(Rev. January 2021)

Department of the Treasury

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www irs gov/Form8879 for the latest information

OMB No. 1545-0074

Internal Revenue Service	- Go to www.ms.gov/r ormoo/5 for the late	est information.	
Submission Identification Number	r (SID)		
Taxpayer's name		Social secu	rity number
BHANU PRASANTH YARLAGA	ADDA	XXXXX	x9729
Spouse's name			ocial security number
Part I Tax Return Inform	nation — Tax Year Ending December 31	, (Enter year you	are authorizing.)
Enter whole dollars only on lines	=		
	e 4 only. Leave lines 1, 2, 3, and 5 blank.		
			1 82,234.
			2 11,152.
	d from Form(s) W-2 and Form(s) 1099		3 12,323. 4 1 171
4 Amount you want refunded5 Amount you owe			4 1,171.
,	tion and Signature Authorization (Be su	ure you get and keep a co	1 - 1
	nat I have examined a copy of the income tax return		· · · · · · · · · · · · · · · · · · ·
for any delay in processing the return Agent to initiate an ACH electronic fu payment of my federal taxes owed or authorization is to remain in full force payment, I must contact the U.S. T business days prior to the payment (s taxes to receive confidential informa personal identification number (PIN) b	eceive from the IRS (a) an acknowledgement of recorderefund, and (c) the date of any refund. If applicands withdrawal (direct debit) entry to the financial in this return and/or a payment of estimated tax, and e and effect until I notify the U.S. Treasury Financial reasury Financial Agent at 1-888-353-4537. Paym settlement) date. I also authorize the financial institution necessary to answer inquiries and resolve is pelow is my signature for the income tax return (original).	ble, I authorize the U.S. Treasury stitution account indicated in the the financial institution to debit the all Agent to terminate the authorient cancellation requests must utions involved in the processing uses related to the payment. I further thanks to the payment of the payment of the payment of the payment.	and its designated Financial tax preparation software for le entry to this account. This zation. To revoke (cancel) a ce received no later than 2 of the electronic payment of lirther acknowledge that the
Electronic Funds Withdrawal Consent			
Taxpayer's PIN: check one box			
X I authorize GLOBAL 7	ERO firm name		inter five digits, but
signature on the income	tax return (original or amended) I am now auth	norizing.	on't enter all zeros
	y signature on the income tax return (original cown PIN and your return is filed using the Pra		
Your signature ►		Date >	
Spouse's PIN: check one box of	nly		
authorize		enter or generate my PIN	as my
	ERO firm name	· _	inter five digits, but
signature on the income	tax return (original or amended) I am now auth	orizing.	on't enter all zeros
	y signature on the income tax return (original cown PIN and your return is filed using the Pra		
Consula signatura		Data N	
Spouse's signature ▶	Practitioner PIN Method Returns Only-	Date >	
Part III Certification and	Authentication — Practitioner PIN Method		
Certification and I			
ERO's EFIN/PIN. Enter your six-o	digit EFIN followed by your five-digit self-selec		8 6 1 9 8 9 nter all zeros
authorized to file for tax year indicat	is my PIN, which is my signature for the electronic ed above for the taxpayer(s) indicated above. I connethod and Pub. 1345 , Handbook for Authorized IR:	nfirm that I am submitting this re	turn in accordance with the
ERO's signature ►		Date ▶	
	ERO Must Retain This Form — Se		

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the nonis a child but not your dependent	- ame of	ried filing separately (M	· —		, ,	_		
Your first name	and m	ddle initial	Last n	ame				Your so	cial securi	ity number
BHANU PI	RASA	NTH	YAR	LAGADDA				XXXX	xx9729	1
If joint return, s	pouse's	first name and middle initial	Last n	ame				Spouse	's social se	curity number
Home address		or and street). If you have a P.O. box, see Γ	instruct	tions.			Apt. no.		ntial Electi	ion Campaign , or your
City, town, or r	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	State	ZIP	code			ntly, want \$3
SOUTH P					NJ		7080			Checking a
Foreign country				Foreign province/state/o	_		eign postal code		ow will not cor refund	
- Toreign country	y mame			Toreign province/state/c	County	1 01	eigii postai code	your tas	You	Spouse
At any time du	ring 20	020, did you receive, sell, send, excl	nange,	or otherwise acquire	any financial ir	nterest in	any virtual c	urrency?	Yes	⊠ No
Standard Deduction	_	eone can claim:	•			ent				
Age/Blindness	You:	Were born before January 2, 1	956	Are blind Spo	use: Was	s born be	efore January	2, 1956	☐ Is b	lind
Dependents	s (see	instructions):		(2) Social security	(3) Relat	ionship	(4) ✓ if	qualifies fo	r (see instru	uctions):
If more	•	rst name Last name		number	to y	ou	Child tax			ther dependents
than four										
dependents,										
see instruction and check	s ——			_						
here ▶ □										
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2				. 1		87,634.
Attach	2a	Tax-exempt interest	2a		b Taxable int	erest		. 2b)	
Sch. B if	3a	Qualified dividends	3a		b Ordinary di	vidends		. 3b	,	
required.	4a	IRA distributions	4a		b Taxable an	nount .		. 4b	,	
	5a	Pensions and annuities	5a		b Taxable an	ount .		. 5b	,	
Standard	6a	Social security benefits	6a		b Taxable an	nount .		. 6b		
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D	if required. If not requ	ired, check he	ere .	🕨	□ 7		
 Single or Married filing 	8	Other income from Schedule 1, lin	e9.					. 8		-5,400.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inco	ome			▶ 9		82,234.
 Married filing 	10	Adjustments to income:								
jointly or Qualifying	а	From Schedule 1, line 22				10a				
widow(er), \$24,800	b	Charitable contributions if you take	the sta	andard deduction. See	instructions	10b				
• Head of	С	Add lines 10a and 10b. These are	your to	otal adjustments to in	ncome			▶ 100		
household, \$18,650	11	Subtract line 10c from line 9. This	is your	adjusted gross inco	me			▶ 11		82,234.
If you checked	12	Standard deduction or itemized	deduc	tions (from Schedule	A)			. 12	:	12,400.
any box under Standard	13	Qualified business income deduct	ion. Att	tach Form 8995 or For	rm 8995-A .			. 13		
Deduction, see instructions.	14	Add lines 12 and 13						. 14		12,400.
	15	Taxable income. Subtract line 14	from li	ne 11. If zero or less,	enter -0			. 15	; [69,834.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2020)

