

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial RISHAV		Last name BALGURI		Your social security number 766-55-3249	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 60 STRAWBERRY HILL AVE				Apt. no. 517	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. STAMFORD			State CT	ZIP code 06902	
Foreign country name		Foreign province/state/county	Foreign postal code		

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

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit Credit for other dependents	
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.  <b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	71,056.
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	<b>5b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		<b>7</b>	131.
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .		<b>8</b>	-5,950.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		<b>9</b>	65,237.
	<b>10</b>	Adjustments to income:			
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>		
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	300.	
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>		300.
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>		64,937.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>		12,400.
<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>			
<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>		12,400.	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>		52,537.	

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	7,346.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	7,346.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	7,346.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	7,346.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	8,694.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	8,694.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC)	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	8,694.

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

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	1,348.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	1,348.
<b>b</b>	Routing number 021200339 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 381046559360		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

For details on how to pay, see instructions.

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

**Note:** Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.

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

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/19/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN 30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **01**

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

Your social security number  
766-55-3249

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,950.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-5,950.

**Part II Adjustments to Income**

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

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to [www.irs.gov/ScheduleD](http://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 RISHAV BALGURI	Your social security number 766-55-3249
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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)
<b>1a</b> 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 .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	468.	337.		131.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss)</b> . 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 . . . . .				131.

**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)
<b>8a</b> 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 .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> 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 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>	<b>16</b>	131.
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b> ( )	
<p><b>22</b> Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return: RISHAV BALGURI Social security number or taxpayer identification number: 766-55-3249

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	01/01/20	12/31/20	468.	337.			131.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				468.	337.			131.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E**  
**(Form 1040)**

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

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return

Your social security number

RISHAV BALGURI

766-55-3249

**Part I** **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  **Yes**  **No**

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  **Yes**  **No**

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	2-8-728/2 BHAVANI NAGAR HANAMKONDA WARANGAL, TELANGANA IN 506001				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		A 365	0	<input type="checkbox"/>
<b>B</b>			B		<input type="checkbox"/>
<b>C</b>			C		<input type="checkbox"/>

**Type of Property:**

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

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b>	450.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	1,200.		
<b>8</b> Commissions . . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	800.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest . . . . .	<b>13</b>			
<b>14</b> Repairs . . . . .	<b>14</b>	1,800.		
<b>15</b> Supplies . . . . .	<b>15</b>	1,600.		
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>	1,000.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	6,400.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>	-5,950.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(-5,950.)		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		450.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		6,400.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(-5,950.)		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>	-5,950.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

## Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

### Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

**Do not send this sheet with your return.**

### Checklist for filing your Connecticut income tax return:

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at [www.ct.gov/TSC](http://www.ct.gov/TSC) using the Taxpayer Service Center.)
8. **Do not attach or send copies of forms W-2 or 1099.**
9. Send **all** completed pages of CT-1040, Schedule CT-EITC, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed CT-EITC schedule, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2020 Form CT-1040" on your check.
12. To mail your return, use the following addresses:
  - For all tax returns with payment:
    - Department of Revenue Services
    - PO Box 2977
    - Hartford CT 06104-2977
  - For refunds and tax returns without payment:
    - Department of Revenue Services
    - PO Box 2976
    - Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

**Do not send this sheet with your return.**



10401220V011555



**Form CT-1040 - 2020**  
Connecticut Resident Income Tax Return  
(Rev. 12/20)

Page 1 of 4

Other tax year, beginning: and ending:

Y S N FJ N MFS N HOH N QW

766 - 55 - 3249 - -

RISHAV BALGURI N Dec.

N Dec.

60 STRAWBERRY HILL AVE N CT-8379 N CT-221

APT 517 N CT-1040 RC N Federal Form 1310

STAMFORD CT 06902 - •

1. Federal adjusted gross income (from federal Form 1040, Line 11, or federal Form 1040-SR, Line 11)	1.	64937
2. Additions to federal adjusted gross income (from Schedule 1, Line 38)		0
3. Add Line 1 and Line 2	3.	64937
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	0
5. <b>Connecticut adjusted gross income:</b> Line 4 subtracted from Line 3.		64937
6. Income tax	6.	3161
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	3161
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	0
9. Connecticut alternative minimum tax (from Form CT-6251)	9.	0
10. Add Line 8 and Line 9.	10.	0
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68)	11.	0
12. Line 11 subtracted from Line 10. If less than zero, "0" is entered.	12.	0
13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	13.	0
14. <b>Connecticut income tax:</b> Line 13 subtracted from Line 12. If less than zero, "0" is entered.	14.	0
15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.	15.	0
16. <b>Total tax:</b> Add Line 14 and Line 15.	16.	0

↑ Do not send Forms W-2 or 1099, or Schedules CT K-1  
↑ Clip check here. Do not use staples.



