

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 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 RANJITH	Last name KUDUMULA	Your social security number 668-89-2818
If joint return, spouse's first name and middle initial DIVYA	Last name MAILARAM	Spouse's social security number 956-98-0530
Home address (number and street). If you have a P.O. box, see instructions. 9I Garden Terrace		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, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). North Arlington NJ 07031		
Foreign country name	Foreign province/state/county	Foreign postal code

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, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
DHEERAJ	KUDUMULA	964-91-0874	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MANAS	KUDUMULA	779-92-4633	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	117,808.
2a Tax-exempt interest	2a	b Taxable interest. Attach Sch. B if required	2b
3a Qualified dividends	3a	b Ordinary dividends. Attach Sch. B if required	3b
4a IRA distributions	4a	b Taxable amount	4b
c Pensions and annuities	4c	d Taxable amount	4d 21,150.
5a Social security benefits	5a	b Taxable amount	5b
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			6 -3,000.
7a Other income from Schedule 1, line 9			7a 0.
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶			7b 135,958.
8a Adjustments to income from Schedule 1, line 22			8a
b Subtract line 8a from line 7b. This is your adjusted gross income ▶			8b 135,958.
9 Standard deduction or itemized deductions (from Schedule A)	9 24,400.		
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a Add lines 9 and 10			11a 24,400.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b 111,558.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	16,260.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b		16,260.
13a	Child tax credit or credit for other dependents	13a	2,500.	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b		2,500.
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14		13,760.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15		2,115.
16	Add lines 14 and 15. This is your total tax	16		15,875.
17	Federal income tax withheld from Forms W-2 and 1099	17		16,342.
18	Other payments and refundable credits:			
a	Earned income credit (EIC)	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		
19	Add lines 17 and 18e. These are your total payments	19		16,342.

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

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20		467.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a		467.
b	Routing number 0 2 1 0 0 0 3 2 2	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 4 8 3 0 6 1 1 7 2 9 9 2			
22	Amount of line 20 you want applied to your 2020 estimated tax	22		

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23		
24	Estimated tax penalty (see instructions)	24		

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) 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.)
<i>[Signature]</i>		Principal Consultant	_____
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.)
<i>[Signature]</i>		HOME MAKER	_____
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Nikhilesh Paruchuri	<i>[Signature]</i>	03/02/2020	P02125955	<input type="checkbox"/> 3rd Party Designee
Firm's name	Phone no.	<input type="checkbox"/> Self-employed		
Values Tax				
Firm's address	Firm's EIN			
126 SOUTH 2ND ST BETHPAGE NY 11714	45-3482203			

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ **Attach to Form 1040 or 1040-SR.**