Form 1040 (2020))			Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	11,152.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	11,152.
	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	11,152.
	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	11,152.
	25	Federal income tax withheld from:		, -
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	12,323.
If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC. F If you have	28	Additional child tax credit. Attach Schedule 8812		
nontaxable	29	American opportunity credit from Form 8863, line 8		
combat pay, see instructions.	30	Recovery rebate credit. See instructions		
	31	Amount from Schedule 3, line 13		
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	12,323.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,171.
neiulia	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ □	35a	1,171.
Direct deposit?	►b	Routing number X X X X X X X X X X X X X X X X X X X		
See instructions.	►d	Account number X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2021 estimated tax > 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37	
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for		
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.		
instructions.	38	Estimated tax penalty (see instructions)		
Third Party		you want to allow another person to discuss this return with the IRS? See		₩.
Designee		tructions		⊠ No
		signee's Phone Personal identing no. ▶ number (PIN) ▶		
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bes	t of my knowledge and
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ı prepare	er has any knowledge.
Here	Yo			nt you an Identity
			ection Pi inst.) ▶	N, enter it here
Joint return? See instructions.	Sn	BOTTWARE DEVELOTER		nt your spouse an
Keep a copy for	J Op			ection PIN, enter it here
your records.		(see	inst.) ▶	
	Ph	one no. Email address		
Paid	Pre	parer's name Preparer's signature Date PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/06/2021 P0208	2703	Self-employed
Use Only			ne no. (678)965-9522
			's EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information. BAA REV 02/01/21 PRO		Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

BHANU PRASANTH YARLAGADDA

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

Your social security number

XXXXXX9729

Additional Income Part I 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 Business income or (loss). Attach Schedule C 4 Other gains or (losses). Attach Form 4797 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -5,400. 6 Farm income or (loss). Attach Schedule F 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -5,400. Part II Adjustments to Income 10 Educator expenses 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 12 Moving expenses for members of the Armed Forces, Attach Form 3903 13 13 Deductible part of self-employment tax. Attach Schedule SE 14 14 15 15 16 16 17 17 **18a** Alimony paid 18a c Date of original divorce or separation agreement (see instructions) 19 IRA deduction . 19 20 20 21 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

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2020
Attachment
Sequence No. 13

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

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

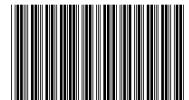
Sequence No. 13
Your social security number

BHAN	U PRASANTH YARL	AGADDA						XXX	XXX9729	,
Part		From Rental Real Estate and Ro	ovaltie	es Note	: If you a	are in th	e business o			operty, use
1 are		instructions. If you are an individual, re	-		•			_		
A Dic		nts in 2020 that would require you t								
		ou file required Form(s) 1099? .								res ⊠ No
1a		each property (street, city, state, ZI				• •			🗀	103 🗀 110
A		YDERABAD IN 500072	1 000	<u></u>						
B	CANDIII NAOAK II	TIPEICADAD III 300072								
1b	Type of Property (from list below)	2 For each rental real estate pro above, report the number of f	perty air ren	listed tal and			Rental Days		nal Use ays	QJV
A	3	personal use days. Check the	to file :	box only _[Α		365		0	
В		qualified joint venture. See ins	struction	ons.	В					
С					С	_				
	of Property:									
	le Family Residence	3 Vacation/Short-Term Rental	5 La	and	7	Self-	Rental			
-	ti-Family Residence	4 Commercial		oyalties			r (describe)			
Incom		Properties:		1	A	7 0 1110	В			С
3	Rents received		3			550.				
4	Royalties received .		4							
Expen							>			
5			5	47		80.				
6		nstructions)	6			270.				
7	·	nance	7			100.				
8			8							
9			9							
10	Legal and other profe	ssional fees	10							
11			11							
12	_	d to banks, etc. (see instructions)	12							
13			13	7	5,5	500.				
14	Repairs		14							
15			15							
16		,	16							
17	Utilities		17							
18		e or depletion	18							
19		·	19							
20	Total expenses. Add I	lines 5 through 19	20		5,9	950.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If	:							
		instructions to find out if you must								
			21		-5,4	400.				
22		estate loss after limitation, if any, structions)	22	(-5,4	00.)	()()
23a	Total of all amounts re	eported on line 3 for all rental prop	erties			23a		550).	
b	Total of all amounts re	eported on line 4 for all royalty prop	perties	3		23b				
С	Total of all amounts re	eported on line 12 for all properties	· .			23c				
d	Total of all amounts re	eported on line 18 for all properties	· .			23d				
е	Total of all amounts re	eported on line 20 for all properties	· .			23e		5,950).	
24	Income. Add positive	e amounts shown on line 21. Do n e	ot incl	ude any	losses			. 2	24	
25	Losses. Add royalty lo	sses from line 21 and rental real estat	e losse	es from lir	ne 22. Er	nter tota	al losses her	e. 2	25 (5,400.)
26	Total rental real esta	ate and royalty income or (loss).	Comb	oine lines	24 and	d 25. E	nter the res	sult		
-	here. If Parts II, III, I'	V, and line 40 on page 2 do not 40), line 5. Otherwise, include this a	apply	to you	also e	nter th	nis amount	on	26	-5,400.



