

**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 PRIYANKA		Last name NEELAM		Your social security number 762-16-9497	
If joint return, spouse's first name and middle initial SIVAKUMAR SAI		Last name RELA MUNI		Spouse's social security number 869-09-9892	
Home address (number and street). If you have a P.O. box, see instructions. 277 PRESTWICK WAY				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. EDISON			State NJ	ZIP code 08820	
Foreign country name		Foreign province/state/county		Foreign postal code	

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
 You  Spouse

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):

(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
OM SAI KARTHIK	RELA MUNI	932-91-3300	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GAHAN	RELA MUNI	858-14-7965	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b> 224,017.	
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest . . . . .	<b>2b</b> 494.
<b>3a</b> Qualified dividends . . . . .	<b>3a</b> 74.	<b>b</b> Ordinary dividends . . . . .	<b>3b</b> 74.
<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>
<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>
<b>6a</b> Social security benefits . . . . .	<b>6a</b>	<b>b</b> Taxable amount . . . . .	<b>6b</b>
<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .			<b>7</b>
<b>8</b> Other income from Schedule 1, line 9 . . . . .			<b>8</b> -26,960.
<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .			<b>9</b> 197,625.
<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>		
<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . .			<b>10c</b>
<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . .			<b>11</b> 197,625.
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .			<b>12</b> 24,800.
<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> 24,800.
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .			<b>15</b> 172,825.





200104 11555

DR 0104 (10/19/20)  
COLORADO DEPARTMENT OF REVENUE  
Tax.Colorado.gov  
Page 1 of 4  
(0013)



## 2020 Colorado Individual Income Tax Return

Full-Year  Part-Year or Nonresident (or resident, part-year, non-resident combination)  Mark if Abroad on due date – see instructions  
\*Must include DR 0104PN

Your Last Name		Your First Name		Middle Initial	
NEELAM		PRIYANKA			
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased <input type="checkbox"/>			
09/15/1985	762-16-9497	If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.			
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance	
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial	
RELA MUNI		SIVAKUMAR SAI			
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased <input type="checkbox"/>			
06/30/1984	869-09-9892	If checked and claiming a refund, you must include the DR 0102 and death certificate with your return.			
Enter the following information from your spouse's current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance	
Mailing Address			Phone Number		
277 PRESTWICK WAY			(832) 294-5004		
City	State	Zip Code	Foreign Country (if applicable)		
EDISON	NJ	08820			
<b>Round To The Nearest Dollar</b>					
1. Enter Federal Taxable Income from your federal income tax form: 1040 line 15 or 1040 SR line 15				• 1	172825 00
Include W-2s and 1099s with CO withholding.					
<b>Additions to Federal Taxable Income</b>					
2. State Addback, enter the state income tax deduction from your federal form 1040 or 1040 SR schedule A, line 5a (see instructions)				• 2	00
3. Business Interest Expense Deduction Addback (see instructions)				• 3	00



200104 21555

Name		SSN or ITIN
PRIYANKA NEELAM & SIVAKUMAR SAI RELA MUNI		762-16-9497
4. Excess Business Loss Addback (see instructions)	• 4	00
5. Net Operating Loss Addback (see instructions)	• 5	00
6. Other Additions, explain (see instructions)	• 6	00
Explain:		
7. Subtotal, sum of lines 1 through 6	7	172825 00
<b>Colorado Subtractions</b>		
8. Subtractions from the DR 0104AD Schedule, line 20, you must submit the DR 0104AD schedule with your return.	• 8	00
9. Colorado Taxable Income, subtract line 8 from line 7	• 9	172825 00
<b>Tax, Prepayments and Credits: see 104 Book for full-year tax table and part-year DR 0104PN Schedule</b>		
10. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	• 10	559 00
11. Alternative Minimum Tax from the DR 0104AMT line 8, you must submit the DR 0104AMT with your return.	• 11	00
12. Recapture of prior year credits	• 12	00
13. Subtotal, sum of lines 10 through 12	13	559 00
14. Nonrefundable Credits from the DR 0104CR line 43, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 0104CR with your return.	• 14	00
15. Total Nonrefundable Enterprise Zone credits used – as calculated, or from the DR 1366 line 87, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1366 with your return.	• 15	00
16. Strategic Capital Tax Credit from DR 1330, the sum of lines 14, 15, and 16 cannot exceed line 13, you must submit the DR 1330 with your return.	• 16	00
17. Net Income Tax, sum of lines 14, 15, and 16. Subtract that sum from line 13.	17	559 00
18. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	• 18	00
19. Net Colorado Tax, sum of lines 17 and 18	19	559 00
20. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	• 20	619 00
21. Prior-year Estimated Tax Carryforward	• 21	00
22. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	• 22	00
23. Extension Payment remitted with the DR 0158-I	• 23	00
24. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 24		00





