

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|--|--|
| Taxpayer's name SAILOKESH CHALICHALAMALA | Social security number 179-67-9339 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | |
|--|----------|---------|
| 1 Adjusted gross income | 1 | 84,368. |
| 2 Total tax | 2 | 11,625. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 13,073. |
| 4 Amount you want refunded to you | 4 | 2,312. |
| 5 Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 7 | 9 | 3 | 3 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

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

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 SAILOKESH | Last name CHALICHALAMALA | Your social security number 179-67-9339 |
| 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. 10012 KINGS PARADE BLVD | | Apt. no. | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE | State NC | ZIP code 28273 | |
| Foreign country name | Foreign province/state/county | Foreign postal code | |

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

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

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

| | (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 | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|----------------------------------|---|------------|------------|---------|
| | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 90,853. |
| Attach Sch. B if required. | 2a | Tax-exempt interest | 2a | 2b | |
| | 3a | Qualified dividends | 3a | 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 | -6,200. |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 84,653. |
| 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 <i>Standard Deduction</i> , see instructions. | 10 Adjustments to income: | | | | |
| | a | From Schedule 1, line 22 | 10a | | |
| | b | Charitable contributions if you take the standard deduction. See instructions | 10b | 285. | |
| | c | Add lines 10a and 10b. These are your total adjustments to income ▶ | | 10c | 285. |
| | 11 | Subtract line 10c from line 9. This is your adjusted gross income ▶ | | 11 | 84,368. |
| | 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 | 71,968. |

| | | | |
|-----------|--|------------|---------|
| 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 | 11,625. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 11,625. |
| 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 | 11,625. |
| 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 | 11,625. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 13,073. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 13,073. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 864. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 864. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 13,937. |

Refund

| | | | |
|------------|---|------------|---|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 2,312. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 2,312. |
| b | Routing number 071921891 | c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number 4635363217 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

| | | | |
|-----------|--|-----------|--|
| 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 SOFTWARE DEVELOPER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. | Email address | | |

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-----------------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 01/28/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | Phone no. (678) 965-9522 | Firm's EIN 30-1017196 |

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

**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
SAILOKESH CHALICHALAMALA

Your social security number
179-67-9339

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 | -6,200. |
| 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 | -6,200. |

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 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 for instructions and the latest information.

Name(s) shown on return

Your social security number

SAILOKESH CHALICHALAMALA

179-67-9339

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 | PLOT NO-682 HYDERABAD TELANGANA IN 500090 | | | | |
| 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"/> |

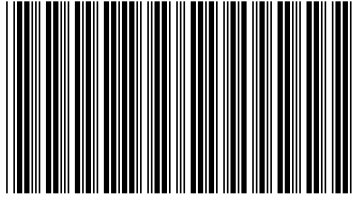
Type of Property:

- 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 | | 350. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | 250. | | |
| 7 | Cleaning and maintenance | 7 | | 850. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | 450. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | 3,500. | | |
| 14 | Repairs. | 14 | | 750. | | |
| 15 | Supplies | 15 | | 750. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 6,550. | | |
| 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 | | -6,200. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| -6,200.) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 350. | | |
| 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 | | 6,550. | | |
| 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 | (| 6,200.) | | |
| 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 | | -6,200. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



040MP01200

For Privacy Act Notification, See Instructions

Your Social Security Number (required)
179679339

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.)
CHALICHALAMALA SAILOKESH

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

County/Municipality Code (See Table page 50)
0101

Home Address (Number and Street, including apartment number)
10012 KINGS PARADE BLVD

City, Town, Post Office
CHARLOTTE

State ZIP Code
NC 28273

Driver's License Number (Voluntary) (See instructions)
C3159 68400 059

- 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.