2020

Page 1



2020 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

040MP01200

Your Social Security Number (required) XXXXXX972

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.)

YARLAGADDA BHANU PRASANTH

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

Home Address (Number and Street, including apartment number)

121 FRANK CT

 $\begin{array}{l} {\rm County/Municipality\ Code\ (See\ Table\ page\ 50)} \\ 1222 \end{array}$

City, Town, Post Office State ZIP Code SOUTH PLAINFIELD NJ 07080

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

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

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

NJ-1040-O is enclosed.

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

Do you want to designate \$1 to the Gubernatorial Elections Fund?

You
Yes
No
If joint return, does your spouse want to designate \$1?

Spouse/CU Partner
Yes
No

Direct Deposit Information

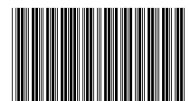
(dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	4
(dd2.	Account type (C for checking, S for savings)	dd2.	
(dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
(dd4.	Routing number	dd4.	
C	dd5.	Account number	dd5.	





NJ-1040 2020

Page 2



Name(s) as shown on Form NJ-1040

YARLAGADDA BHANU PRASANTH

Your Social Security Number

XXXXXX9729

1555

2021

04	IΛ	T\/T	וסו	Λ	2	2	\cap	Λ	
U 7	Ľυ	TAT	_	U	4	4	v	v	

Part-year residents, provide months/days you were a New Jersey resident during 2020: Fiscal year filers only: 123120 062920 To: From: Enter month of your year end

Filing Status

Fill in only one.

1	X	Single

2. Married/CU Couple, filing joint return

Married/CU Partner, filing separate return 3.

4. Head of Household Enter spouse's/CU partner's SSN

Qualifying Widow(er)/Surviving CU Partner 5.

> Indicate the year of your spouse's/CU partner's death: 2018 2019

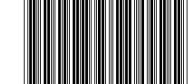
ExemptionsFill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6.	Regular	×	Self	Spouse/CU Partner	Domestic Partner 1	x \$1,000 =	1000	
7.	Senior 65+ (Born in 1955 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					x \$1,500 =		
11.	Other Dependents					x \$1,500 =		
12.	Dependents Attending Colleges (See	instruc	tions)			x \$1,000 =		
13.	Total Exemption Amount (Add totals	s from the	ne lines at 6 tl	nrough 12)		13.	1000	

	1	,				
14.	Dependent Information. Provide the following information for	each depend	lent.			
	Last Name, First Name, Middle Initial			Social Security Number	Birth Year	No Health Insuran
a.						
b.						
c.						
d.						

NJ-1040 2020

Page 3



Name(s) as shown on Form NJ-1040

YARLAGADDA BHANU PRASANTH

Your Social Security Number

XXXXXX9729

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	44303 .	
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.	44303 .	
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.	44303 .	
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	500 .	
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.	500 .	
38.	Taxable Income (Subtract line 37 from line 29)	38.	43803 .	
39a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	864 .	
39b.	Block			
39b.	Lot			
39b.	Qualifier Fill in if you complete	ed 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.	864 .	
41.	New Jersey Taxable Income (Subtract line 40 from line 38)	41.	42939 .	
42.	Tax on Amount on line 41 (Tax Table page 52)	42.	879 .	
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.	879 .	
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.	879 .	
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			

NJ-1040 2020

Page 4



Name(s) as shown on Form NJ-1040

YARLAGADDA BHANU PRASANTH

Your Social Security Number

XXXXXX9729

1555

53.	Shared Responsibility Payment (See instructions) REQUIRED Enclos	se Schedule F	ICC and fi	ill in		53.	0	
54.	Total Tax Due (Add lines 50 through 53)	o Belledale I	100 4114 11			54.	879	•
55.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)					55.	1983	•
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)					58.		•
56.	Fill in if you had the IRS calculate your federal earned income credit					30.		•
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit						•	
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See ins	etmiotions)				59.		
	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See his					60.		•
60.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2430) (Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2430)		,			61.		•
61.		oo) (see msu	uctions)			62.		•
62.	Wounded Warrior Caregivers Credit (See instructions)					62.		•
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)						1002	•
64.	Total Withholdings, Credits, and Payments (Add lines 55 through 63)					64.	1983	•
65.	If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54	and enter the	e amount y	you owe		65.		•
	If you owe tax, you can still make a donation on lines 68 through 75.)	1104	
66.	If the total on line 64 is more than line 54, you have an overpayment. Subtraction	ct line 54 from	m line 64 a	and enter th	e overpayment	66.	1104	•
67.	Amount from line 66 you want to credit to your 2021 tax					67.		•
68.	Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other	*	68.		•
69.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other		69.		•
70.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other		70.		•
71.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other		71.		•
72.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other		72.		•
73.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code	73.		•
74.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code	74.		•
75.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code	75.		•
76.	Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through	75)				76.		•
77.	Balance due (If line 65 is more than zero, add line 65 and line 76)					77.		•
78.	Refund amount (If line 66 is more than zero, subtract line 76 from line 66)					78.	1104	