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **02**

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

RANJITH KUDUMULA & DIVYA MAILARAM

Your social security number

668-89-2818

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	

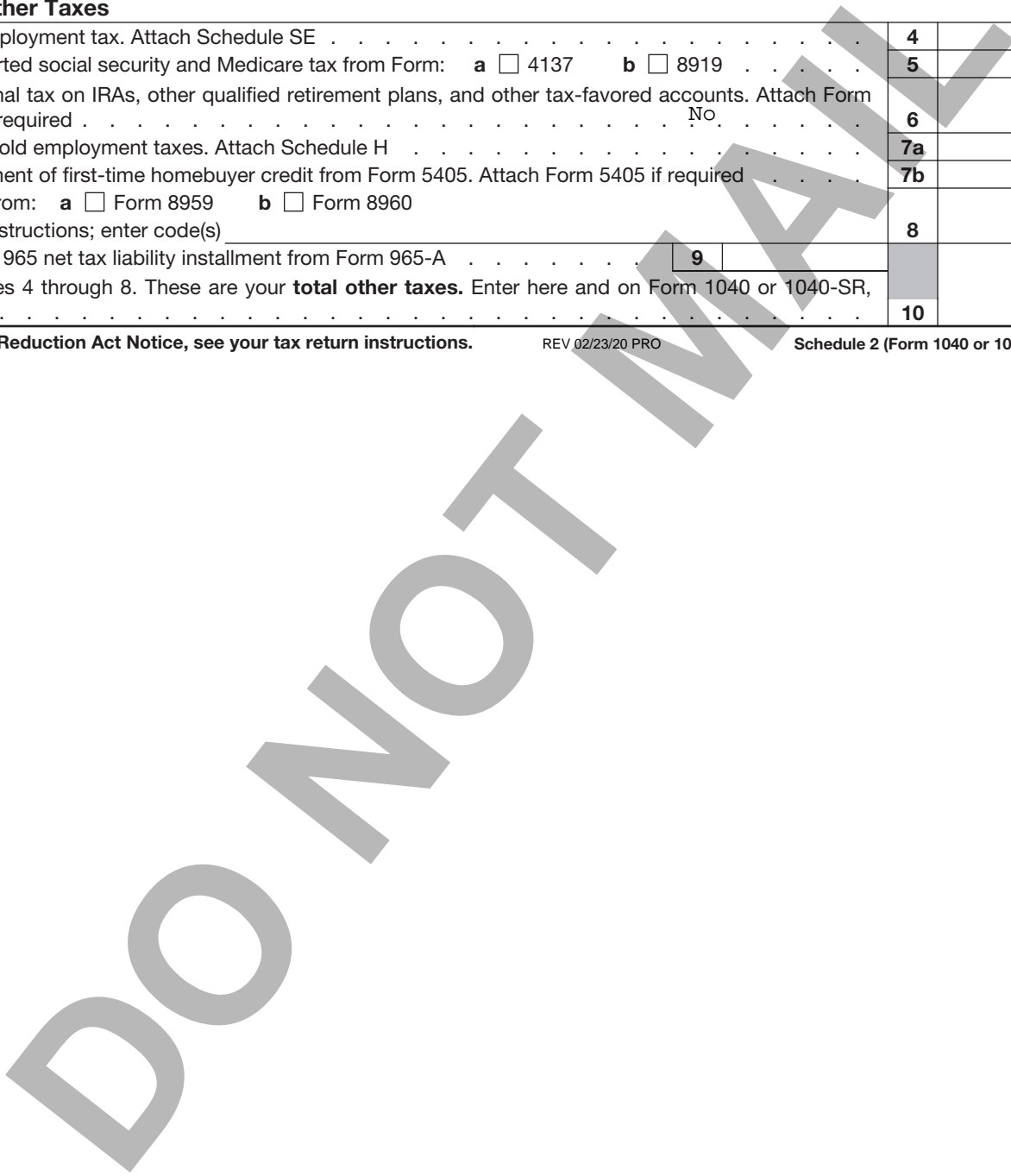
Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required No	6	2,115.
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	2,115.

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

REV 02/23/20 PRO

Schedule 2 (Form 1040 or 1040-SR) 2019



SCHEDULE D
(Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074

2019

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
RANJITH KUDUMULA & DIVYA MAILARAM

Your social security number
668-89-2818

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				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	5,896.	23,822.	2.	-17,924.
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 -17,924.

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	90.	4,845.		-4,755.
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 -4,755.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-22,679.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. 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 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
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 ▶	18	
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 ▶	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

D-400 (50) 8-20-19 **2019 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 2019, or fiscal year beginning <u>19</u> and ending		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
RANJITH KUDUMULA DIVYA MAILARAM 9I GARDEN TERRACE Your SSN: 668892818 NORTH A NJ 07031FOREI Spouse's SSN: 956980530		Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Filing Status <input type="checkbox"/> 1. Single <input checked="" 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 2019 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 type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased taxpayer. Date of death:		Year spouse died:
Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input checked="" 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 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	2	PP	Y	DT	N	OC	N	TPRES	N	SPRES	N	VT	N	SVT	N
KUDU	9I	G	07031	DS	N	EA	N	TD		SD		FDEXT	N		
RANJITH				KUDUMULA				668892818				FOREI			
DIVYA				MAILARAM				956980530		NJ	07031				
9I	GARDEN	TERRACE						NORTH	ARLINGTON						
06		135958		16				0		26C				0	
07		0		18	Y			0		26E				0	
09		0		20A				952		EU					
10A		1		20B				0		27				0	
10B		0		21A				0		29				0	
11	S	Y	I	N				21B		0		30		0	
11		20000		21C				0		31				0	
13		01462		21D				0		32				0	
14		16953		26A				0		34				62	
15		890		26B				0							
TN				PN						PP		P02125955			



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>62</u>		<input type="checkbox"/> Payment Due <u>0</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 _____
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.			
Paid Preparer's Signature _____		Preparer's Contact Phone Number (Include area code) _____	
Date <u>03 02 20</u>		Preparer's FEIN, SSN, or PTIN <u>P02125955</u>	
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.	135958
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	135958
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.	1
	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.	20000
12.	a. Add Lines 9, 10b, and 11	12a.	20000
	b. Subtract amount on Line 12a from Line 8	12b.	115958
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.1462
14.	N.C. Taxable Income	14.	16953
15.	N.C. Income Tax	15.	890
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	890
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	890

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	952
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2019 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.	952
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	952
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.	62

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2020 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.	62

D-400 Sch PN (50)

8-21-19

2019 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

DOR
Use
Only

If you complete Schedule PN, you MUST attach the schedule to Form D-400. If you do not, the Department may be unable to process your return.