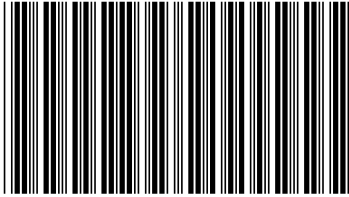
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

| | | | |
|---|-------------------|-----|----|
| 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. | 1 | |
| dd2. Account type (C for checking, S for savings) | dd2. | C | |
| dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States | dd3. | | |
| dd4. Routing number | dd4. | | 071921891 |
| dd5. Account number | dd5. | | 4635363217 |





040MP02200

Name(s) as shown on Form NJ-1040
CHALICHALAMALA SAILOKESH

Your Social Security Number
179679339

1555

Part-year residents, provide months/days you were a New Jersey resident during 2020:
From: **010120** To: **053120**

Fiscal year filers only:
Enter month of your year end **2 0 2 1**

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

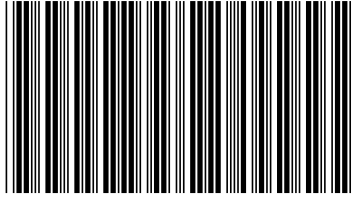
Exemptions

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 | <u>1</u> | 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. | <u>1000</u> . |

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. | _____ | | | |



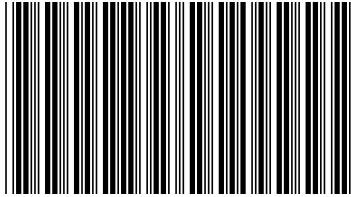
040MP03200

Name(s) as shown on Form NJ-1040
CHALICHALAMALA SAILOKESH

Your Social Security Number
179679339

1555

| | | | |
|--|-----------|--------|--------------------------------------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) | 15. | 44873 | . |
| 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. | . | . |
| 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. | . | . |
| 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. | . | . |
| 27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26) | 27. | 44873 | . |
| 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. | 44873 | . |
| 30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) | 30. | 417 | . |
| 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. | 417 | . |
| 38. Taxable Income (Subtract line 37 from line 29) | 38. | 44456 | . |
| 39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23) | 39a. | 1080 | . |
| 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. | 1080 | . |
| 41. New Jersey Taxable Income (Subtract line 40 from line 38) | 41. | 43376 | . |
| 42. Tax on Amount on line 41 (Tax Table page 52) | 42. | 904 | . |
| 43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) | 43. | . | . |
| Enter Code | | | |
| 44. Balance of Tax (Subtract line 43 from line 42) | 44. | 904 | . |
| 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. | 904 | . |
| 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. | . | . |
| Fill in if Form NJ-2210 is enclosed | | | |



040MP04200

Name(s) as shown on Form NJ-1040
CHALICHALAMALA SAILOKESH

Your Social Security Number
179679339

1555

| | | | |
|---|-----|-------------|---|
| 53. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in | 53. | 363 | . |
| 54. Total Tax Due (Add lines 50 through 53) | 54. | 1267 | . |
| 55. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099) | 55. | 1911 | . |
| 56. Property Tax Credit (See instructions page 23) | 56. | . | . |
| 57. New Jersey Estimated Tax Payments/Credit from 2019 tax return | 57. | . | . |
| 58. New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit 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. | 1911 | . |
| 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 If you owe tax, you can still make a donation on lines 68 through 75. | 65. | . | . |
| 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. | 644 | . |
| 67. Amount from line 66 you want to credit to your 2021 tax | 67. | . | . |
| 68. Contribution to N.J. Endangered Wildlife Fund | 68. | . | . |
| 69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse | 69. | . | . |
| 70. Contribution to N.J. Vietnam Veterans' Memorial Fund | 70. | . | . |
| 71. Contribution to N.J. Breast Cancer Research Fund | 71. | . | . |
| 72. Contribution to U.S.S. New Jersey Educational Museum Fund | 72. | . | . |
| 73. Other Designated Contribution (See instructions) | 73. | . | . |
| 74. Other Designated Contribution (See instructions) | 74. | . | . |
| 75. Other Designated Contribution (See instructions) | 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. | . | . |
| 78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66) | 78. | 644 | . |

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

| | |
|---|---------------------------------------|
| Name(s) as shown on Form NJ-1040 CHALICHALAMALA, SAILOKESH | Social Security Number 179-67-9339 |
|---|---------------------------------------|