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Form CT-1040, Page 2 of 4

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• 766553249

17. Amount from Line 16

17. 0

Forms W-2, W-2G, and 1099 Information

Col. A - Employer or Payer's Fed. ID #	Col. B - CT Wages, Tips, etc.	Col. C - CT Income Tax Withheld
18a. 76 - 0689539	• 67056	40
18b. -	• 0	0
18c. -	• 0	0
18d. -	• 0	0
18e. -	• 0	0

18f. Additional Connecticut withholding (from Supplemental Schedule CT-104 WH, Line 3) 18f. 0

18. Total Connecticut income tax withheld: Amounts in Column C.	18.	40
19. All 2020 estimated tax payments and any overpayments applied from a prior year	19.	0
20. Payments made with Form CT-1040 EXT	20.	0
20a. Earned income tax credit (from Schedule CT-EITC, Line 16).	20a.	0
20b. Claim of right credit (from Form CT-1040 CRC, Line 6).	20b.	0
20c. Pass-through entity tax credit: (from Schedule CT-PE, Line 1). Schedule must be attached.	20c.	0
21. Total payments and refundable credits: Add Lines 18, 19, 20, 20a, 20b and 20c.	21.	40
22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.	22.	40

23. Amount of Line 22 you want applied to your 2021 estimated tax	23.	0
24. Reserved for future use	24.	
24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)	24a.	0

25. Refund: Lines 23, 24, and 24a subtracted from Line 22. **25.** 40  
 If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

25a. Acct. type Y Ck. N Sv. 25b. Rout. # 021200339 25c. Acct. # 381046559360

25d. Refund going to a bank account outside the U.S. 25d. N		
26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.	26.	0
27. If late: Penalty entered. Line 26 multiplied by 10% (.10).		0
28. If late: Interest entered. Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).	2	0
29. Interest on underpayment of estimated tax (from Form CT-2210)	29.	0
30. Total amount due: Add Lines 26 through 29.	30.	0.00

**Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.**

Your signature	Date	Home/cell telephone number	
•	•	8482137627	
Spouse's signature (if joint return)	Date	Daytime telephone number	
•	•	•	
Paid preparer's signature	Date	Telephone number	Paid Preparer's PTIN
• SYAM PRIYA RAM SAGAR GUPT	• 031921	• 6789659522	P02082703
Paid preparer's name	Firm's name, address and ZIP code		FEIN
SYAM PRIYA RAM SAGAR GUPTA TALL	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 -		301017196
		Self-employed	N

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
•	•	•

10401220V021555

Sign Here  
Keep a copy for your records.

Form CT-1040, Page 3 of 4

10401220V031555



• 766553249

**Schedule 1 - Modifications to Federal Adjusted Gross Income**

31. Interest on state and local government obligations other than Connecticut	31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	0
33. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	33.	0
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	34.	0
35. Loss on sale of Connecticut state and local government bonds	35.	0
36. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	36.	0
36a. 80% of Section 179 federal deduction.	36a.	0
37. Other - specify ●	37.	0
<b>38. Total additions:</b> Add Lines 31 through 37.	38.	0
39. Interest on U.S. government obligations	39.	0
40. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	40.	0
41. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	41.	0
42. Refunds of state and local income taxes	42.	0
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	43.	0
44. Military retirement pay	44.	0
45. 25% of income received from Connecticut Teachers' Retirement System	45.	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	46.	0
47. Gain on sale of Connecticut state and local government bonds	47.	0
48. CHET contributions made in 2020 or an excess carried forward from a prior year Acct. #:	48.	0
48a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding three years.	48a.	0
48b. 28% of pension or annuity income.	48b.	0
49. Other - specify ●	49.	0
<b>50. Total subtractions:</b> Add Lines 39 through 49.	50.	0