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

Your Social Security Number **668892818**

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	Y	PYT	N	22	19872
NRS	Y	PYS	N	23	135958

Part A. Residency Status

Taxpayer is: (Select applicable box)			Spouse is: (Select applicable box)		
<input type="checkbox"/> Full-Year Resident	<input checked="" type="checkbox"/> Nonresident	<input type="checkbox"/> Part-Year Resident	<input type="checkbox"/> Full-Year Resident	<input checked="" type="checkbox"/> Nonresident	<input type="checkbox"/> Part-Year Resident
Date N.C. residency began		Date N.C. residency ended	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. 117808	19872
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. -3000	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. 21150	0
11. Rental real estate, royalties, partnerships, S-Corps, estates, trusts, etc.	11. 0	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. 135958	19872
North Carolina Adjustments		
17. Additions	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
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) KUDUMULA	Your Social Security Number 668892818
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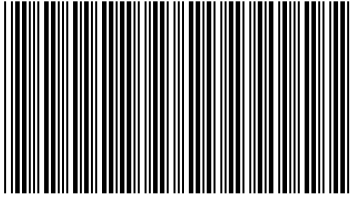
Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	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 and 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 to 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. 135958	19872

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the amount from Column B, Line 21		22. 19872
23. Enter the amount from Column A, Line 21		23. 135958
24. Part-year residents and nonresident taxable percentage		24. 0.1462

DO NOT MAIL



040MP01190

For Privacy Act Notification, See Instructions

1555

Your Social Security Number (required)
668892818

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.)
KUDUMULA RANJITH & MAILARAM DIVYA

Spouse's/CU Partner's SSN (if filing jointly)
956980530

County/Municipality Code (See Table page 50)
0239

Home Address (Number and Street, including apartment number)
9I GARDEN TERRACE

City, Town, Post Office
NORTH ARLINGTON

State ZIP Code
NJ 07031

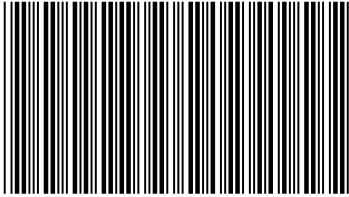
Driver's License Number (Voluntary) (Instructions page 42)

- 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.

Direct Deposit Information

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





040MP02190

Name(s) as shown on Form NJ-1040
KUDUMULA RANJITH & MAILARAM DIVYA

Your Social Security Number
668892818

1555

Part-year residents, provide months/days you were a New Jersey resident during 2019:
From: To:

Fiscal year filers only:
Enter month of your year end 2020

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
- 5. Qualifying Widow(er)/Surviving CU Partner

Enter spouse's/CU partner's SSN

Indicate the year of your spouse's/CU partner's death: 2017 2018

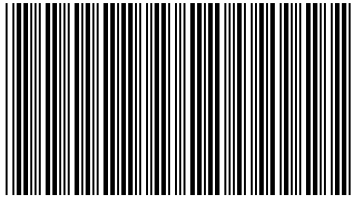
Exemptions

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	<input checked="" type="checkbox"/>	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	2000
7. Senior 65+ (Born in 1954 or earlier)		Self		Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled		Self		Spouse/CU Partner			x \$1,000 =	_____
9. Veteran		Self		Spouse/CU Partner			x \$6,000 =	_____
10. Qualified Dependent Children						2	x \$1,500 =	3000
11. Other Dependents							x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)							x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)							13.	5000 .