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

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, NJ-1040. If loss, make no entry on line 18.) | | 4. |

| Part II 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) |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.) | | 4. |

| Part III 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 22, NJ-1040. If loss, make no entry on line 22.) | | 4. |

| Part IV 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. | PLOT NO-682 | 179679339 | 1 | -2,575. |
| 2. | | | | |
| 3. | | | | |
| 4. | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.) | | | 4. -2,575. |

Keep a copy of this schedule for your records

Schedule NJ-BUS-2 New Jersey Gross Income Tax **2020**
(Form NJ-1040) Alternative Business Calculation Adjustment

| 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. | Distributive Share of Partnership Income | 2a. | 0 . | 2b. | 0 . | | |
| 3. | Net Pro Rata Share of S Corporation Income | 3a. | 0 . | 3b. | 0 . | | |
| 4. | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 4a. | 0 . | 4b. | -2,575 . | | |
| 5. | Loss Carryforward From Tax Year 2019 | | | 5b. | (| |) |
| 6. | Totals | 6a. | 0 . | 6b. | -2,575 . | | |
| 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. | (| 2,575 . |) |

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2019 Schedule NJ-BUS-2 (Form NJ-1040).
- 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 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-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

If your income on line 29 is at or below the filing threshold,
do not complete this schedule.

| | |
|--|------------------------------------|
| Name as Shown on Return CHALICHALAMALA, SAILOKESH | Social Security No. 179-67-9339 |
|--|------------------------------------|


Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2019? (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

QuickZoom to Shared Responsibility Payment Calculation Worksheet  _____

| Name | SSN | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--------------------------|-------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| SALLOKESH CHALICHALAMALA | 179-67-9339 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Instructions for Form D-400V, Payment Voucher

What Is Form D-400V and Why Should You Use It?

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V. (Do not use Form D-400V when making a payment of a balance due on an amended Form D-400. Use Form D-400V Amended.)

Preparing and Sending Your Payment

- Make your check or money order payable in U.S. dollars to the **NC Department of Revenue**. **Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
- Make sure your name and address appear on your check or money order.

- Enter "Tax Year and Form D-400," your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return.
- Cut across the dotted line and send the completed voucher and your check or money order.

What if You File Electronically?

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

Other Payment Methods

In lieu of mailing your payment to the Department, you may pay your tax online by bank draft (free), or credit or debit card using Mastercard or Visa (\$2 convenience fee for every \$100 paid). This online service is accurate, secure and convenient. For details, visit www.ncdor.gov.

Important Reminders

- **Do not** use this payment voucher if you pay your tax online.
- **Do not** staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- **Do not** fold the voucher or check.
- **Do not** use this voucher to pay quarterly estimated tax.
- **Do not** use a photocopy of the voucher.
- **Do not** use another person's voucher.
- **Do not** send cash.



Cut Here



| | |
|-------------------------------|--|
| D-400V (50) 9-16-08 | Individual Income Payment Voucher North Carolina Department of Revenue |
|-------------------------------|--|

REV 01/23/21 PRO

179679339 CHAL 1001 28273

SAILOKESH CHALICHALAMAL

10012 KINGS PARADE BLVD For Calendar Year 2020

CHARLOTTE NC 28273

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 01 28 21 Phone: (678) 965-9522

AMOUNT OF THIS PAYMENT

This must match the amount shown on your check or money order.

\$ 69 .00

7270150106



20206 1796793399 0000000 06408

Mail to:
NCDOR, PO Box 25000,
Raleigh, NC 27640-0640

D-400 (50) 8-10-20 **2020 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR
Use
Only

| | | |
|--|--|---|
| For calendar year 2020, or fiscal year beginning <u>20</u> and ending _____ | | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| SAILOKESH CHALICHALAMAL 10012 KINGS PARADE BLVD CHARLOT NC 28273 CHOWA | | Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Your SSN: 179679339 Spouse's SSN: _____ | | Were you granted an automatic extension to file your 2020 federal income tax return (Form 1040)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er) | | |
| Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Return for deceased taxpayer. Date of death: _____ |
| Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Return for deceased spouse. Date of death: _____ |
| N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.) | | |
| <input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2021, and a U.S. citizen or resident. | | |
| <input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative. | | |

