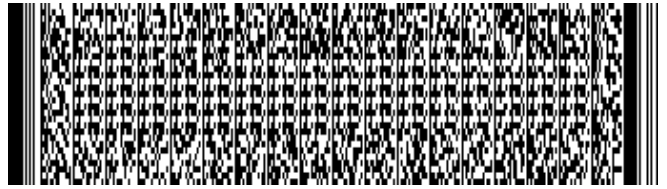
055 555 000000 0516362555 221518212 0000000000 20 000060100 3



MISSOURI DEPARTMENT OF
REVENUE
2020 Individual Income
Tax Return - Long Form

For Calendar Year January 1 - December 31, 2020

Print in BLACK ink only and DO NOT STAPLE.



Amended Return Composite Return
(For use by S corporations or Partnerships)

Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)			Fiscal Year Ending (MM/DD/YY)			Vendor Code	Department Use Only		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1555	<input type="text"/>	<input type="text"/>	<input type="text"/>

Filing Status

Single Claimed as a Dependent Married Filing Combined Married Filing Separately Head of Household Qualifying Widow(er)

Age 62 through 64 | Age 65 or Older | Blind | 100% Disabled | Non-Obligated Spouse

Yourself Spouse | Yourself Spouse | Yourself Spouse | Yourself Spouse | Yourself Spouse

Name

Social Security Number: 051 - 63 - 6255 Deceased in 2020 Spouse's Social Security Number: - - Deceased in 2020

First Name: VISHWAROOP GOUD M.I.: Last Name: VORUGANTI Suffix:

Spouse's First Name: M.I.: Spouse's Last Name: Suffix:

In Care Of Name (Attorney, Executor, Personal Representative, etc.):

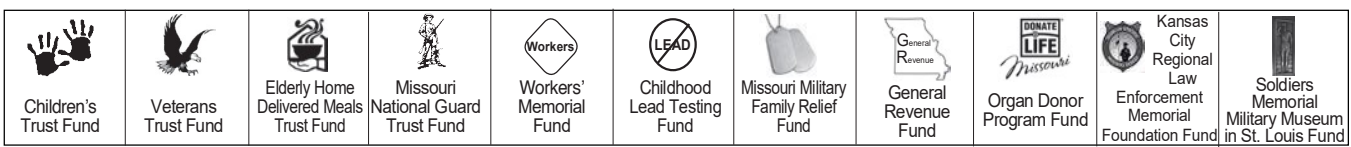
Address

Present Address (Include Apartment Number or Rural Route): 12037 CHARTER OAK PARKWAY

City, Town, or Post Office: SAINT LOUIS State: MO ZIP Code: 63146 -

County of Residence: STCO

You may contribute to any one or all of the trust funds on Line 47. See pages 11-12 of the instructions for more trust fund information.



Income

	Yourself (Y)		Spouse (S)	
1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	80729	.00	1S
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		.00	2S
3. Total income - Add Lines 1 and 2	3Y	80729	.00	3S
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		.00	4S
5. Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	80729	.00	5S
6. Total Missouri adjusted gross income - Add columns 5Y and 5S	6	80729	.00	
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100	%	7S

Exemptions and Deductions

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E)	8		.00
9. Tax from federal return	9	10822	.00
10. Other tax from federal return	10		.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	10822	.00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	15.00	%

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13	1623	.00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,400 • Head of Household-\$18,650 • Married Filing Combined or Qualifying Widow(er)-\$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see page 6.	14	12400	.00
15. Long-term care insurance deduction	15		.00
16. Health care sharing ministry deduction.	16		.00
17. Active Duty Military income deduction	17		.00
18. Inactive Duty Military income deduction	18		.00
19. Bring jobs home deduction	19		.00
20. Transportation facilities deduction	20		.00

A. Port Cargo Expansion B. International Trade Facility C. Qualified Trade Activities



Deductions Continued

21. First Time Home Buyers deduction.	A. <input style="width: 80px;" type="text"/>	B. <input style="width: 80px;" type="text"/>	21	<input style="width: 80px;" type="text"/>	.00
22. Total deductions - Add Lines 8 and 13 through 21			22	14023	.00
23. Subtotal - Subtract Line 22 from Line 6			23	66706	.00
24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S			24Y	66706	.00
			24S	<input style="width: 80px;" type="text"/>	.00
25. Enterprise zone or rural empowerment zone income modification			25Y	<input style="width: 80px;" type="text"/>	.00
			25S	<input style="width: 80px;" type="text"/>	.00