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.	KUDUMULA, DHEERAJ	964910874	2016	
b.	KUDUMULA, MANAS	779924633	2018	
c.	_____	_____	_____	
d.	_____	_____	_____	



040MP03190

Name(s) as shown on Form NJ-1040
KUDUMULA RANJITH & MAILARAM DIVYA

Your Social Security Number
668892818

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	117808	.
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.	21150	.
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	.	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJ-K-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.	138958	.
28a. Retirement/Pension Exclusion (See instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (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.	138958	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	5000	.
31. Medical Expenses (Worksheet F and instructions page 22)	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.	.	.
36. Total Exemptions and Deductions (Add lines 30 through 35)	36.	5000	.
37. Taxable Income (Subtract line 36 from line 29)	37.	133958	.
38a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	38a.	3089	.
38b. Block	.	.	.
38b. Lot	.	.	.
38b. Qualifier	.	.	.
38c. County/Municipality Code	.	.	.
Fill in if you completed Worksheet G			
38d. Indicate your residency status during 2019 (fill in only one)			
	Homeowner	Tenant	Both
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	.	.
40. New Jersey Taxable Income (Subtract line 39 from line 37)	40.	133958	.
41. Tax on Amount on line 40 (Tax Table page 52)	41.	4626	.
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	42.	3922	.
Enter Code	99	.	.
43. Balance of Tax (Subtract line 42 from line 41)	43.	704	.
44. Child and Dependent Care Credit (See instructions)	44.	.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
45. Balance of Tax (Subtract line 44 from line 43)	45.	704	.
46. Sheltered Workshop Tax Credit	46.	.	.
47. Balance of Tax (Subtract line 46 from line 45)	47.	704	.
48. Gold Star Family Counseling Credit (See instructions)	48.	.	.
49. Balance of Tax After Credit (Subtract line 48 from line 47) If zero or less, make no entry	49.	704	.
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0	50.	0	.
51. Interest on Underpayment of Estimated Tax	51.	29	.
Fill in if Form NJ-2210 is enclosed	X	.	.



Name(s) as shown on Form NJ-1040
KUDUMULA RANJITH & MAILARAM DIVYA

Your Social Security Number
668892818

1555

52. Shared Responsibility Payment (See instructions)				52.	0
REQUIRED Enclose Schedule HCC and fill in			X		
53. Total Tax Due (Add lines 49 through 52)				53.	733
54. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)				54.	.
55. Property Tax Credit (See instructions page 23)				55.	50
56. New Jersey Estimated Tax Payments/Credit from 2018 tax return				56.	.
57. New Jersey Earned Income Tax Credit (See instructions)				57.	.
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. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)				58.	.
59. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)				59.	.
60. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)				60.	.
61. Wounded Warrior Caregivers Credit (See instructions)				61.	.
62. Total Withholdings, Credits, and Payments (Add lines 54 through 61)				62.	50
63. If line 62 is less than line 53, you have tax due. Subtract line 62 from line 53 and enter the amount you owe				63.	683
If you owe tax, you can still make a donation on lines 66 through 73.					
64. If the total on line 62 is more than line 53, you have an overpayment. Subtract line 53 from line 62 and enter the overpayment				64.	.
65. Amount from line 64 you want to credit to your 2020 tax				65.	.
66. Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other	66.	.
67. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other	67.	.
68. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other	68.	.
69. Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other	69.	.
70. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other	70.	.
71. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code	71.	.
72. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code	72.	.
73. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code	73.	.
74. Total Adjustments to Tax Due/Overpayment amount (Add lines 65 through 73)				74.	.
75. Balance due (If line 63 is more than zero, add line 63 and line 74)				75.	683
76. Refund amount (If line 64 is more than zero, subtract line 74 from line 64)				76.	.

Gubernatorial Elections Fund

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
 This does not reduce your refund or increase your balance due.

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

Firm's Name Federal Employer Identification Number

VALUES TAX 45-3482203

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:
 New Jersey Division of Taxation
 Revenue Processing Center
 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
 PO Box 555
 Trenton, NJ 08647-0555

**NJ-2210
2019**

**Underpayment of Estimated Tax
by Individuals, Estates, or Trusts**

Fill in the oval at line 51, Form NJ-1040, and enclose this form with your return.

Name(s) as shown on Form NJ-1040 KUDUMULA, RANJITH & MAILARAM, DIVYA	Social Security Number 668-89-2818
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PART I FIGURING YOUR UNDERPAYMENT

1. 2019 Tax (Line 49, Form NJ-1040).....	1.	704.
2. Enter the total of lines 54, 55, 57, 58, 59, 60, and 61, Form NJ-1040	2.	50.
3. Subtract line 2 from line 1 (If less than \$400, do not complete the rest of this form).....	3.	654.
4a. Multiply the amount on line 1 by .80 (80%) (Two-thirds for qualified farmers).....	4a.	563.
4b. Enter 2018 tax (From Form NJ-1040, line 49).....	4b.	