| | | | | | | | | | | | | | | | |
|-----------|------------|-------|-------------------------|-----|------------|----|----|-----------|---|-----------|---|-------|-------|-----------|---|
| FS | 1 | PP | Y | DT | N | OC | N | TPRES | N | SPRES | N | VT | N | SVT | N |
| CHAL | 1001 | 28273 | DS | N | EA | N | TD | | | SD | | | | FDEXT | N |
| SAILOKESH | | | CHALICHALAMAL | | | | | 179679339 | | | | CHOWA | | | |
| | | | | | | | | | | | | NC | 28273 | | |
| | | | 10012 KINGS PARADE BLVD | | | | | | | CHARLOTTE | | | | | |
| 06 | | 84368 | | 16 | | | | 0 | | 26C | | | | 0 | |
| 07 | | 285 | | 18 | Y | | | 0 | | 26E | | | | 0 | |
| 09 | | 0 | | 20A | | | | 2039 | | EU | | | | | |
| 10A | | 0 | | 20B | | | | 0 | | 27 | | | | 69 | |
| 10B | | 0 | | 21A | | | | 0 | | 29 | | | | 0 | |
| 11 | S | Y | I | N | | | | 0 | | 30 | | | | 0 | |
| 11 | | 10750 | | 21C | | | | 0 | | 31 | | | | 0 | |
| 13 | | 05432 | | 21D | | | | 0 | | 32 | | | | 0 | |
| 14 | | 40144 | | 26A | | | | 69 | | 34 | | | | 0 | |
| 15 | | 2108 | | 26B | | | | 0 | | | | | | | |
| TN | 3098262399 | | PN | | 6789659522 | | | | | PP | | | | P02082703 | |



| | |
|--|---|
| Sign Return Below <input type="checkbox"/> Refund Due <u>0</u> <input checked="" type="checkbox"/> Payment Due <u>69</u> | |
| I declare and certify 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. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below. | |
| Your Signature _____ Date _____ | Spouse's Signature (If filing joint return, both must sign.) _____ Date _____ |
| 3098262399 Contact Phone No. (Include area code) | |
| PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. | |
| SYAM PRIYA RAM SAGAR GUPT <u>01 28 21</u> <u>6789659522</u> | <u>P02082703</u> |
| Paid Preparer's Signature Date Preparer's Contact Phone Number (Include area code) | Preparer's FEIN, SSN, or PTIN |

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

D-400 Line-by-Line Information

| | | | |
|-----|---|------|--------|
| 6. | Federal Adjusted Gross Income | 6. | 84368 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 285 |
| 8. | Add Lines 6 and 7 | 8. | 84653 |
| 9. | Deductions From Federal Adjusted Gross Income | 9. | 0 |
| 10. | Child Deduction | | |
| | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 0 |
| | b. Enter the amount of the child deduction | 10b. | 0 |
| 11. | N.C. Standard Deduction | 11. | Y |
| 11. | N.C. Itemized Deduction | 11. | N |
| 11. | Deduction amount | 11. | 10750 |
| 12. | a. Add Lines 9, 10b, and 11 | 12a. | 10750 |
| | b. Subtract amount on Line 12a from Line 8 | 12b. | 73903 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 0.5432 |
| 14. | N.C. Taxable Income | 14. | 40144 |
| 15. | N.C. Income Tax | 15. | 2108 |
| 16. | Tax Credits | 16. | 0 |
| 17. | Subtract Line 16 from Line 15 | 17. | 2108 |
| 18. | Consumer Use Tax | 18. | 0 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 2108 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|------|
| 20a. | Your tax withheld | 20a. | 2039 |
| 20b. | Spouse's tax withheld | 20b. | 0 |

Other Tax Payments

| | | | |
|------|--|------|-----------|
| 21a. | 2020 estimated tax | 21a. | 0 |
| 21b. | Paid with extension | 21b. | 0 |
| 21c. | Partnership | 21c. | 0 |
| 21d. | S Corporation | 21d. | 0 |
| 22. | Amended Returns Only - Previous payments | 22. | 0 |
| 23. | Total Payments | 23. | 2039 |
| 24. | Amended Returns Only - Previous refunds | 24. | 0 |
| 25. | Subtract Line 24 from Line 23 | 25. | 2039 |
| 26a. | Tax Due | 26a. | 69 |
| 26b. | Penalties | 26b. | 0 |
| 26c. | Interest | 26c. | 0 |
| 26d. | Add Lines 26b and 26c and enter the total on 26d | 26d. | 0 |
| EU | Exception to Underpayment of Estimated Tax | EU | |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 0 |
| 27. | Pay this Amount | 27. | 69 |
| 28. | Overpayment | 28. | 0 |