Tax

26. Taxable income - Subtract Line 25 from Line 24			26Y	66706	.00
			26S	<input style="width: 80px;" type="text"/>	.00
27. Tax (see tax chart on page 22 of the instructions)			27Y	3418	.00
			27S	<input style="width: 80px;" type="text"/>	.00
28. Resident credit - Attach Form MO-CR and other states' income tax return(s)			28Y	568	.00
			28S	<input style="width: 80px;" type="text"/>	.00
29. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%			29Y	100	%
			29S	<input style="width: 80px;" type="text"/>	%
30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29			30Y	2850	.00
			30S	<input style="width: 80px;" type="text"/>	.00
31. Other taxes - Select box and attach federal form indicated.					
<input type="checkbox"/> Lump sum distribution (Form 4972)					
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)					
			31Y	<input style="width: 80px;" type="text"/>	.00
			31S	<input style="width: 80px;" type="text"/>	.00
32. Subtotal - Add Lines 30 and 31			32Y	2850	.00
			32S	<input style="width: 80px;" type="text"/>	.00
33. Total Tax - Add Lines 32Y and 32S			33	2850	.00

Payments and Credits

34. MISSOURI tax withheld - Attach Forms W-2 and 1099			34	2256	.00
35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020			35	<input style="width: 80px;" type="text"/>	.00
36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP			36	<input style="width: 80px;" type="text"/>	.00
37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT			37	<input style="width: 80px;" type="text"/>	.00
38. Amount paid with Missouri extension of time to file (Form MO-60)			38	<input style="width: 80px;" type="text"/>	.00
39. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC			39	<input style="width: 80px;" type="text"/>	.00
40. Property tax credit - Attach Form MO-PTS			40	<input style="width: 80px;" type="text"/>	.00
41. Total payments and credits - Add Lines 34 through 40			41	2256	.00



Amount Due

50. If Line 33 is larger than Line 41 or Line 44, enter the difference. Amount of UNDERPAYMENT 50 594 .00

51. Underpayment of estimated tax penalty - Attach Form MO-2210. Enter penalty amount here ... 51 7 .00

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

52. AMOUNT DUE - Add Lines 50 and 51. If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically 52 601 .00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under Section 143.561, RSMo. Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in Chapter 143, RSMo., a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature Date (MM/DD/YY) [Signature Box] [Date Box]

Spouse's Signature (If filing combined, BOTH must sign) Date (MM/DD/YY) [Signature Box] [Date Box]

E-mail Address Daytime Telephone SYAM@GTAXFILE.COM [Telephone Box]

Preparer's Signature Date (MM/DD/YY) SYAM PRIYA RAM SAGAR GUPTA TALLAM 02 28 21

Preparer's FEIN, SSN, or PTIN Preparer's Telephone 30-1017196 6789659522

Preparer's Address State ZIP Code 2530 PEBBLE CREEK LN CUMMING GA 30041

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. Yes No [X]

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above. Yes No

Department Use Only

A FA E10 DE F [Box] [Box]

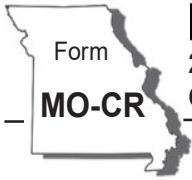
Mail To: Balance Due: Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329

Refund or No Amount Due: Missouri Department of Revenue P.O. Box 500 Jefferson City, MO 65105-0500

Phone (Balance Due): (573) 751-7200 Phone (Refund or No Amount Due): (573) 751-3505 Fax: (573) 522-1762 E-mail: income@dor.mo.gov

(Revised 12-2020)





MISSOURI DEPARTMENT OF
REVENUE
 2020 Credit for Income Taxes Paid To
 Other States or Political Subdivisions

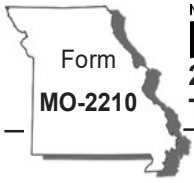
Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

Attach Form MO-CR and **all income tax returns** for each state or political subdivision to Form MO-1040.