	PAYMENT DUE DATES			
	(A) APRIL 15, 2019	(B) JUNE 17, 2019	(C) SEPT 16, 2019	(D) JAN 15, 2020
5. Use the lesser amount from either line 4a or 4b and divide by four. Enter the result in each column.....	140.	141.	141.	141.
6. Estimated tax paid and tax withheld per period (see instr.). If each column on line 6 is greater than the corresponding column on line 5, do not complete the rest of this form.....	12.	12.	13.	13.
7. Enter the overpayment (line 13) from the previous column. (Complete lines 7 through 13 for one column before completing the next column.).....				
8. Add line 6 and line 7.....	12.	12.	13.	13.
9. Enter the total underpayment (add line 11 and line 12) from the previous column.....		128.	257.	385.
10. Subtract line 9 from line 8. If zero or less, enter zero.....	12.	0.	0.	0.
11. Remaining underpayment from previous period. If line 10 is zero, subtract line 8 from line 9. Otherwise enter zero.....		116.	244.	372.
12. UNDERPAYMENT (If line 5 is greater than line 10, subtract line 10 from line 5).....	128.	141.	141.	141.
13. OVERPAYMENT (If line 10 is greater than line 5, subtract line 5 from line 10).....				

PART II EXCEPTIONS

(See instructions. Complete worksheets for exceptions 2, 3, and 4 and enclose calculations for each exception claimed.)

If you meet exception 1 at line 15, do not file this form. These amounts will be verified by the Division of Taxation.

	APRIL 15, 2019	JUNE 17, 2019	SEPT 16, 2019	JAN 15, 2020
14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2019.) (See instructions).....	12.	24.	37.	50.
15. Exception 1 – Enter 2018 tax (line 49).....	\$ 25% of 2018 Tax	50% of 2018 Tax	75% of 2018 Tax	100% of 2018 Tax
16. Exception 2 – Tax on 2018 gross income using 2019 exemptions and tax rates.....	25% of Tax	50% of Tax	75% of Tax	100% of Tax
17. Exception 3 – Tax on annualized 2019 income.....	20% of Tax	40% of Tax	60% of Tax	
18. Exception 4 – Tax on 2019 income over 3, 5, and 8-month periods.....	90% of Tax	90% of Tax	90% of Tax	

If the amount of any exception is equal to or less than the corresponding amount at line 14, interest will not be charged for that period

19. TOTAL INTEREST (Include this amount on line 51, Form NJ-1040).....	See 2210 Wks	\$ 29.
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WORKSHEETS

EXCEPTION II Tax on 2018 gross income using 2019 exemptions and tax rates

1. Enter 2018 NJ Gross Income (Line 29, 2018 NJ-1040).....	1.	
2. Enter 2019 Total Exemptions (Line 30, 2019 NJ-1040).....	2.	
3. Subtract line 2 from line 1.....	3.	
4. Calculate Tax on line 3 (2019 tax rates).....	4.	
5. Enter Credit for Income Taxes Paid to Other Jurisdictions (Line 42, 2018 NJ-1040).....	5.	
6. Subtract line 5 from line 4. Enter the applicable percentage of this amount on line 16, Part II of this form.....	6.	

EXCEPTION III Tax on 2019 Annualized Income (attach calculations)

Estates and trusts, **do not** use the period ending dates shown, instead use the following ending dates: 2/28/19, 4/30/19, and 7/31/19. Also, estates and trusts cannot use the annualization amounts shown on line 2 and must use 6, 3, and 1.7143, respectively.

		1/1/19 – 3/31/19	1/1/19 – 5/31/19	1/1/19 – 8/31/19
1. Enter the portion of NJ Gross Income (line 29, NJ-1040) that is applicable to each period shown.....	1.			
2. Annualization amounts.....	2.	4	2.4	1.5
3. Annualized Income (Multiply line 1 by line 2).....	3.			
4. Enter Total Exemptions (Line 30, NJ-1040).....	4.			
5. Subtract line 4 from line 3.....	5.			
6. Calculate tax on line 5.....	6.			
7. Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (line 42, NJ-1040) that is applicable to each period.....	7.			
8. Subtract line 7 from line 6. Enter the applicable percentage of this amount on line 17, Part II of this form.....	8.			