Amount of Refund to Apply to:

| | | | |
|-----|--|-----|----------|
| 29. | Amount of Line 28 to be applied to 2021 Estimated Income Tax | 29. | 0 |
| 30. | N.C. Nongame and Endangered Wildlife Fund | 30. | 0 |
| 31. | N.C. Education Endowment Fund | 31. | 0 |
| 32. | N.C. Breast and Cervical Cancer Control Program | 32. | 0 |
| 33. | Add Lines 29 through 32 | 33. | 0 |
| 34. | Amount to be Refunded | 34. | 0 |

D-400 Sch S (50)

9-14-20

2020 Supplemental Schedule
North Carolina Department of RevenueDOR
Use
Only

If you are required to add certain items to Adjusted Gross Income on Form D-400, Line 7, or if you are entitled to take deductions from Adjusted Gross Income on Form D-400, Line 9, you must complete and attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

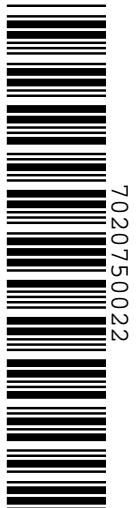
Important: Refer to the instructions before completing Parts A or B of this form.

| | | | |
|---------------------------------|------------|-----------------------------|-----------|
| Last Name (First 10 Characters) | CHALICHALA | Your Social Security Number | 179679339 |
|---------------------------------|------------|-----------------------------|-----------|

| | | | | | | | |
|----|---|----|-----|-----|---|-----|---|
| 01 | 0 | 11 | 0 | 22 | 0 | 24E | 0 |
| 02 | 0 | 12 | 0 | 23A | 0 | 25 | 0 |
| 03 | 0 | 13 | 0 | 23B | 0 | 26 | 0 |
| 04 | 0 | 14 | 0 | 23C | 0 | 27 | 0 |
| 05 | 0 | 15 | 0 | 23D | 0 | 28 | 0 |
| 06 | 0 | 16 | 285 | 23E | 0 | 29 | 0 |
| 07 | 0 | 18 | 0 | 24A | 0 | 30 | 0 |
| 08 | 0 | 19 | 0 | 24B | 0 | 31 | 0 |
| 09 | 0 | 20 | 0 | 24C | 0 | 32 | 0 |
| 10 | 0 | 21 | 0 | 24D | 0 | 33 | 0 |

Part A. Additions to Federal Adjusted Gross Income

| | | | |
|-----|--|-----|-----|
| 1. | Interest Income From Obligations of States Other Than North Carolina | 1. | 0 |
| 2. | Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2 | 2. | 0 |
| 3. | Bonus Depreciation | 3. | 0 |
| 4. | IRC Section 179 Expense | 4. | 0 |
| 5. | S-Corporation Shareholder Built-in Gains Tax | 5. | 0 |
| 6. | Amount by Which Federal Basis Exceeds State Basis for Property Disposed of in 2020 | 6. | 0 |
| 7. | Unabsorbed Net Operating Loss Deduction | 7. | 0 |
| 8. | Excess Net Operating Loss Carryforward Deduction | 8. | 0 |
| 9. | Withdrawal of 529 Plan Contributions not Used for Permissible Purpose | 9. | 0 |
| 10. | Discharge of Qualified Principal Residence Indebtedness | 10. | 0 |
| 11. | Qualified Tuition and Related Expenses | 11. | 0 |
| 12. | Excess Business Loss | 12. | 0 |
| 13. | Qualified Education Loan Payments by Employer | 13. | 0 |
| 14. | Expenses Deducted Under a Forgiven PPP Loan | 14. | 0 |
| 15. | Business Interest Limitation | 15. | 0 |
| 16. | Above-the-line Qualified Charitable Contribution Deduction | 16. | 285 |
| 17. | Total additions - Add Lines 1 through 16 | 17. | 285 |