Name	Social Security Number
VISHWAROOP GOUD VORUGANTI	051 - 63 - 6255

Spouse's Name	Spouse's Social Security Number

	Yourself (Y)		Spouse (S)	
1. Claimant's total adjusted gross income (Form MO-1040, Line 5Y and Line 5S)	1Y	80729 .00	1S	.00
2. Claimant's Missouri income tax (Form MO-1040, Line 27Y and 27S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter abbreviation, or enter the name of the political subdivision below. _____	2Y	3418 .00	2S	.00
		State of: NJ		State of: _____
3. Wages and commissions	3Y	26849 .00	3S	.00
4. Other income (Describe nature <u>CAPITAL GAIN</u>)	4Y	9858 .00	4S	.00
5. Total - Add Lines 3 and 4	5Y	36707 .00	5S	.00
6. Less, related adjustments (Federal Form 1040 or 1040-SR, Line 10c)	6Y	.00	6S	.00
7. Net amounts - Subtract Line 6 from Line 5	7Y	36707 .00	7S	0 .00
8. Percentage of your income taxed - Divide Line 7 by Line 1	8Y	45 .%	8S	0 .%
9. Maximum credit - Multiply Line 2 by percentage on Line 8	9Y	1538 .00	9S	.00
10. Income tax you paid to another state or political subdivision. This is not income tax withheld. The income tax is reduced by all credits, except withholding and estimated tax.	10Y	568 .00	10S	0 .00
11. Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 28Y or Line 28S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040	11Y	568 .00	11S	0 .00



MISSOURI DEPARTMENT OF
REVENUE
2020 Underpayment of Estimated
Tax By Individuals

Department Use Only (MM/DD/YY)

Social Security Number
 - -

Spouse's Social Security Number
 - -

Taxpayer Name

Spouse's Name

Address, City, State, and ZIP Code

You may qualify for the Short Method to calculate your penalty. You may use the Short Method if:

- a. You qualify to use the Short Method on the Federal Form 2210 **or**
- b. All withholding and estimated tax payments were made equally throughout the year **and**
- c. You **do not** annualize your income.

If (a) applies or both (b) and (c) apply to you, complete Part I, Required Annual Payment and Part II, Short Method. Otherwise, complete Part I, Required Annual Payment and Part III, Regular Method.

Part I - Required Annual Payment	1. Enter your 2020 tax after credits (Form MO-1040, Line 33 less approved credits from Line 39; Property Tax Credit from Line 40)	1	2850.
	2. Multiply Line 1 by 90% (66 2/3% for qualified farmers)	2	2565.
	3. Withholding Taxes - Do not include any estimated tax payments on this line	3	2256.
	4. Subtract Line 3 from Line 1. If less than \$500, stop here; do not complete or file this form. You do not owe the penalty.	4	594.
	5. Enter the tax shown on your 2019 tax return. If you did not file a 2019 Missouri return or only filed a Property Tax Credit Claim, skip line 5 and enter the amount from Line 2 on Line 6.	5	
	6. Required Annual Payment - Enter the smaller of Line 2 or Line 5 (Note: If Line 3 is equal to or more than Line 6, stop here; you do not owe the penalty. Do not file Form MO-2210).	6	2565.

Part II - Short Method	7. Enter the amount, if any, from Line 3 above	7	2256.
	8. Enter the total amount, if any, of 2020 estimated tax payments you made	8	
	9. Add Lines 7 and 8	9	2256.
	10. Total Underpayment for Year - Subtract Line 9 from Line 6. If zero or less, stop here; you do not owe the penalty. Do not file Form MO-2210.	10	309.
	11. Multiply Line 10 by .02352	11	7.
	12. If the amount on Line 10 was paid on or after 04/15/21, enter 0 (zero). If the amount on Line 10 was paid before 04/15/21, make the following computation to find the amount to enter on Line 12. Amount on Line 10 X Number of days paid before 04/15/21 X .0000822	12	
13. Penalty - Subtract Line 12 from Line 11. Enter result here and on Form MO-1040, Line 51	13	7.	

