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

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the n on is a child but not your dependent	ame of y								
Your first name	and mi	ddle initial	Last nar	ne				,	Your so	cial securi	ty number
PRIYANKA	1		NEEL	AM					762-	16-949	7
If joint return, sp	ouse's	first name and middle initial	Last nar	ne				;	Spouse'	s social se	curity number
SIVAKUMA	R SA	IA	RELA	MUNI					869-	09-989	2
Home address	numbe	r and street). If you have a P.O. box, see	instructio	ons.			Apt. no.		Preside	ntial Electi	on Campaign
277 PRES	TWI	CK WAY								nere if you,	,
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below.	State	Z	IP code			~ .	ntly, want \$3 Checking a
EDISON					NJ	(08820		_	ow will not	•
Foreign country	name		F	oreign province/state/c	ounty	F	oreign postal			or refund	•
										You	Spouse
At any time du	ring 20	20, did you receive, sell, send, exch	nange, o	r otherwise acquire a	any financia	al interest	in any virtu	al curr	rency?	Yes	⊠ No
Standard Deduction	_	eone can claim:				endent					
Age/Blindness	You:	Were born before January 2, 1	956	Are blind Spo	use: 🔲 🕻	Vas born	before Janu	uarv 2.	1956	☐ Is b	lind
Dependents				(2) Social security		elationship				r (see instru	ictions).
If more		rst name Last name						tax cre	- 1		her dependents
than four		SAI KARTHIK RELA MUNI		932-91-3300	Son			П			×
dependents,	GAH			858-14-7965				×			<u> </u>
see instructions and check	; ——							$\overline{\Box}$			
here ▶ □											
	1	Wages, salaries, tips, etc. Attach F	orm(s) V	V-2				. .	1	2	24,017.
Attach	2a		2a		b Taxable	interest			2b		494.
Sch. B if	3a	Qualified dividends	3a		b Ordinary		ls		3b		74.
required.	4a	IRA distributions	4a		b Taxable				4b		
	5a	Pensions and annuities	5a		b Taxable	amount .			5b		
Standard	6a	Social security benefits	6a		b Taxable	amount .			6b		
Deduction for -	7	Capital gain or (loss). Attach Scheo	dule D if	required. If not requ	ired, check	here .		▶ □	7		
Single or Married filing	8	Other income from Schedule 1, lin		·					8	_	26,960.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,		his is your total inco	me			. ▶	. 9		97,625.
Married filing	10	Adjustments to income:									
jointly or Qualifying	а	From Schedule 1, line 22				10a					
widow(er),	b	Charitable contributions if you take	the stan	dard deduction. See	instructions	10b					
\$24,800 • Head of	С	Add lines 10a and 10b. These are						. •	100		
household,	11	Subtract line 10c from line 9. This		-					11		97,625.
\$18,650 L • If you checked	12	Standard deduction or itemized		-					12		24,800.
any box under Standard	13	Qualified business income deducti							13		
Deduction,	14	Add lines 12 and 13							14		24,800.
see instructions.	15	Taxable income. Subtract line 14	from line	e 11. If zero or less,	enter -0				15		72,825.

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	29,630.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	29,630.
	19	Child tax credit or credit for other dependents	19	2,500.
	20	Amount from Schedule 3, line 7	20	330.
	21	Add lines 19 and 20	21	2,830.
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	26,800.
	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	26,800.
	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	24,983.
• If you have a	26	2020 estimated tax payments and amount applied from 2019 return	26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		
If you have neptovoble	28	Additional child tax credit. Attach Schedule 8812		
nontaxable combat pay,	29	American opportunity credit from Form 8863, line 8	1	
see instructions.	30	Recovery rebate credit. See instructions	-	
	31	Amount from Schedule 3, line 13		600
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	682.
-	33	Add lines 25d, 26, and 32. These are your total payments	33	25,665.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
Direct deposit?	35a ▶ b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \rightarrow Routing number X X X X X X X X X	35a	
See instructions.	►d	Account number X X X X X X X X X X 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	1,135.
You Owe	0.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for		
For details on		2020. See Schedule 3, line 12e, and its instructions for details.		
how to pay, see instructions.	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		_
Designee	ins	tructions	elow.	X No
		signee's Phone Personal identifing no. ► number (PIN) ►		
Ciana		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to		t of my knowledge and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo	ur signature Date Your occupation If the	IRS ser	nt you an Identity
	k.			N, enter it here
Joint return? See instructions.	0-	BOITMING ENGINEER	nst.) ►	
Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.		SOFTWARE ENGINEER (see i	nst.) ►	
	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 03/26/2021 P02082	2703	Self-employed
Use Only			e no. (678)965-9522
			s EIN 🕨	-
Go to www.irs.go	v/Forn	a1040 for instructions and the latest information. BAA REV 03/23/21 PRO		Form 1040 (2020)