Last Name (First 10 Characters) CHALICHALA

Your Social Security Number

179679339

Part B. Deductions From Federal Adjusted Gross Income

| | | | | | | | | |
|------|--|---|------|------|---|------------|------|---|
| 18. | State or Local Income Tax Refund | | | | | 18. | 0 | |
| 19. | Interest Income From Obligations of the United States or United States' Possessions | | | | | 19. | 0 | |
| 20. | Taxable Portion of Social Security and Railroad Retirement Benefits | | | | | 20. | 0 | |
| 21. | Bailey Settlement Retirement Benefits | | | | | 21. | 0 | |
| 22. | Bonus Asset Basis | | | | | 22. | 0 | |
| 23. | Bonus Depreciation | | | | | | | |
| 23a. | 2015 | 0 | 23b. | 2016 | 0 | 23c. | 2017 | 0 |
| 23d. | 2018 | 0 | 23e. | 2019 | 0 | | | |
| | | | | | | 23f. Total | 0 | |
| 24. | IRC Section 179 Expense | | | | | | | |
| 24a. | 2015 | 0 | 24b. | 2016 | 0 | 24c. | 2017 | 0 |
| 24d. | 2018 | 0 | 24e. | 2019 | 0 | | | |
| | | | | | | 24f. Total | 0 | |
| 25. | Recognized IRC Section 1400Z-2 Gain | | | | | 25. | 0 | |
| 26. | Gain From the Disposition of Exempt N.C. Obligations Issued Before July 1, 1995 | | | | | 26. | 0 | |
| 27. | Exempt Income Earned or Received by a Member of a Federally Recognized Indian Tribe | | | | | 27. | 0 | |
| 28. | Amount by Which State Basis Exceeds Federal Basis for Property Disposed of in 2020 | | | | | 28. | 0 | |
| 29. | Ordinary and Necessary Business Expense Reduced or not Allowed Due to Claiming a Federal Tax Credit in Lieu of a Deduction | | | | | 29. | 0 | |
| 30. | Personal Education Savings Account Deposits | | | | | 30. | 0 | |
| 31. | State Emergency Response and Disaster Relief Reserve Fund Payments | | | | | 31. | 0 | |
| 32. | Certain Economic Incentives | | | | | 32. | 0 | |
| 33. | Extra Credit Grant | | | | | 33. | 0 | |
| 34. | Total Deductions - 18 through 22, 23f, 24f, and 25 through 33 | | | | | 34. | 0 | |

D-400 Sch PN (50)

8-12-20

2020 Part-Year Resident and Nonresident Schedule
 North Carolina Department of Revenue

DOR
Use
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2020, you must attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) **CHALICHALA**

Your Social Security Number **179679339**

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

| | | | | | | | |
|-----|---|-----|---|----------|----------|----|-------|
| NRT | N | PYT | Y | 06 01 20 | 12 31 20 | 22 | 45980 |
| NRS | N | PYS | N | | | 23 | 84653 |

Part A. Residency Status

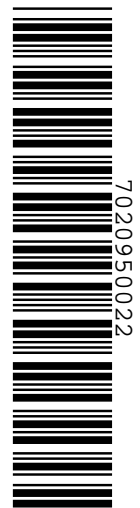
Taxpayer is: (Select applicable box)
 Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began Date N.C. residency ended
 06 01 20 12 31 20

Spouse is: (Select applicable box)
 Full-Year Resident Nonresident Part-Year Resident
 Date N.C. residency began Date N.C. residency ended