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions**

51. Modified Connecticut adjusted gross income	51.	64937
--	-----	-------

		Col. A	Col. B
52. Qualifying jurisdiction's name and two-letter code	5	NEW YORK NY	
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 worksheet)	53.	71056	0
54. Line 53 divided by Line 51	54.	1.0000	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	3161	0
56. Line 54 multiplied by Line 55	56.	3161	0
57. Income tax paid to a qualifying jurisdiction	57.	3512	0
58. Lesser of Line 56 or Line 57	58.	3161	0
59. Total credit: Add Line 58, all columns.	59.		3161

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766553249

**Schedule 3 - Property Tax Credit**

65 years or older       One or more dependents on federal return

<i>Qualifying Property</i>	<i>Primary Residence</i>	<i>Auto 1</i>	<i>Auto 2</i>
Name of Connecticut Tax Town or District	•	•	•
Description of Property	•	•	•
Date(s) Paid	•	•	•
Amount Paid	60.	0 61.	0 62.
63. Total property tax paid: Add Lines 60, 61, and 62.			63. 0
64. Maximum property tax credit allowed			64. • 200
65. Lesser of Line 63 or Line 64.			65. • 0
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.			66. • 0.00
67. Line 65 multiplied by Line 66.			67. • 0
68. Line 67 subtracted from Line 65.			68. 0

**Schedule 4 - Individual Use Tax**

69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	6 a.	0
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	69b.	0
69c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	69c.	0
69d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	69d.	0
69. Individual use tax: Add Lines 69a, 69b, 69c, and 69d.	69 •	0

**Schedule 5 - Contributions to Designated Charities**

70a. AR	70a.	0
70b. OT	7 b.	0
70c. ES/W	70c.	0
70d. BCR	70d.	0
70e. SNS	70e.	0
70f. MR	70f.	0
70g. CBS	70g.	0
70h. MHCIA	70h.	0
70. <b>Total Contributions:</b> Add Lines 70a through 70h.	70.	0
Taxpayer email		

Connecticut  
**Summary of Credit for Income Taxes Paid  
to Qualifying Jurisdictions**

**2020**

▶ Keep for your records

Name as Shown on Return RISHAV BALGURI	Social Security Number 766-55-3249
<b>Qualifying jurisdiction's name</b> . . . . .	New York
<b>Qualifying jurisdiction's two-letter code</b> . . . . .	NY
<b>A</b> Non-Connecticut income included in modified Connecticut adjusted gross income and reported on qualifying jurisdiction's income tax return (from Schedule 2 worksheet) . . . . . ▶	71,056.
<b>B</b> Divide line B by modified Connecticut adjusted gross income (may not exceed 1.0000) . . . . . ▶	1.0000
<b>C</b> Income tax liability from Form CT-1040 or Form CT-1040NR/PY . . . . . ▶	3,161.
<b>D</b> Multiply line C by line D . . . . . ▶	3,161.
<b>E</b> Income tax paid to other jurisdiction . . . . . ▶	3,512.
<b>F</b> Enter the smaller of line D or line E . . . . . ▶	3,161.
<b>Qualifying jurisdiction's name</b> . . . . .	
<b>Qualifying jurisdiction's two-letter code</b> . . . . .	
<b>A</b> Non-Connecticut income included in modified Connecticut adjusted gross income and reported on qualifying jurisdiction's income tax return (from Schedule 2 worksheet) . . . . . ▶	
<b>B</b> Divide line B by modified Connecticut adjusted gross income (may not exceed 1.0000) . . . . . ▶	
<b>C</b> Income tax liability from Form CT-1040 or Form CT-1040NR/PY . . . . . ▶	
<b>D</b> Multiply line C by line D . . . . . ▶	
<b>E</b> Income tax paid to other jurisdiction . . . . . ▶	
<b>F</b> Enter the smaller of line D or line E . . . . . ▶	
<b>Qualifying jurisdiction's name</b> . . . . .	
<b>Qualifying jurisdiction's two-letter code</b> . . . . .	
<b>A</b> Non-Connecticut income included in modified Connecticut adjusted gross income and reported on qualifying jurisdiction's income tax return (from Schedule 2 worksheet) . . . . . ▶	
<b>B</b> Divide line B by modified Connecticut adjusted gross income (may not exceed 1.0000) . . . . . ▶	
<b>C</b> Income tax liability from Form CT-1040 or Form CT-1040NR/PY . . . . . ▶	
<b>D</b> Multiply line C by line D . . . . . ▶	
<b>E</b> Income tax paid to other jurisdiction . . . . . ▶	
<b>F</b> Enter the smaller of line D or line E . . . . . ▶	