Part II Instructions - Short Method

- A. **Purpose of the Form** - Use this form to determine whether your income tax was sufficiently paid throughout the year by withholding or by estimated tax payments. If it is not, you may owe a penalty on the underpaid amount.
- B. **Short Method** - You may use the Short Method if you qualify to use the Short Method on the Federal Form 2210 or, all withholding and estimated tax payments were made equally throughout the year and you do not annualize your income.
If you do not qualify to use the Short Method, you must use the Regular Method.

Section A - Figure Your Underpayment

Complete Lines 14 through 19. If you meet any of the exceptions (see instruction D) to the penalty for all quarters, omit Lines 14 through 19 and go directly to Line 20. All estimated income tax payments due on or after April 15, 2020, and before July 15, 2020, were postponed to July 15, 2020. If impacted by this extension, do not complete the first column. Enter the figures applicable to January 1, 2020, through June 30, 2020, in the second column.

14. Required annual payment (Enter payment as computed on Part I, Line 6)	14			
	Due Dates of Installments			
	July 15, 2020	July 15, 2020	Sept. 15, 2020	Jan. 15, 2021
15. Required installment payments (See Instructions)				
16. Estimated tax paid				
17. Overpayment of previous installments				
18. Total payments				
19. Underpayment of current installment				
19a. Overpayment of current installment				
19b. Underpayment of previous installments				
19c. Total overpayment				
19d. Total underpayment				

Section B - Exceptions To The Penalty

See instruction D - For special exceptions see instruction I for service in a "combat zone", and instruction J for farmers.

20. Total amount paid and withheld from January 1 through the installment date indicated				
21. Exception No. 1 - prior year's tax 2019 tax	25% of 2019 Tax	50% of 2019 Tax	75% of 2019 Tax	100% of 2019 Tax
22. Exception No. 2 - tax on prior year's income using 2020 rates and exemptions	25% of Tax	50% of Tax	75% of Tax	100% of Tax
23. Exception No. 3 - tax on annualized 2020 income	22.5% of Tax	45% of Tax	67.5% of Tax	
24. Exception No. 4 - tax on 2020 income (See Instructions)	90% of Tax	90% of Tax	90% of Tax	

Section C - Figure the Penalty

Complete Lines 25 through 29

25. Amount of underpayment				
26. Date of payment, due date of installment, or April 15, 2021, whichever is earlier				
27a. Number of days between the due date of installment, and either date of payment, the due date of the next installment, or December 31, 2020, whichever is earlier				
27b. Number of days from January 1, 2021 or installment date to date of payment or April 15, 2021				
28a. Multiply the 5% annual interest rate times the amount on Line 25 for the number of days shown on Line 27a				
28b. Multiply the 3% annual interest rate times the amount on Line 25 for the number of days shown on Line 27b				
28c. Total Penalty (Line 28a plus Line 28b)				
29. Total amount on Line 28c. Show this amount on Line 51 of Form MO-1040 as "Underpayment of Estimated Tax Penalty". If you have an underpayment on Line 50 of Form MO-1040, enclose your check or money order for payment in the amount equal to the total of Line 50 and the penalty amount on Line 51. If you have an overpayment on Line 49, the Department of Revenue will reduce your overpayment by the amount of penalty				

Part III - Regular Method

Note: If this form is not filed with Form MO-1040, attach check or money order payable to "Department of Revenue" and mail.

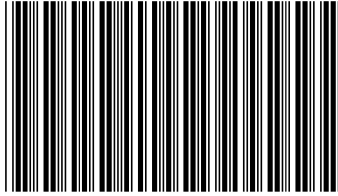
Taxation Division
P.O. Box 329
Jefferson City, MO 65107-0329

E-mail: income@dor.mo.gov

2020 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2020
Page 1



040NV01200

For Taxable Year January 1, 2020 – December 31, 2020 or Other Tax Year
Beginning _____, 2020 Ending _____, 2021

1555

Your Social Security Number
051636255

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
VORUGANTI VISHWAROOP GOUD

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
Missouri

Home Address (Number and Street, incl. apt. # or rural route)
12037 CHARTER OAK PARKWAY

Driver's License # (Voluntary)

State

City, Town, Post Office

SAINT LOUIS

State

ZIP Code

MO

63146

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency.