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents

| Total Income | COLUMN A Total Income from all sources | COLUMN B Amount of Column A subject to N.C. tax | | | | | | | | | |
|--|--|---|--|-----------------|-----------------|-----------------------------------|------------------------------|---------------------------|--|------------------------------|----------------------------|
| 1. Wages, Salaries, Tips, Etc. | 1. 90853 | 45980 | | | | | | | | | |
| 2. Taxable Interest | 2. 0 | 0 | | | | | | | | | |
| 3. Taxable Dividends | 3. 0 | 0 | | | | | | | | | |
| 4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes | 4. 0 | 0 | | | | | | | | | |
| 5. Alimony Received | 5. 0 | 0 | | | | | | | | | |
| 6. Business Income or (Loss) | 6. 0 | 0 | | | | | | | | | |
| 7. Capital Gain or (Loss) | 7. 0 | 0 | | | | | | | | | |
| 8. Other Gains or (Losses) | 8. 0 | 0 | | | | | | | | | |
| 9. Taxable Amount of IRA Distributions | 9. 0 | 0 | | | | | | | | | |
| 10. Taxable Amount of Pensions and Annuities | 10. 0 | 0 | | | | | | | | | |
| 11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc. | 11. -6200 | 0 | | | | | | | | | |
| 12. Farm Income or (Loss) | 12. 0 | 0 | | | | | | | | | |
| 13. Unemployment Compensation | 13. 0 | 0 | | | | | | | | | |
| 14. Taxable Amount of Social Security Benefits or Railroad Retirement Benefits | 14. 0 | 0 | | | | | | | | | |
| 15. Other Income | 15. 0 | 0 | | | | | | | | | |
| 16. Total Income | 16. 84653 | 45980 | | | | | | | | | |
| <table border="0"> <tr> <td></td> <td>COLUMN A</td> <td>COLUMN B</td> </tr> <tr> <td>North Carolina Adjustments</td> <td>Enter the amount from</td> <td>Amount of Column A</td> </tr> <tr> <td></td> <td>Form D-400 Schedule S</td> <td>subject to N.C. tax</td> </tr> </table> | | | | COLUMN A | COLUMN B | North Carolina Adjustments | Enter the amount from | Amount of Column A | | Form D-400 Schedule S | subject to N.C. tax |
| | COLUMN A | COLUMN B | | | | | | | | | |
| North Carolina Adjustments | Enter the amount from | Amount of Column A | | | | | | | | | |
| | Form D-400 Schedule S | subject to N.C. tax | | | | | | | | | |
| 17. Additions | | | | | | | | | | | |
| a. Interest Income From Obligations of States Other Than N.C. | 17a. 0 | 0 | | | | | | | | | |
| b. Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2 | 17b. 0 | 0 | | | | | | | | | |
| c. Bonus Depreciation | 17c. 0 | 0 | | | | | | | | | |
| d. IRC Section 179 Expense | 17d. 0 | 0 | | | | | | | | | |
| e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income | 17e. 0 | 0 | | | | | | | | | |
| 18. Total Additions | 18. 0 | 0 | | | | | | | | | |



| | | |
|---|-----------------------------|-----------|
| Last Name (First 10 Characters) CHALICHALA | Your Social Security Number | 179679339 |
|---|-----------------------------|-----------|

Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

| | COLUMN A Enter the amount from Form D-400 Schedule S | COLUMN B Amount of Column A subject to N.C. tax |
|---|--|---|
| 19. Deductions | | |
| a. State or Local Income Tax Refund | 19a. 0 | 0 |
| b. Interest From Obligations of the United States or United States' Possessions | 19b. 0 | 0 |
| c. Taxable Portion of Social Security or Railroad Retirement Benefits | 19c. 0 | 0 |
| d. Bailey Retirement Benefits | 19d. 0 | 0 |
| e. Bonus Depreciation | 19e. 0 | 0 |
| f. IRC Section 179 | 19f. 0 | 0 |
| g. Recognized IRC Section 1400Z-2 Gain | 19g. 0 | 0 |
| h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income | 19h. 0 | 0 |
| 20. Total Deductions | 20. 0 | 0 |
| 21. Total Income Modified by N.C. Adjustments | 21. 84653 | 45980 |

Part C. Part-Year Residents and Nonresidents Taxable Percentage

| | | |
|--|--|-----------------------|
| 22. Enter the Amount From Column B, Line 21 | | 22. 45980 |
| 23. Enter the Amount From Column A, Line 21 | | 23. 84653 |
| 24. Part-Year Residents and Nonresident Taxable Percentage | | 24. 0.5432 |