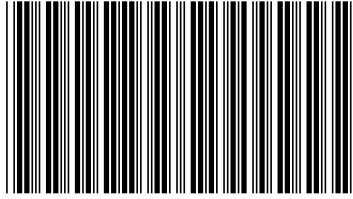
200104 41555

Name		SSN or ITIN	
PRIYANKA NEELAM & SIVAKUMAR SAI RELA MUNI		762-16-9497	
<b>Third Party Designee</b>			
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.			
• <input checked="" type="checkbox"/> No		• <input type="checkbox"/> Yes. Complete the following:	
Designee's Name		Phone Number	
.		.	
<b>Sign Below</b> Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.			
Your Signature		Date (MM/DD/YY)	
Spouse's Signature. If joint return, BOTH must sign.		Date (MM/DD/YY)	
Paid Preparer's Name		Paid Preparer's Phone	
GLOBAL TAXES LLC		( 678 ) 965-9522	
Paid Preparer's Address		City	State   Zip
2530 PEBBLE CREEK LN		CUMMING	GA   30041

File and pay at: [Colorado.gov/RevenueOnline](http://Colorado.gov/RevenueOnline)

<p>If you are filing this return <b>with</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0006</p>	<p>If you are filing this return <b>without</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-0005</p>
<p>These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.</p>	

DO NOT MAIL



040MP01200

For Privacy Act Notification, See Instructions

Your Social Security Number (required)  
762169497

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.)  
NEELAM PRIYANKA & RELA MUNI SIVAKUMAR SAI

Spouse's/CU Partner's SSN (if filing jointly)  
869099892

County/Municipality Code (See Table page 50)  
1205

Home Address (Number and Street, including apartment number)  
277 PRESTWICK WAY

City, Town, Post Office  
EDISON

State ZIP Code  
NJ 08820

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.

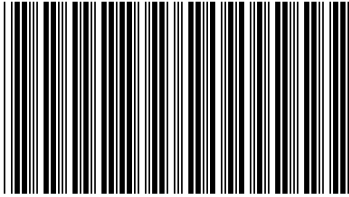
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

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.	
dd5. Account number	dd5.	





040MP02200

Name(s) as shown on Form NJ-1040

NEELAM PRIYANKA & RELA MUNI SIVAKUMAR SA

Your Social Security Number

762169497

1555

Part-year residents, provide months/days you were a New Jersey resident during 2020:

From: To:

Fiscal year filers only:

Enter month of your year end 2 0 2 1

**Filing Status**

Fill in only one.