Under penalties of perjury, I declare that I have examined this Income the best of my knowledge and belief, it is true, correct, and complete. based on all information of which the preparer has any knowledge.	Tax Due Address Enclose payment along with the NJ-1040-V payment voucher and tax return. Uses the labels provided with the envelope and mail to: State of New Jersey Division of Taxation Revenue Processing Center - Payment PO Box 111		
Your Signature Date	Trenton, NJ 08645-0111 Include Social Security number and make check or		
Paid Preparer's Signature		Federal Identification Number	money order payable to: State of New Jersey – TGI You can also make a payment on our website:
SYAM PRIYA RAM SAGAR GUPTA	TALLAM	P02082703	www.njtaxation.org Refund or No Tax Due Address
Firm's Name		Firm's Federal Employer Identification Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555
GLOBAL TAXES LLC		30-1017196	Trenton, NJ 08647-0555

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	er/	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.				

Pá	art II Distributive Share of Partne		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 (I (Add lines 1, 2, and 3.) (Enter here and on line If loss, make no entry on line 21.)					

Pa	art III Net Pro Rata Share of S Corporation Income		the pro rata share of income (usable) 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.	

Pá	Net Gains or Income art IV From Rents, Royalties, Patents, and Copyrights	form of rents, royalties of Property:	, patents, and cop	t loss, derived from or in the pyrights. See instructions. Type - 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.	GANDHI NAGAR	9729	1	-2,744.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, m	4.	-2,744.	

1555 REV 01/26/21 PRO

Name(s) as shown on Form NJ-1040	Social Security Number
YARLAGADDA, BHANU PRASANTH	XXXXXX9729

Schedule NJ-BUS-2 (Form NJ-1040)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2020

			Column A			Column B		
PART I Income (Loss)			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.	-2,744.		
5.	Loss Carryforward From Tax Year 2019				5b.)	
6.	Totals	6a.	0.		6b.	-2,744.		
PAR	RT 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.					
PAR	TIII Loss Carryforward to Tax Year 202	21						
12.	Loss Carryforward to Tax Year 2021				12.	(2,744.)	

Instructions

Line 1a. Enter the amount from line 18, Form NJ-1	040.
---	------

- 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.

Schedule **NJ-HCC** (Form NJ-1040)

2020

New Jersey **Health Care Coverage**If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return YARLAGADDA,BHANU PRASANTH	Social Security No. XXXXXX9729
Part I	
Did you and, if applicable, all members of your tax household, have mining coverage for every month in 2019? (See instructions for line 53, NJ-1040 only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the over enclose this schedule with your return. No. Continue to Part II.	.) Part-year residents include
Part II	
Enter the name and Social Security number for each member of your tax every month each person had minimum essential health coverage or qua (part-year residents include only months as a New Jersey resident). If an exemption, enter the exemption number. (See instructions for line 53, NJ more than one exemption number, check the box. If you need more spac any additional individuals. QuickZoom to Shared Responsibility Payment Calculation Worksheet	lified for an exemption individual qualified for an -1040.) If an individual has e, enclose a statement listing

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code Check box if this individual has more than one exemption number													
	1		Check	box if t	his indi	vidual i	s unde	r 18 .	··	<u></u>	<u></u> .	<u></u>	
					<u> </u>			Ш				<u> </u>	
Exemption Code	-	_	Check							•	on nun	nber .	
			Check	DOX II t	nis indi 	l	s unde	18	: — :		· · · · ·	ı i i i	
Exemption Code	l 		Check	hox if t	l∟ his indi	vidual l	has mo	re than	one e	xemnti	L Om⊾nun	nber.	
Zxomption codo : .			Check										
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	one e	xempti	on nun	nber .	
	•		Check	box if t	his indi	vidual i	s unde	r 18 .	·	· · · ·			
					<u> </u>								
Exemption Code		_	Check									nber .	
			Check	box if t	his indi	vidual	s unde	r 18 .					
Exemption Code			Check	box if t	ı∟ his indi	vidual l	has mo	re than	one e	xempti	on nun	nber .	
, , , , , , , , , , , , , , , , , , , ,	-	_	Check										
Exemption Code	_	_	Check	box if t	his indi	vidual l	has mo	re than	one e	xempti	on nun	nber .	
Í	1		Check	box if t	his indi	vidual i	s unde	r 18 .		<u></u>	·	<u></u>	
Francisco Ocale										 - -		<u> </u>	
Exemption Code	-		Check Check								on nun	nber .	
			LL L	DOX II L	nis indi	l	Sunde	10.	\Box		· · · · ·	i	
Exemption Code			Check	box if t	his indi	ı∟ vidual l	has mo	re thar	one e	xempti	on nun	nber .	
•			Check								<u></u> .		
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	one e	xempti	on nun	nber .	Ш
			Check	box if t	his indi	vidual i	is unde	r 18 .					