EXCEPTION IV Tax on Actual 2019 Taxable Income over 3, 5, and 8-month periods (attach calculations)

		1/1/19 – 3/31/19	1/1/19 – 5/31/19	1/1/19 – 8/31/19
1. Enter the actual amount of NJ Taxable Income (line 40, NJ-1040) that is applicable to each period shown.....	1.			
2. Calculate tax on line 1.....	2.			
3. Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (line 42, NJ-1040) that is applicable to each period shown.....	3.			
4. Subtract line 3 from line 2. Enter 90% of this amount on line 18, Part II of this form.....	4.			

Name as Shown on Return KUDUMULA, RANJITH & MAILARAM, DIVYA	Social Security No. 668-89-2818
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Option 1

	A	B	C	D	E	F	G
Period	Amount Due (line 5, NJ-2210/2210NR)	Balance Due Previous Quarter (column E)	Total Due (A + B)	Total Paid (line 6, NJ-2210/2210NR)	Balance (C - D)	Multi- plier	Interest (E x F)
1 4/16- 6/15						.014	
2 6/16 - 9/15						.021	
3 9/16 - 1/15						.028	
4 1/16 - 4/15						.019	
5 Total interest for Option 1						5	

DO NOT WRITE

Option 2

Payment due dates	(a) 4/15/2019	(b) 6/17/2019	(c) 9/16/2019	(d) 1/15/2020
1 Payment date	04/15/2020	04/15/2020	04/15/2020	04/15/2020
2 Amount due	140.	141.	141.	141.
3 Balance from previous quarter		128.	257.	385.
4 Balance due	140.	269.	398.	526.
5 a Number of months from due date to payment date or next quarter due date, whichever is earlier	2	3	4	3
b Interest rate0825	.0825	.0825	.0775
6 Late payment interest. (Line 4 times line 5a times line 5b divided by 12.)	2.	6.	11.	10.
If line 1 is blank, skip lines 7 through 10.				
7 Payment amount	12.	12.	13.	13.
8 Underpayment amount	128.	257.	385.	513.
9 a Number of months from payment date to next quarter due date	0	0	0	0
b Interest rate0825	.0825	.0825	.0775
10 Underpayment interest. (Line 8 times line 9a times line 9b divided by 12.)	0.	0.	0.	0.
11 Total interest for Option 2. Add lines 6 and 10, columns (a) through (d)			11	29.

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

Name as Shown on Return KUDUMULA, RANJITH & MAILARAM, DIVYA	Social Security No. 668-89-2818
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Part I

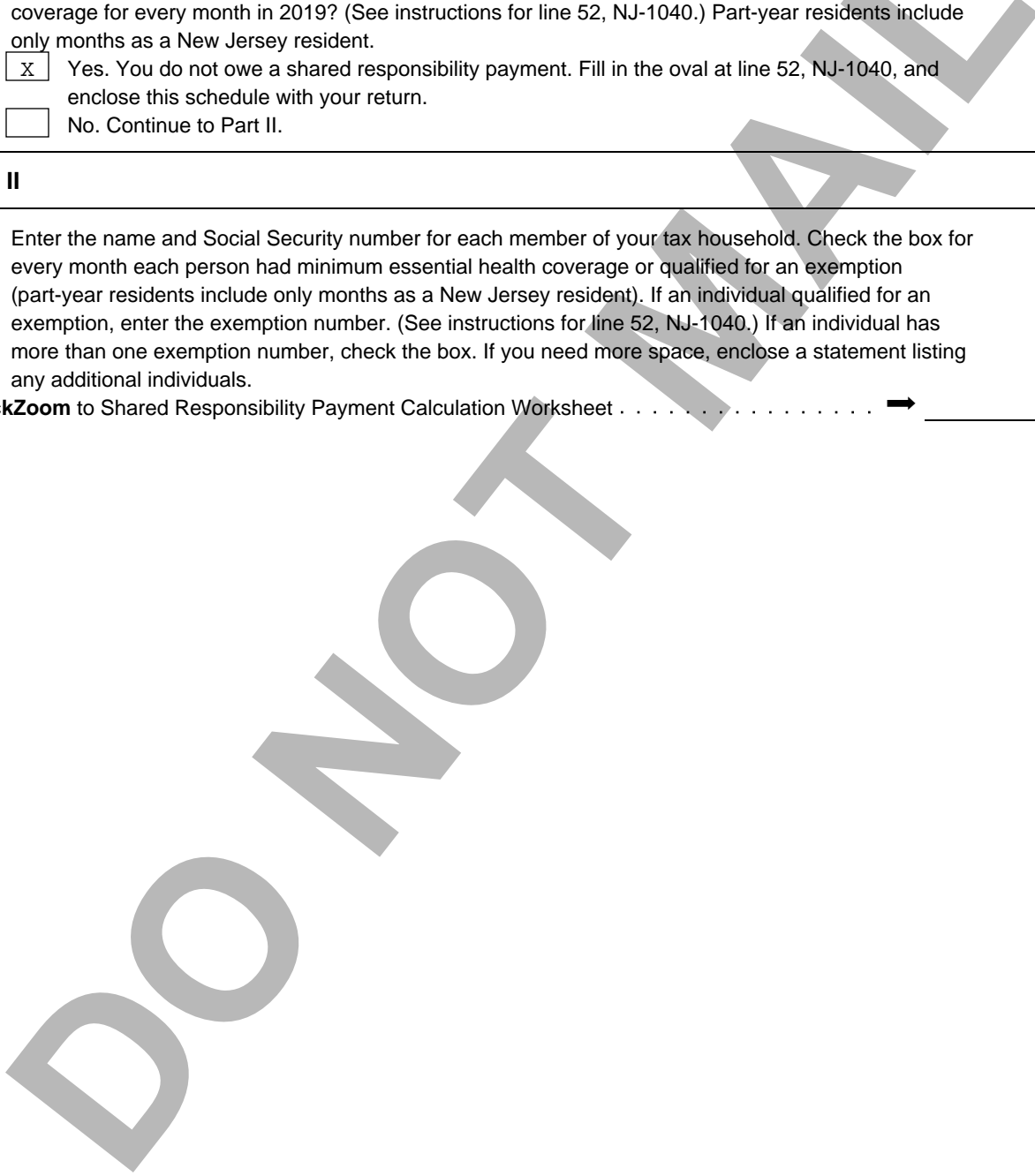
Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2019? (See instructions for line 52, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 52, 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 52, 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
		<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"/>
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"/>