- 1. Single
- 2.  Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household
- 5. Qualifying Widow(er)/Surviving CU Partner

Enter spouse's/CU partner's SSN

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

**Exemptions**

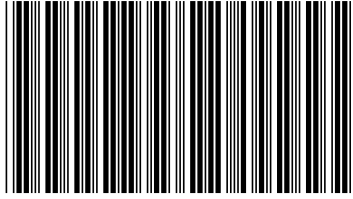
Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	<input checked="" type="checkbox"/>	Spouse/CU Partner	Domestic Partner	2	x \$1,000 =	2000
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						2	x \$1,500 =	3000
11. Other Dependents							x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)							x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)							13.	5000 .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	<u>RELA MUNI, OM SAI KARTHIK</u>	<u>932913300</u>	<u>2010</u>	
b.	<u>RELA MUNI, GAHAN</u>	<u>858147965</u>	<u>2016</u>	
c.	_____	_____	_____	
d.	_____	_____	_____	





040MP03200

Name(s) as shown on Form NJ-1040

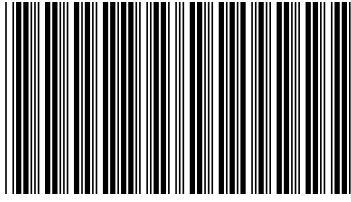
NEELAM PRIYANKA & RELA MUNI SIVAKUMAR SAI

Your Social Security Number

762169497

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	199721	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	494	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	.
17. Dividends	17.	74	.
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 NJ-K-1 or federal Schedule K-1)	21.	.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	.
24. Net Gambling Winnings (See instructions)	24.	.	.
25. Alimony and Separate Maintenance Payments received	25.	.	.
26. Other (Enclose documents) (See instructions)	26.	.	.
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	200289	.
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.	200289	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	5000	.
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.	5000	.
38. Taxable Income (Subtract line 37 from line 29)	38.	195289	.
39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	.	.
39b. Block	.	.	.
39b. Lot	.	.	.
39b. Qualifier	.	.	.
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.	.	.
41. New Jersey Taxable Income (Subtract line 40 from line 38)	41.	195289	.
42. Tax on Amount on line 41 (Tax Table page 52)	42.	8397	.
43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	559	.
Enter Code		06	.
44. Balance of Tax (Subtract line 43 from line 42)	44.	7838	.
45. Child and Dependent Care Credit (See instructions)	45.	0	.
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.	0	.
50. Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry	50.	7838	.
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0	.
52. Interest on Underpayment of Estimated Tax	52.	.	.
Fill in if Form NJ-2210 is enclosed			



040MP04200

Name(s) as shown on Form NJ-1040

NEELAM PRIYANKA & RELA MUNI SIVAKUMAR SAI

Your Social Security Number

762169497

1555

53. Shared Responsibility Payment (See instructions) <b>REQUIRED</b> Enclose Schedule HCC and fill in <input checked="" type="checkbox"/>	53.	0
54. Total Tax Due (Add lines 50 through 53)	54.	7838
55. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	55.	8613
56. Property Tax Credit (See instructions page 23)	56.	.
57. New Jersey Estimated Tax Payments/Credit from 2019 tax return	57.	.
58. New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit	58.	.
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	.
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	.
62. Wounded Warrior Caregivers Credit (See instructions)	62.	.
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	.
64. Total Withholdings, Credits, and Payments (Add lines 55 through 63)	64.	8613
65. If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 68 through 75.	65.	.
66. If the total on line 64 is more than line 54, you have an overpayment. Subtract line 54 from line 64 and enter the overpayment	66.	775
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.	775

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

\_\_\_\_\_  
Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

\_\_\_\_\_  
Paid Preparer's Signature Federal Identification Number

**SYAM PRIYA RAM SAGAR GUPTA TALLAM** **P02082703**  
Firm's Name Firm's Federal Employer Identification Number

**GLOBAL TAXES LLC** **30-1017196**

**Tax Due Address**  
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:  
State of New Jersey  
Division of Taxation  
Revenue Processing Center - Payment  
PO Box 111  
Trenton, NJ 08645-0111  
Include Social Security number and make check or money order payable to:  
State of New Jersey - TGI  
You can also make a payment on our website:  
[www.njtaxation.org](http://www.njtaxation.org)

**Refund or No Tax Due Address**  
Use the labels provided with the envelope and mail to:  
New Jersey Division of Taxation  
Revenue Processing Center - Refunds  
PO Box 555  
Trenton, NJ 08647-0555