Income Tax Return Payment

Pay by Check

- Make your check payable to "Minnesota Revenue."
- Print the last four digits of your Social Security number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to www.revenue.state.mn.us and type make a payment into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to www.revenue.state.mn.us and type
 ACH Credit into the Search box.

REV 01/26/21 PRO

Cut carefully along this line to detach.

Your check authorizes us to make a one-time electronic fund transfer from your account.

1031



Income Tax Return Payment

Preparer Tax
Identification Number:

P02082703

BHANU PRASANTH YARLAGADDA Social Security

Number (required): XXXXX9729
121 FRANK CT Spouse's Social

SOUTH PLAINFIELD NJ 07080 Security Number:

Tax-Year End: 123120 Make check payable to:

Minnesota Revenue

P.O. Box 64054, St. Paul, MN 55164-0054 Amount of Check: 9 00





2020 Form M1, Individual Income Tax

BHANU PRASANTH Your First Name and Initial	YARLAGADDA Your Last Name	(SSN) 05201992 Your Date of Birth	
f a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Numb	er Spouse's Date of Birth
121 FRANK CT Current Home Address	SOUTH PLAINFIELD City	NJ 07080 State ZIP Code	Check if Address is: New Foreign
2020 Federal Filing Status (pla	ace an X in one box):		
X (1) Single (2) Married Filing Jointl	Spouse Name	(4) Head of Househo	ld (5) Qualifying Widow(er)
Dependents (see instructions	Spouse SSN		
Dependent 1 First Name	Dependent 1 Last Name	Dependent 1 SSN	Dependent 1 Relationship to You
Dependent 2 First Name	Dependent 2 Last Name	Dependent 2 SSN	Dependent 2 Relationship to You
Dependent 3 First Name	Dependent 3 Last Name	Dependent 3 SSN	Dependent 3 Relationship to You
Polit Repu Your Code Spouse's Code	arty of your choice. It will help candidates for state tical Party Code Numbers: lblican—11 Independence—13 ocratic/Farmer-Labor—12 Grassroots/Legalize	Green—15 Lega	rease your tax or reduce your refund. I Marijuana Now -17 eral Campaign Fund -99
	RA, pensions, and annuities C.	Unemployment D. Fe	ederal taxable income
	(from line 11 of federal Form 1040 and 1		
			3 82234
4 Itemized deductions (from Scho	edule M1SA) or your standard deduction	n (see instructions)	4 ■12400
5 Exemptions (determine from in	structions)		5 🔳
7 Other subtractions from Minne	ne 1 of federal Schedule 1sota income from line 47 of Schedule M lule M1M)	1M	6■ 7■
8 Total subtractions. Add lines 4 t	hrough 7		812400
9 Minnesota taxable income. Sub	otract line 8 from line 3. If zero or less, leav	e blank	969834
10 Tax from the table in the Form	M1 instructions		10 4359
11 Alternative minimum tax (enclo	se Schedule M1MT)		11

2020 M1, page 2



12 13	Add lines 10 and 11	12	4359
	Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 32 on line 13, from line 28 on line 13a, and from line 29 on line 13b (enclose Schedule M1NR)	13	2343
	13a■ <u>44201</u> 13b■ <u>82234</u>		
14	Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS	14 ■	
15	Tax before credits. Add lines 13 and 14	15	2343
	tax seriore credits. And lines 15 and 14.		
16	Amount from line 17 of Schedule M1C, Nonrefundable Credits (enclose Schedule M1C)	16 ■	
17 18	Subtract line 16 from line 15 (if result is zero or less, leave blank)	17	2343
	This will reduce your refund or increase the amount you owe	18 ■	
19	Add lines 17 and 18	19	2343
20	Minnesota income tax withheld. Complete and enclose Schedule M1W to report		2224
	Minnesota withholding from Forms W-2, 1099, and W-2G (do not send)	20 ■	2334
21	Minnesota estimated tax and extension payments made for 2020	21 ■	
22	Amount from line 9 of Schedule M1REF, Refundable Credits (see instructions; enclose Schedule M1REF)	22 ■	
23 24 25	Total payments. Add lines 20 through 22		2334
	Checking Savings Routing Number Account Number		
26 27	AMOUNT YOU OWE . If line 19 is more than line 23, subtract line 23 from line 19 (see instructions)	26 ■	9
	this amount from line 24 or add it to line 26 (enclose Schedule M15)	27 ■	-
	OU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 28 and 29.	20 =	
28	Amount from line 24 you want sent to you	28 ■	
29	Amount from line 24 you want applied to your 2021 estimated tax	29 ■	
Тахр	wayer: I declare that this return is correct and complete to the best of my knowledge and belief.		
Your	Signature Spouse's Signature (If Filing Jointly)	Da	te (MM/DD/YYYY)
510	04229345 YARLAGADDABHANU999@GMAII	L.COM	ſ
	ime Phone Email Address	7.0	200000000
	AM PRIYA RAM SAGAR GUPTA TALLAM Preparer's Signature 02062021 Date (MM/DD/YYYY)) 2 0 8 2 7 0 3 IN or VITA/TCE # (required)
678	B9659522 SYAM@GTAXFILE.COM Preparer's Email Address		, (. 54268)
	I do not want my paid preparer to file my return electronically. I authorize the Minnesota Department of Revenue with my paid preparer or the third-party designee		

Include a copy of your 2020 federal return and schedules.