From:

To:

Gubernatorial Elections Fund

Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

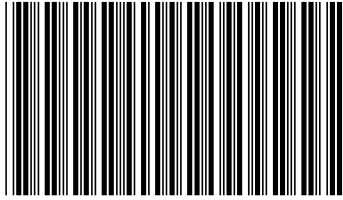
Yes

No

Yes

No





040NV02200

Name(s) as shown on Form NJ-1040NR
VORUGANTI VISHWAROOP GOUD

Your Social Security Number
051636255

1555

Filing Status
(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Name and SSN of Spouse/CU Partner
- 5. Qualifying Widow(er)/Surviving CU Partner

Exemptions

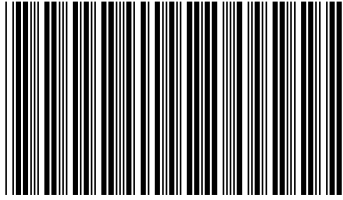
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	1		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner					9.
10. Number of your qualified dependent children							10.
11. Number of other dependents							11.
12. Dependents attending colleges (See Instructions)				12.			
13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9.				13a.	1	13b.	13c.

Dependent Information

14. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a. _____		
b. _____		
c. _____		
d. _____		

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 66 through 72	15.	26849 .	15.	26849 .
16. Interest	16.	11 .	16.	11 .
17. Dividends	17.	. .	17.	. .
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	. .	18.	. .
19. Net gains or income from disposition of property (From line 65)	19.	9847 .	19.	9847 .
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	0 .	20.	0 .
21. Net gambling winnings (See Instructions)	21.	. .	21.	. .
22. Pensions, Annuities, and IRA Withdrawals	22.	. .		
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	. .	23.	. .
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	. .	24.	. .
25. Alimony and separate maintenance payments received	25.	. .		
26. Other – State Nature and Source _____	26.	. .	26.	. .
27. TOTAL INCOME (Add lines 15 through 26)	27.	36707 .	27.	36707 .
28a. Pension Exclusion (See Instructions)	28a.	. .		
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	. .	28b.	. .
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	. .	28c.	. .
29. Gross Income (Subtract line 28c from line 27)	29.	36707 .	29.	36707 .
30. Total Exemption Amount (See Instructions)	30.	1000 .		
31. Medical Expenses (See Worksheet and Instructions)	31.	. .		
32. Alimony and separate maintenance payments	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 .		



040NV03200

Name(s) as shown on Form NJ-1040NR
VORUGANTI VISHWAROOP GOUD

Your Social Security Number
051636255

1555

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, column A)	38.	35707	.
39. Tax on amount on line 38 (From Tax Table page 34)	39.	568	.
40. Income Percentage B. (line 29) / A. (line 29) = <u>100.00</u> %			
41. NEW JERSEY TAX (Multiply amount from line 39 by income percentage from line 40)	41.		568 .
42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	42.		.
43. Gold Star Family Counseling Credit (See Instructions)	43.		.
44. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	44.		.
45. Total credits (Add lines 42, 43, and 44)	45.		.
46. Balance of Tax After Credits (Subtract line 45 from line 41)	46.		568 .
47. Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	47.		.
48. Total Tax and Penalty (Add line 46 and line 47)	48.		568 .
49. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	49.	1141	.
50. New Jersey Estimated Tax Payments/Credit from 2019 return	50.		.
51. Tax paid on your behalf by Partnership(s)	51.		.
52. EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.		.
53. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.		.
54. EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.		.
55. Pass-Through Business Alternative Income Tax Credit (See instructions)	55.		.
56. Total Payments/Credits (Add lines 49 through 55)	56.		1141 .
57. If line 56 is LESS THAN line 48, enter AMOUNT YOU OWE	57.		.
58. If line 56 is MORE THAN line 48, enter OVERPAYMENT	58.		573 .
59. Deductions from Overpayment on line 58 that you elect to credit to:			
(A) Your 2021 Tax	59A.		.
(B) N.J. Endangered Wildlife Fund	59B.		.
(C) N.J. Children's Trust Fund	59C.		.
(D) N.J. Vietnam Veterans' Memorial Fund	59D.		.
(E) N.J. Breast Cancer Research Fund	59E.		.
(F) U.S.S. N.J. Educational Museum Fund	59F.		.
(G) Designated Contribution	59G.		.
Code			
60. Total Deductions From Overpayment (Add lines 59A through 59G)	60.		.
61. REFUND (Amount to be sent to you. Subtract line 60 from line 58)	61.		573 .