# New York State E-File Signature Authorization for Tax Year 2020

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

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

Taxpayer's name RISHAV BALGURI	Spouse's name (jointly filed return only)
-----------------------------------	---

### 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, and NYC-210).

### 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-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, or NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2), *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

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. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

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 2020 Form IT-370 and Tax Year 2021 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.	64937.
2 Refund.....	2.	123.
3 Amount you owe.....	3.	
4 Financial institution routing number.....	4.	021200339
5 Financial institution account number.....	5.	381046559360

6 Account type:  Personal checking  Personal savings  Business checking  Business savings

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

Under penalty of perjury, I declare that I have examined the information on my 2020 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 2020 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 2020 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 2020 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 2020 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2020 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 2020 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 GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

For the year January 1, 2020, through December 31, 2020, or fiscal year beginning .....

20

and ending .....

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

Your first name and middle initial RISHAV		Your last name (for a joint return, enter spouse's name on line below) BALGURI		Your date of birth (mmdyyy) 10121997		Your Social Security number 766553249	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmdyyy)		Spouse's Social Security number	
Mailing address (see instructions, page 14) (number and street or PO box) 60 STRAWBERRY HILL AVE				Apartment number 517		New York State county of residence NR	
City, village, or post office STAMFORD			State CT	ZIP code 06902	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 2020 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** Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 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 2020 ....
- (2) Number of months your spouse lived in NY City in 2020 .....

**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 (mmdyyy) .....
- 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 2020? Yes  No   
(if Yes, complete Form IT-203-B)



### I Dependent information (see page 16)

First name and middle initial	Last name	Relationship	Social Security number	Date of birth (mmdyyy)

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



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
766553249

**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	71056 .00	1	71056 .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	131 .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 <b>X</b> in box <input type="checkbox"/> .....	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) .....	11	-5950 .00	11	.00
12	Rental real estate included in line 11 (federal amount) <b>12.</b> <input type="text" value="-5950 .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: <input type="text" value="CHARITABLE CONTRIBUTIONS"/> .....	16	.00	16	.00
17	Ad lines 1 through 11 and 13 through 16 .....	17	65237 .00	17	71056 .00
18	Total federal adjustments to income (see page 24) Identify: CHARITABLE CONTRIBUTIONS .....	18	300 .00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17) ..	19	64937 .00	19	71056 .00
19a	Recomputed federal adjusted gross income (see page 25, Line 19a worksheet)	19a	65237 .00	19a	71056 .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 19a through 22 .....	23	65237 .00	23	71056 .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	<b>New York adjusted gross income</b> (subtract line 30 from line 23) .....	31	65237 .00	31	71056 .00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 65237 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Name(s) as shown on page 1  
RISHAV BALGURI

Enter your Social Security number  
766553249

**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	8000 .00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	57237 .00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 29)	0 .00
36 <b>New York taxable income</b> (subtract line 35 from line 34)	57237 .00

**Tax computation, credits, and other taxes**

37 <b>New York taxable income</b> (from line 36)	57237 .00
38 New York State tax on line 37 amount (see page 30)	3224 .00
39 New York State household credit (page 30, table 1, 2, or 3)	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	3224 .00
41 New York State child and dependent care credit (see page 31)	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	3224 .00
43 New York State earned income credit (see page 31)	.00

44 **Base tax** (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 3224 .00

45 **Income percentage** (see page 31)  **New York State amount from line 31** 71056 .00 ÷ **Federal amount from line 31** 65237 .00 = **45** 1.0892 **Round result to 4 decimal places**

46 <b>Allocated New York State tax</b> (multiply line 44 by the decimal on line 45)	3512 .00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	3512 .00
49 <b>Net other New York State taxes</b> (Form IT-203-ATT, line 33)	.00
50 <b>Total New York State taxes</b> (add lines 48 and 49)	3512 .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	<b>See instructions on pages 31 and 32 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.</b>
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00	
52a Subtract line 52 from 51	52a	.00	
52b MCTMT net earnings base	52b	.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 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54)	55	.00	
56 <b>Sales or use tax</b> (See the instructions on page 33. Do not leave line 56 blank.)	56	0 .00	
57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1)	57	.00	
58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57)	58	3512 .00	