DRAFT



New York State E-File Signature Authorization for Tax Year 2019

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name RANJITH KUDUMULA	Spouse's name (jointly filed return only) DIVYA MAILARAM
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Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, NYC-208, *Claim for New York City Enhanced Real Property Tax Credit*, or NYC-210, *Claim for New York City School Tax Credit*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2019 Form IT-370 and Tax Year 2020 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

1 Federal adjusted gross income (from applicable line)	1.	135958.
2 Refund	2.	491.
3 Amount you owe	3.	
4 Financial institution routing number	4.	021000322
5 Financial institution account number	5.	483061172992
6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings		

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2019 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2019 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will

serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2019 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2019 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2019 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2019 New York State electronic return is identical to that contained in the paper copy of

the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2019 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name VALUES TAX	Date
Paid preparer's signature	Print name NIKHILESH PARUCHURI	Date



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2019, through December 31, 2019, or fiscal year beginning and ending **19**

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

Your first name and middle initial RANJITH		Your last name (for a joint return, enter spouse's name on line below) KUDUMULA		Your date of birth (mmddyyyy) 12021984	Your Social Security number 668892818
Spouse's first name and middle initial DIVYA		Spouse's last name MAILARAM		Spouse's date of birth (mmddyyyy) 05261988	Spouse's Social Security number 956980530
Mailing address (see instructions, page 14) (number and street or PO box) 9I GARDEN TERRACE				Apartment number	New York State county of residence NR
City, village, or post office NORTH ARLINGTON		State NJ	ZIP code 07031	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State		ZIP code		Country (if not United States)	
				Decedent information	Taxpayer's date of death
				Spouse's date of death	

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

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

B Did you itemize your deductions on your 2019 federal income tax return? Yes No

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

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

D2 Yonkers part-year residents only:

(1) Did you receive a property tax relief credit? (see pg. 15) Yes No

(2) Enter the amount00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2019 federal return? (see page 15) Yes No

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

(1) Number of months you lived in NY City in 2019

(2) Number of months your spouse lived in NY City in 2019

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

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

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

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

1) Lived in NYS

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

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

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2019? Yes No

(if Yes, complete Form IT-203-B)



I Dependent information (see page 17)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
DHEERAJ	KUDUMULA	SON	964910874	01072016
MANAS	KUDUMULA	SON	779924633	06202018

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



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For office use only

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Enter your Social Security number
668892818

Federal income and adjustments (see page 18)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