REV 01/26/21 PRO

Mail to: Minnesota Individual Income Tax, St. Paul, MN 55145-0010

1031





2020 Schedule M1NR, Nonresidents/Part-Year ResidentsBefore you complete this schedule, read the instructions and complete lines 1 through 11 of Form M1.

BHZ	ANU PRASANTH	YARLAGADDA	XXXXXX97	129
Your	First Name and Initial	Your Last Name	Your Social Sec	urity Number
Spou	se's First Name and Initial	Spouse's Last Name	Spouse's Socia	l Security Number
Minr	esota Residency (Place an X in one box	and enter other state of residency)		
You:		01010000 0600000	Other State of Residency: NJ	
Your	Spouse: Full-year Nonresident	Part-Year Resident fromtotototo	Other State of Residency:	
			A. Total Amount	3. Minnesota Portion
1	Wages, salaries, tips, etc. (from lin	e 1 of federal Form 1040 or 1040-SR) 1	87634	44201
2	Taxable interest and ordinary divid	end income (lines 2b and 3b of Form 1040 or 1040-SR) . 2		
3	Business income or loss (from line	3 of federal Schedule 1)		
4	Capital gain or loss (from line 7 of	Form 1040 or 1040-SR)		
		nuities (from lines 4b and 5b of Form 1040 or 1040-SR).		
6	Net income from rents, royalties, pestates, and trusts (from line 5 of f	ederal Schedule 1)	-5400	0
7 8	Other income (and disease Charles	f federal Schedule 1)		
9	Interest and dividends from non-N	# 1040 or 1040-sk and hedule 1)		
	(dad lilles 1 dild 2 of Schedule Will	,,,		
10	Bonus depreciation addition from	line 3 of Schedule M1M	•	
11	This line intentionally left blank	11	•	
12	Suspended loss from line 8 of Scho	dule M1M		
13	Other required additions from Sch	edule M1M and M1AR (see instructions)		
14	Federal adjustments from Schedul	e M1NC (See instructions)	•	
15	Add lines 1 through 14 for each co	lumn	82234	44201
If yo	ur Minnesota gross income is belo	w \$12,400, see instructions.		
-		ss expenses, and Armed Forces moving expenses		
		Schedule 1)		
17	Self-employed SEP, SIMPLE, and quad lines 15 and 19 of federal Sch	ualified plans and IRA deduction edule 1)		
18	Health savings account and Archei	MSA deductions (add line 12 and Archer MSA ral Schedule 1)		
19	One-half of self-employment tax a			
		edule 1)		
		n B)		

2020 Form M1NR, page 2



21	Penalty on early withdrawal of savings (from line 17 of federal Schedule 1) 21	
22	Net operating loss carryover adjustment from line 35 of Schedule M1M (see instructions) 22	■
23	Social Security benefit from line 39 of Schedule M1M (see instructions)	•
24 25	Subtraction for federal bonus depreciation from line 21 of Schedule M1M	
26	Subtraction for federal section 179 expensing (from line 22 of Schedule M1M)	
27	Add lines 16 through 26 for each column	0
28 29	Subtract line 27, column B, from line 15, column B. Enter here and on line 13a of Form M1. If your Minnesota gross income is below \$12,400 or the result is zero or less, enter 0	44201
29	Subtract line 27, column A, from line 15, column A. Enter the result here and on line 13b of Form M1	
30	Divide line 28 by line 29, and enter the result as a decimal (carry to five decimal places). If line 28 is more than line 29, enter 1.0. If line 28 is zero, enter 0	.53750
31	Amount from line 12 of Form M1	4359
32	Multiply line 30 by line 31. Enter the result here and on line 13 of Form M1	2343

You must include this schedule with Form M1. Enter the amounts from lines 28 and 29 of this schedule on Form M1, lines 13a and 13b.





2020 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

BHANU PRASAN	ITH	YARLAG	SADDA	XXXXX	XXXXXX972			
Your First Name and Initia	al	Last Name				Your Socia	al Security Number	
If a Joint Return, Spouse's F	irst Name and Initial	Spouse's Last	Name			Spouse's S	Social Security Number	
If you received a feder complete this schedul amounts to the neare W-2G; keep them with 1 Minnesota wages a	e to determine line st whole dollar. You n your tax records. nd Minnesota tax w	20 of Form Mi must include t All instructions	 List only the forr his schedule wher are included on th 	ns that report you file your is schedule.	Minnesota incon return. DO NOT	ne tax withh send in your	eld. Round dollar Forms W-2, 1099, or	
complete line 5 on t	B—Box 13	C—Box 15		D—Box 16		E—Box 1	17	
If the Form W-2 is for:	If Retirement Plan	Employer's se	ven-digit Minnesota	State wages	, tips, etc.	Minneso	ta tax withheld	
• you, enter 1	box is checked,	Tax ID Numbe	r	(round to ne	arest whole dollar)	(round to	o nearest whole dollar)	
spouse, enter 2a1	mark an X below.	c1 MN_	1947443	d1	44201	e1	2334	
a2	b2	c2 MN		d2_		e2		
a3	b3	c3 MN		d3		e3		
a4	b4	c4 MN		d4		e4		
a5	b5	c5 MN		d5_		e5		
Subtotal for additio	nal Forms W-2 (fron	n line 5 on page	2)					
Total Minnesota ta	x withheld on all Fo	rms W-2 (add a	mounts in line 1, col	lumn E)		1 🔳	2334	
2 Minnesota tax with	held on Forms 1099	, W-2G, and 104	2-S. If you have mo	re than four fo	rms, complete line	e 6 on the bad	ck.	
Α		В		С	, ,	D		
If the Form 1099, W-2G	G, or 1042-S is for:		-digit Minnesota Tax ID		ount (see the table on		esota tax withheld	
• you, enter 1		Number (if un	known, contact the pay	er) the back for	amounts to include)	(round	d to nearest whole dollar)	
• spouse, enter 2								
a1		b1 MN		c1		d1		
a2		b2 MN		c2		d2		
a3		b3 MN		c3		d3		
a4		b4 MN		c4		d4		
Subtotal for additio	nal 1099, W-2G, and	l 1042-S <i>(from li</i>	ne 6 on page 2)					
Total Minnesota ta	x withheld on all 10	99, W- 2 G, and 1	. 042-S (add amount	ts in line 2, colu	mn D)	2■		
3 Total Minnesota ta	x withheld by partn	erships, S corpo	rations, and fiducia	ries				
(from line 7 on page	2)					3 🔳		
4 Total. Add the Minr						4 =	2334	
Enter the total here	and on line 20 of Fo	orm ivit				4 🔳	∠ J J 'I	