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203003203555



Enter your Social Security number  
766553249

59 Enter amount from line 58 ..... **59** 3512 .00

**Payments and refundable credits** (see page 34)

<b>60</b> Part-year NYC school tax credit (fixed amount) (also complete E on front)	<b>60</b>	.00
<b>60a</b> NYC school tax credit (rate reduction amount)	<b>60a</b>	.00
<b>61</b> Other refundable credits (Form IT-203-ATT, line 17)	<b>61</b>	.00
<b>62</b> Total <b>New York State</b> tax withheld	<b>62</b>	3635 .00
<b>63</b> Total <b>New York City</b> tax withheld	<b>63</b>	.00
<b>64</b> Total <b>Yonkers</b> tax withheld	<b>64</b>	.00
<b>65</b> Total estimated tax payments/amount paid with Form IT-370	<b>65</b>	.00
<b>66</b> Total payments and refundable credits (add lines 60 through 65)	<b>66</b>	3635 .00

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)

<b>67</b> Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66; see page 36)	<b>67</b>	123 .00
<b>68</b> Amount of line 67 available for refund (subtract line 69 from line 67)	<b>68</b>	123 .00
<b>68a</b> Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	<b>68a</b>	.00
<b>68b</b> Total refund after NYS 529 account deposit (subtract line 68a from line 68)	<b>68b</b>	123 .00

Mark one refund choice:  **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.**

<b>69</b> Amount of line 67 that you want applied to your 2021 estimated tax (see instructions)	<b>69</b>	.00
<b>70</b> Amount you <b>owe</b> (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an <b>X</b> in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you <b>must</b> complete Form IT-201-V and mail it with your return.	<b>70</b>	.00
<b>71</b> Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 37)	<b>71</b>	.00
<b>72</b> Other penalties and interest (see page 37)	<b>72</b>	.00

**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:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

**73b** Routing number 021200339 **73c** Account number 381046559360

**74** Electronic funds withdrawal (see page 38) ..... Date \_\_\_\_\_ Amount \_\_\_\_\_ .00

<b>Third-party designee?</b> (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number	Personal identification number (PIN)
	Email:	(	

<b>▼ Paid preparer must complete ▼</b> (see instructions)	Preparer's NYTPRIN	NYTPRIN excl. code   0   9
Preparer's signature SYAM PRIYA RAM SAGAR GUP	Preparer's printed name SYAM PRIYA RAM SAGAR GUP	
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC	Preparer's PTIN or SSN P02082703	
Address 2530 PEBBLE CREEK LN CUMMING GA 30041	Employer identification number 301017196	Date 03192021
Email: SYAM@GTAXFILE.COM		

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation SOFTWARE ENGINEER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ( 848 ) 213 7627
Email: RISHAVSUNNY12@GMAIL.COM	

**See instructions for where to mail your return.**

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

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

## W-2 Record 1

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

766553249

**Box b** Employer identification number (EIN)

760689539

**Box c** Employer's information

<b>Employer's name</b>			
INSPERITY PEO SERVICES L.P. NUTRAVEL TECHNOLOGY SOLUTIONS, INC			
<b>Employer's address (number and street)</b>			
19001 CRESCENT SPRINGS DR			
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>Country (if not United States)</b>
KINGWOOD	TX	77339	

**Box 1** Wages, tips, other compensation

67056.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

7489.00

**Code**

DD

**Box 12b** Amount

.00

**Code**

**Box 12c** Amount

.00

**Code**

**Box 12d** Amount

.00

**Code**

**Box 14a** Amount

185.00

**Description**

NYFLI

**Box 14b** Amount

.00

**Description**

**Box 14c** Amount

.00

**Description**

**Box 14d** Amount

.00

**Description**

**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.

67056.00

**Box 17a** NYS income tax withheld

3250.00

**Other state information:**

**Box 15b**

other state

CT

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

67056.00

**Box 17b** Other state income tax withheld

40.00

**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 2** Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

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

766553249

**Box b** Employer identification number (EIN)

760689539

**Box c** Employer's information

<b>Employer's name</b>			
INSPERITY PEO SERVICES L.P. NUTRAVEL TECHNOLOGY SOLUTIONS, LLC			
<b>Employer's address (number and street)</b>			
19001 CRESCENT SPRINGS DR			
<b>City</b>	<b>State</b>	<b>ZIP code</b>	<b>Country (if not United States)</b>
KINGWOOD	TX	77339	