1	Wages, salaries, tips, etc.	1	117808 .00	1	97936 .00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	-3000 .00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) ..	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	21150 .00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12	Rental real estate included in line 11 (federal amount) 12 .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
15	Taxable amount of Social Security benefits (also enter on line 26)	15	.00	15	.00
16	Other income (see page 24) Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	135958 .00	17	97936 .00
18	Total federal adjustments to income (see page 24) Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	135958 .00	19	97936 .00

New York additions (see page 26)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
22	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19 through 22	23	135958 .00	23	97936 .00

New York subtractions (see page 27)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 27)	25	.00	25	.00
26	Taxable amount of Social Security benefits (from line 15) ..	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30	Add lines 24 through 29	30	.00	30	.00
31	New York adjusted gross income (subtract line 30 from line 23)	31	135958 .00	31	97936 .00

32 Enter the amount from line 31, **Federal amount** column **32** 135958 .00

Standard deduction or itemized deduction (see page 29)

33 Enter your **standard deduction** (table on page 29) or your **itemized deduction** (from Form IT-196).
Mark an **X** in the appropriate box: ... **Standard** – or – **Itemized**

33		33	16050 .00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	119908 .00
35	Dependent exemptions (enter the number of dependents listed in Item I; see page 29)	35	2 000.00
36	New York taxable income (subtract line 35 from line 34)	36	117908 .00

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Tax computation, credits, and other taxes

37 New York taxable income (from line 36 on page 2).....	37	117908 .00
38 New York State tax on line 37 amount (see page 30)	38	7072 .00
39 New York State household credit (page 30, table 1, 2, or 3).....	39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank).....	40	7072 .00
41 New York State child and dependent care credit (see page 31)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank).....	42	7072 .00
43 New York State earned income credit (see page 31)	43	.00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	7072 .00
45 Income percentage (see page 31) <input type="text"/> New York State amount from line 31 <input type="text"/> 97936 .00 ÷ Federal amount from line 31 <input type="text"/> 135958 .00 = Round result to 4 decimal places	45	0.7203
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	5094 .00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	5094 .00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 Total New York State taxes (add lines 48 and 49)	50	5094 .00

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

51 Part-year New York City resident tax (Form IT-360.1)	51	.00	See instructions on pages 31 and 32 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from line 51	52a	.00	
52b MCTMT net earnings base 52b <input type="text"/> .00			
52c MCTMT	52c	.00	
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00	
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00	
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00	
56 Sales or use tax (See the instructions on page 33. Do not leave line 56 blank.)	56	0 .00	
57 Voluntary contributions (Form IT-227, Part 2, line 1)	57	.00	
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	5094 .00	

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Enter your Social Security number
668892818

59 Enter amount from line 58 59 5094.00

Payments and refundable credits (see page 34)

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

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

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

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

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

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

Table with 2 columns: Description and Amount. Rows include amount applied to 2020 tax, amount to be paid by electronic funds withdrawal, and other penalties and interest.

See page 40 for the proper assembly of your return.

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

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

73b Routing number 021000322 73c Account number 483061172992

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

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

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

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

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Summary of W-2 Statements

IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

668892818

Box b Employer identification number (EIN)

223704686

Box c Employer's information

Employer's name

SATYA MARG SOLUTIONS INC

Employer's address (number and street)

100 WOOD AVE S STE 202

City State ZIP code Country (if not United States)

ISELIN NJ 08830

Box 1 Wages, tips, other compensation

117808.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

25.00 NY SDI

Box 14b Amount

108.00 NY PFL

Box 14c Amount

.00

Box 14d Amount

.00

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State NY

Box 16a NYS wages, tips, etc.

97936.00

Box 17a NYS income tax withheld

5585.00

Other state information:

Box 15b other state NJ

Box 16b Other state wages, tips, etc. 97936.00

Box 17b Other state income tax withheld .00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc. Locality a .00 Locality b .00

Box 19 Local income tax withheld Locality a .00 Locality b .00

Box 20 Locality name

Do not detach. W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name

Employer's address (number and street)

City State ZIP code Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Box 12b Amount

.00

Box 12c Amount

.00

Box 12d Amount

.00

Box 14a Amount

.00

Box 14b Amount

.00

Box 14c Amount

.00

Box 14d Amount

.00

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State NY

Box 16a NYS wages, tips, etc. .00

Box 17a NYS income tax withheld .00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc. .00

Box 17b Other state income tax withheld .00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc. Locality a .00 Locality b .00

Box 19 Local income tax withheld Locality a .00 Locality b .00

Box 20 Locality name

NO HANDWRITTEN ENTRIES ON THIS FORM

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