

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 JIGNESHKUMAR CHAUDHARI	Social security number 189-06-9820
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	91,641.
2 Total tax	2	13,220.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	14,516.
4 Amount you want refunded to you	4	1,664.
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

6	9	8	2	0
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 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name

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 ▶ J.M. Chaudhary Date ▶ 02/06/2021

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

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 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name

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 [X] 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: JIGNESHKUMAR
Last name: CHAUDHARI
Your social security number: 189-06-9820
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. 3017 AZALEA HILLS DRIVE
City, town, or post office. If you have a foreign address, also complete spaces below. CHARLOTTE
State: NC
ZIP code: 28262
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main income table with 15 rows. Includes categories like Wages, salaries, tips, etc.; Tax-exempt interest; Qualified dividends; IRA distributions; Pensions and annuities; Social security benefits; Capital gain or (loss); Other income from Schedule 1, line 9; Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. Total income: 91,891.

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	13,220.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	13,220.
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	13,220.
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	13,220.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	14,516.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	14,516.
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	368.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	368.
33	Add lines 25d, 26, and 32. These are your total payments	33	14,884.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,664.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,664.
▶ b	Routing number <u>3 2 2 2 7 1 6 2 7</u> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d	Account number <u>6 3 3 6 2 6 1 5 0</u>		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

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

Refund

Direct deposit? See instructions.

Amount You Owe

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ▶ Yes. Complete below. No

Designee's name ▶ _____ 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 <u>J.m. Chaudhri</u>	Date <u>02/06/2021</u>	Your occupation <u>SOFTWARE ENGINEER</u>	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. <u>626 209 3939</u>	Email address <u>Jmcs9101@gmail.com</u>		

Paid Preparer Use Only

Preparer's name <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Preparer's signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date <u>02/06/2021</u>	PTIN <u>P02082703</u>	Check if: <input type="checkbox"/> Self-employed
Firm's name ▶ <u>GLOBAL TAXES LLC</u>	Phone no. <u>(678) 965-9522</u>			
Firm's address ▶ <u>2530 Pebble Creek Ln Cumming GA 30041</u>	Firm's EIN ▶ <u>30-1017196</u>			

**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
JIGNESHKUMAR CHAUDHARI

Your social security number
189-06-9820

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	-5,630.
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	-5,630.

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

JIGNESHKUMAR CHAUDHARI

189-06-9820

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	GANDHI NAGAR HYDERABAD 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		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	450.		
4 Royalties received	4			
Expenses:				
5 Advertising	5	80.		
6 Auto and travel (see instructions)	6	250.		
7 Cleaning and maintenance	7	100.		
8 Commissions.	8			
9 Insurance	9			
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	150.		
15 Supplies	15			
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	6,080.		
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	-5,630.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-5,630.)		
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		6,080.	
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			(5,630.)
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			-5,630.

For Paperwork Reduction Act Notice, see the separate instructions.

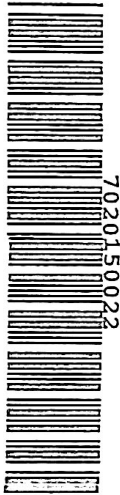
Schedule E (Form 1040) 2020

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
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Only

For calendar year 2020, or fiscal year beginning 20 and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
JIGNESHKUMAR CHAUDHARI 3017 AZALEA HILLS DRIVE CHARLOT NC 28262 MECKL Your SSN: 189069820 Spouse's SSN:		Is your spouse a veteran? Yes <input type="checkbox"/> No <input 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 granted an automatic extension to file your 2020 federal income tax return (Form 1040)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input 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 \$ 0. 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	Y	SPRES	N	VT	N	SVT	N
CHAU	3017	28262	DS	N	EA	N	TD			SD				FDEXT	N
JIGNESHKUMAR			CHAUDHARI					189069820				MECKL			
											NC	28262			
3017	AZALEA	HILLS	DRIVE					CHARLOTTE							
06		91641		16				0		26C			0		
07		250		18	Y			0		26E			0		
09		0		20A				4632		EU					
10A		0		20B				0		27			0		
10B		0		21A				0		29			0		
11	S	Y	I	N				0		30			0		
11		10750		21C				0		31			0		
13		00000		21D				0		32			0		
14		81141		26A				0		34			372		
15		4260		26B				0							
TN	6262093939			PN			6789659522			PP			P02082703		



Sign Return Below		<input checked="" type="checkbox"/> Refund Due 372	<input type="checkbox"/> Payment Due 0
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.			
J.m. Chaudhri 02/06/2021 Your Signature Date		6262093939 Spouse's Signature (If filing joint return, both must sign.) Date 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 02 06 21 Paid Preparer's Signature Date		6789659522 P02082703 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			

Last Name (First 10 Characters) CHAUDHARI

Your Social Security Number

189069820

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	91641
7.	Additions to Federal Adjusted Gross Income	7.	250
8.	Add Lines 6 and 7	8.	91891
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.	81141
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	81141
15.	N.C. Income Tax	15.	4260
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	4260
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	4260

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	4632
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.	4632
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	4632
26a.	Tax Due	26a.	0
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.	0
28.	Overpayment	28.	372

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.	372

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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)	CHAUDHARI	Your Social Security Number	189069820
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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	250	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.	250
17. Total additions - Add Lines 1 through 16	17.	250



Last Name (First 10 Characters) CHAUDHARI

Your Social Security Number 189069820

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	