Also enter on line 50:
 • Payments made in connection with sale of NJ real property
 • Payments by S corporation for nonresident shareholder

NOTE:
 An entry on line 59A, B, C, D, E, F, or G will reduce your tax refund

Under penalties of perjury, I declare that I have examined this 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 taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 57 in full. Write Social Security number(s) on check or money order and make payable to:

> _____
 Your Signature Date

> _____
 Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

State of New Jersey - TGI
 Division of Taxation
 Revenue Processing Center
 PO Box 244
 Trenton, NJ 08646-0244

Paid Preparer's Signature

Federal Identification Number

You may also pay by e-check or credit card.

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Name

Firm's Federal Employer Identification Number

GLOBAL TAXES LLC

30-1017196

Name(s) as shown on Form NJ-1040NR: **VORUGANTI VISHWAROOP GOUD**
 Your Social Security Number: **051636255**

PART I Net Gains or Income From Disposition of Property List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
62. Robinhood Securiti	01/01/2020	12/31/2020	141205	131358	9847
63. Capital Gains Distribution					63. 9847
64. Other Net Gains.....					64.
65. Net Gains (Add lines 62, 63, and 64) (Enter here and on line 19) (If loss, enter zero)					65. 9847

PART II Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

66. Amount reported on line 15 in column A required to be allocated	66.
67. Total days in taxable year	67.
68. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	68.
69. Total days worked in taxable year (subtract line 68 from line 67)	69.
70. Deduct days worked outside New Jersey.....	70.
71. Days worked in New Jersey (subtract line 70 from line 69).....	71.
72. ALLOCATION FORMULA $\frac{\text{(Line 71)}}{\text{(Line 69)}} \times \frac{\text{(Line 66)}}{\text{(Enter amount from line 66)}} = \frac{\text{ }}{\text{(Salary earned inside N.J.)}}$ (Include this amount on line 15, col. B)	

PART III Allocation of Business Income to New Jersey (See instructions if other than Formula Basis of allocation is used.)

Business Allocation Percentage (From Schedule NJ-NR-A)
 Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

Name(s) as shown on Form NJ-1040NR VORUGANTI, VISHWAROOP GOUD	Social Security Number 051-63-6255
--	---------------------------------------

Schedule NJ-BUS-1
(Form NJ-1040NR)

New Jersey Gross Income Tax
Business Income Summary Schedule

2020

Part I Net Profits From Business		List the net profit (loss) from business(es). See instructions.		
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)	
1.				
2.				
3.				
4.	Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter ZERO on line 18, column A.)		4.	
Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	From federal Sch E	051636255	1	-8,260.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter ZERO on line 20, column A.)		4.	-8,260.
Part III Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.		
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)	Share of tax paid on your behalf by Partnerships
1.				
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter ZERO on line 23, column A.)			
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 51.			
Part IV Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.		
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)	
1.				
2.				
3.				
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter ZERO on line 24, column A.)		4.	

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040NR VORUGANTI, VISHWAROOP GOUD	Social Security Number 051-63-6255
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Schedule NJ-BUS-2
(Form NJ-1040NR)

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2020

PART I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	0.	1b.	0.
2.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-8,260.
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.
5.	Loss Carryforward From Tax Year 2019			5b.	()
6.	Totals	6a.	0.	6b.	-8,260.
PART II Adjustment Calculation					
7.	Total Regular Business Income	7.	0.		
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.		
9.	Business Increment (line 7 minus line 8)	9.	0.		
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.		
PART III Loss Carryforward to Tax Year 2021					
12.	Loss Carryforward to Tax Year 2021	12.		(8,260.)

Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2019 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2020 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records