**Box 1** Wages, tips, other compensation

4000.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 1** Nonqualified plans

.00

**Box 12a** Amount

.00

**Code**

**Box 12b** Amount

.00

**Code**

**Box 12c** Amount

.00

**Code**

**Box 12d** Amount

.00

**Code**

**Box 14a** Amount

.00

**Description**

**Box 14b** Amount

.00

**Description**

**Box 14c** Amount

.00

**Description**

**Box 14d** Amount

.00

**Description**

**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.

4000.00

**Box 17a** NYS income tax withheld

385.00

**Other state information:**

**Box 15b**

other state

CT

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

4000.00

**Box 17b** Other state income tax withheld

0.00

**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

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

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Department of Taxation and Finance

# New York State Adjustments due to Decoupling from the IRC

# IT-558

Attachment to Form IT-201, IT-203, IT-204, or IT-205

Name(s) as shown on return	Identifying number as shown on return
RISHAV BALGURI	766553249

Complete all parts that apply to you; see instructions (Form IT-558-I). Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Mark an **X** in the box identifying the return you are filing: IT-201  IT-203  IT-204  IT-205

## Schedule A – New York State addition adjustments to recompute federal amounts (enter whole dollars only)

### Part 1 – Individuals, partnerships, and estates or trusts

1 New York State additions

	Number	A - Total amount	B - NYS allocated amount
1a	A - 0   0   3	300 .00	0 .00
1b	A -	.00	.00
1c	A -	.00	.00
1d	A -	.00	.00
1e	A -	.00	.00
1f	A -	.00	.00
1g	A -	.00	.00

2 Total (add column A, lines 1a through 1g) .....	2	300 .00
3 Total of Schedule A, Part 1, column A amounts from additional Form(s) IT-558, if any .....	3	0 .00
4 Add lines 2 and 3 .....	4	300 .00

### Part 2 – Partners, shareholders, and beneficiaries

5 New York State additions

	Number	A - Total amount	B - NYS allocated amount
5a	EA -	.00	.00
5b	EA -	.00	.00
5c	EA -	.00	.00
5d	EA -	.00	.00
5e	EA -	.00	.00
5f	EA -	.00	.00
5g	EA -	.00	.00

6 Total (add column A, lines 5a through 5g) .....	6	.00
7 Total of Schedule A, Part 2, column A amounts from additional Form(s) IT-558, if any .....	7	0 .00
8 Add lines 6 and 7 .....	8	0 .00
9 Total additions (add lines 4 and 8; see instructions) .....	9	300 .00

(continued)

NO HANDWRITTEN ENTRIES ON THIS FORM

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**Schedule B – New York State subtraction adjustments to recompute federal amounts** *(enter whole dollars only)*

**Part 1 – Individuals, partnerships, and estates or trusts**

**10** New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
10a	S -	.00	.00
10b	S -	.00	.00
10c	S -	.00	.00
10d	S -	.00	.00
10e	S -	.00	.00
10f	S -	.00	.00
10g	S -	.00	.00

11	Total (add column A, lines 10a through 10g) .....	11	.00
12	Total of Schedule B, Part 1, column A amounts from additional Form(s) IT-558, if any .....	12	0 .00
13	Add lines 11 and 12 .....	13	0 .00

**Part 2 – Partners, shareholders, and beneficiaries**

**14** New York State subtractions

	Number	A - Total amount	B - NYS allocated amount
14a	ES -	.00	.00
14b	ES -	.00	.00
14c	ES -	.00	.00
14d	ES -	.00	.00
14e	ES -	.00	.00
14f	ES -	.00	.00
14g	ES -	.00	.00

15	Total (add column A, lines 14a through 14g) .....	15	.00
16	Total of Schedule B, Part 2, column A amounts from additional Form(s) IT-558, if any .....	16	0 .00
17	Add lines 15 and 16 .....	17	0 .00
18	<b>Total subtractions</b> (add lines 13 and 17; see instructions) .....	18	0 .00

NO HANDWRITTEN ENTRIES ON THIS FORM

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