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

Filing Status Check only one box.	If yo	Single Married filing jointly but checked the MFS box, enter the son is a child but not your dependent.	name c	ried filing separately		_		•	. –	_		
Your first name	and m	iddle initial	Last	name					,	Your so	cial securit	ty number
BHANU P	RASA	NTH	YAF	RLAGADDA						xxxxxx9729		
If joint return, s	spouse's	s first name and middle initial		name						Spouse's social security number		
-												
Home address	(numbe	er and street). If you have a P.O. box, se	e instruc	ctions.				Apt. no.		Preside	ntial Election	on Campaign
121 FRA	NK C	T							- 1		nere if you,	
City, town, or p	oost offi	ce. If you have a foreign address, also o	omplete	spaces below.	Sta	ate	ZIP	code				itly, want \$3
SOUTH P				•	l N	J	0	7080		_	this fund. ow will not	Checking a
Foreign countr	y name			Foreign province/stat	e/coun	ty	For	eign postal c			or refund.	•
ū	-					•					You	Spouse
At any time du	uring 20	020, did you receive, sell, send, ex	change	, or otherwise acquir	e any	financial int	erest in	any virtua	al curr	ency?	Yes	⊠ No
Standard Deduction		neone can claim:	•			•	nt					
Age/Blindnes	s You	: Were born before January 2,	1956	Are blind S	pouse	e: 🗆 Was	born be	efore Janua	arv 2.	1956	☐ Is bl	ind
Dependent	-			(2) Social secur		(3) Relation					r (see instru	
If more		irst name Last name		number		to you		Child tax cred				her dependents
than four	<u> </u>											_
dependents,								i	=			=
see instruction and check	s —								=			=
here ▶ □									=			=
	1	Wages, salaries, tips, etc. Attach	Form(s	s) W-2		·			- -	1		 87,634.
Attach	2a	Tax-exempt interest	2a		h T	axable inte	rest			2b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Sch. B if	3a	Qualified dividends	3a			Ordinary div				3b		
required.	4a	IRA distributions	4a			axable amo				4b		
_	5a	Pensions and annuities	5a		b T	axable amo	ount .			5b		
Standard	6a	Social security benefits	6a			axable amo				6b		
Deduction for —	7	Capital gain or (loss). Attach Sch	_) if required. If not re					▶ □	7		
 Single or Married filing 	8	Other income from Schedule 1, li								8		-5,400.
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7			come					9		32,234.
\$12,400 Married filing	10	Adjustments to income:										,
jointly or Qualifying	а						10a					
widow(er),	b	Charitable contributions if you take the standard deduction. See instructions 10b										
\$24,800 • Head of	c	Add lines 10a and 10b. These are				_			. •	100	,	
household,	11	Subtract line 10c from line 9. This	•	-						11	_	32,234.
\$18,650 • If you checked	12	Standard deduction or itemized	•							12		12,400.
any box under	13	Qualified business income deduc		•	,	 3995-A				13		,
Standard Deduction,	14	Add lines 12 and 13								14		12,400.
see instructions.	15	Taxable income. Subtract line 1	4 from l	line 11. If zero or less	s. ente	er-0				15		59,834.

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			16	11,152.
	17	Amount from Schedule 2, lir								
	18	Add lines 16 and 17							18	11,152.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lir	ne 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18							22	11,152.
	23	Other taxes, including self-e	,						23	0.
	24	Add lines 22 and 23. This is			•			i	24	11,152.
	25	Federal income tax withheld	-					-		11,132.
	a	Form(s) W-2				25a	12	323	3.	
	b	Form(s) 1099				25b		,		
	c	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	•						25d	12,323.
	26	2020 estimated tax paymen								12,323.
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27		•	20	
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable										
combat pay,	29	American opportunity credit		•		29				
see instructions.	30	Recovery rebate credit. See				30			_	
	31	Amount from Schedule 3, lir				31				
	32 Add lines 27 through 31. These are your total other payments and refundable credits									10 202
	33 Add lines 25d, 26, and 32. These are your total payments									12,323.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid ▶ ☐ 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ ☐								34	1,171.
	35a		35a	1,171.						
Direct deposit? See instructions.	►b	Routing number X								
	►d	<u> </u>				<u> </u>				
	36	Amount of line 34 you want								
Amount	37 Subtract line 33 from line 24. This is the amount you owe now								> 37	
You Owe For details on		Note: Schedule H and Sch	·	•	•	of the t	axes you	owe for	or	
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details. Estimated tax penalty (see instructions)								
instructions.	38					38				
Third Party		you want to allow another					□ v 0			▽ N-
Designee		structions					∐ Yes. C			⊠ No
		signee's me ▶		Phone no. ▶					entification I)	
Sign	name ► number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to									st of my knowledge and
		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If	the IRS se	nt you an Identity
	k.									IN, enter it here
Joint return?	—				SOFTWARE 1		OPER	<u>_</u> `	ee inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse an ection PIN, enter it here
your records.							- 1	ee inst.) ▶	ection Fild, enter it here	
	————	one no.		Email address					•	
-		eparer's name	Preparer's signat			Date		PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	1 .		מווסדם דמו.ו.אש		06/2021		82703	Self-employed
Preparer				אאטאט ויוהאו	OOFIN INDUM	104/0	0/4041			
Use Only	Firm's name GLOBAL TAXES LLC Firm's address 2530 Pebble Creek			n Cummin	~ C7 200/1					678)965-9522
				III CUIIIIIIIII					irm's EIN 🕨	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV	02/01/21 PR)		Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **01**

Your social security number

BHAN	IU PRASANTH YARLAGADDA XX	XXXXX9	729
Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	. 1	
2a	Alimony received	. 2a	1
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C		
4	Other gains or (losses). Attach Form 4797	. 4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule	e E 5	-5,400.
6	Farm income or (loss). Attach Schedule F	. 6	
7	Unemployment compensation	. 7	
8	Other income. List type and amount ▶		
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-N	I	5 400
Par	til Adjustments to Income	. 9	-5,400.
	·	10	
10 11	Educator expenses		<u>' </u>
•	officials. Attach Form 2106		
12	Health savings account deduction. Attach Form 8889	. 12	2
13	Moving expenses for members of the Armed Forces. Attach Form 3903	. 13	3
14	Deductible part of self-employment tax. Attach Schedule SE	. 14	
15	Self-employed SEP, SIMPLE, and qualified plans	. 15	3
16	Self-employed health insurance deduction	. 16	3
17	Penalty on early withdrawal of savings	. 17	,
18a	Alimony paid	. 18	а
b	Recipient's SSN		
С	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 a on Form 1040, 1040-SR, or 1040-NR, line 10a	ind	

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Attachment Sequence No. **13** Your social security number

BHAN	U PRASANTH YARLAGADDA							XXXX9729		
Part	Income or Loss From Rental Real Estate and Schedule C. See instructions. If you are an individual,	-		•				· .		
A Dic	d you make any payments in 2020 that would require yo									
	Yes," did you or will you file required Form(s) 1099? .								res ☐ No	
1a	Physical address of each property (street, city, state,									
Α	GANDHI NAGAR HYDERABAD IN 500072									
В										
С										
1b	(from list below) above, report the number of	above, report the number of fair rental and Days								
Α	if you meet the requiremen	personal use days. Check the QJV box only if you meet the requirements to file as a A 365								
В	qualified joint venture. See	instruct	ions.	В						
С				С						
Type o	of Property:									
_	gle Family Residence 3 Vacation/Short-Term Ren	tal 5 l	₋and		7 Self-	Rental				
	ti-Family Residence 4 Commercial		Royalties		8 Othe	r (describe)				
Incom				Α		В	3		C	
3	Rents received				550.					
4	Royalties received	4	.							
Expen		_								
5	Advertising				80.					
6	Auto and travel (see instructions)				270.					
7	Cleaning and maintenance	7			100.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees		_							
11 12	Management fees		_							
13	Mortgage interest paid to banks, etc. (see instructions Other interest	S) 1.	_		500.					
14	Repairs	14		5,	500.					
15	Supplies	1:	_							
16	Taxes	10								
17	Utilities	1								
18	Depreciation expense or depletion	_								
19	Other (list)	- 10								
20	Total expenses. Add lines 5 through 19			5 -	950.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties)		-							
۲۱	result is a (loss), see instructions to find out if you mu	I								
	file Form 6198	2	1	-5,	400.					
22	Deductible rental real estate loss after limitation, if an Exam 9592 (see instructions)	- 1	2 (F 4	١٥٥ ،	()/	١	
220	on Form 8582 (see instructions)	2	,		23a	l	55)()	
23a b	Total of all amounts reported on line 3 for all rental pro-				23b		23	J.		
C	Total of all amounts reported on line 12 for all propert				23c					
d	Total of all amounts reported on line 12 for all propert				23d					
e	Total of all amounts reported on line 20 for all propert				23e		5,95	0		
24	Income. Add positive amounts shown on line 21. Do		· · · · · clude anv	losses				24		
25	Losses. Add royalty losses from line 21 and rental real es		-		nter tot	al losses her	-	25 (5,400.)	
26	Total rental real estate and royalty income or (los							- (-,,	
20	here. If Parts II, III, IV, and line 40 on page 2 do r									
	Schedule 1 (Form 1040), line 5. Otherwise, include thi							26	-5,400.	