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

2020 Colorado Individual Income Tax Return

Your Last Name		Your First Nam	ne					Middle	Initia	
NEELAM	PRIYANKA									
Date of Birth (MM/DD/YYYY)	SSN or ITIN	Deceased								
09/15/1985	762-16-9497			If checked the DR 01						
Enter the following informatio driver license or state identification	State of Issue		Last 4 chara	cters of ID	number	Date of Iss	uance			
If Joint, Spouse's Last Name		Spouse's First	Name	е				Middle	Initia	
RELA MUNI		SIVAKUMA	SIVAKUMAR SAI							
Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN or ITIN	Deceased						•		
06/30/1984	869-09-9892			If checked the DR 01	02 and d	eath ce	ertificate w	ith your re		
Enter the following informatio current driver license or state	State of Issue	State of Issue Last 4 characters of ID number Date of Issu					uance			
Mailing Address						Pho	ne Number			
277 PRESTWICK WAY						(8	32)294-	5004		
City		State	Zip	Code		Foreign	Country (if a	pplicable)		
EDISON		NJ	08	3820						
A Fator Follow Tours La			40	040 11 45		R	ound To Th	e Nearest D	ollar	
Enter Federal Taxable Inco or 1040 SR line 15	ome from your federal	income tax fori	n: 10	040 line 15	• 1			172825	0 (
Include W-2s and 1099s with	CO withholding.									
		to Federal Tax								
2. State Addback, enter the s 1040 or 1040 SR schedule		•	fede	eral form	• 2				0 (
3. Business Interest Expense	e Deduction Addback	(see instructions	s)		• 3				0.0	



DR 0104 (10/19/20)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov
Page 2 of 4

200104 21555

200104	21555	Page 2 of 4			
Name			SSN or IT	IN	
PRIYANKA NEELA	AM & SIVAKUMAR SAI RE	LA MUNI	762-16	5-9497	
4 Excess Busines	ss Loss Addback (see instru	ctions) • 4			0.0
TI EXCOCC BUCINO	30 2000 / (ddbdd) (000 1110) dd	otiono) • •			
5 Net Operating I	Loss Addback (see instruction	ons) • 5			0.0
J. Net Operating I	2035 Addback (See Instruction	(HIS)			-00
C Other Additions	a symbola (and imply rationa)	•			0 0
Explain:	s, explain (see instructions)	• 6	_		UC
Ехріаіі і.					
			V		
				172825	
7. Subtotal, sum o	of lines 1 through 6	7		1/2025	0.0
		Colorado Subtractions			
8. Subtractions from	om the DR 0104AD Schedule	e, line 20, you must submit the			
	hedule with your return.	• 8			0.0
9 Colorado Tayah	ble Income, subtract line 8 fro	om line 7	Ĭ	172825	0.0
		04 Book for full-year tax table and part-year	DD 0104DN Schoo	tulo	0 0
		PN line 36, you must submit	DR 0104FN Sche	uuie	
		1.7		559	0.0
	with your return if applicabl				0.0
		AMT line 8, you must submit the			
DR 0104AMT w	vith your return.	• 11			0.0
12. Recapture of pr	rior year credits	• 12			0.0
				559	
13. Subtotal, sum o	of lines 10 through 12	13		559	0.0
		R line 43, the sum of lines 14, 15, and 16			
		DR 0104CR with your return. • 14			0.0
	dable Enterprise Zone credit				1
		s 14, 15, and 16 cannot exceed line 13,			
	it the DR 1366 with your retu				0.0
		the sum of lines 14, 15, and 16 cannot			-00
					0.0
exceed line 13,	you must submit the DR 133	80 with your return. • 16			0.0
4= N () T	611 44 45 144	2 1 1 1 1 5 1 42 4		559	
		S. Subtract that sum from line 13. 17			0.0
	ed on the DR 0104US sched				
the DR 0104US	S with your return.	• 18			0.0
				559	
	ax, sum of lines 17 and 18	19			0.0
20. CO Income Tax	Withheld from W-2s and 10	199s, you must submit the W-2s		619	
and/or 1099s cl	laiming Colorado withholding	with your return. • 20		019	0.0
21. Prior-vear Estin	nated Tax Carryforward	• 21			0 0
	Payments, enter the sum of t				
remitted for this		• 22			0.0
remitted for this	tax year	• 22	+		0
OO Futomotor D	and manufactured with the DD 04	FO.1			
∠3. Extension Payr	ment remitted with the DR 01	58-I • 23	1		0.0
24. Other Prepayme	ents: • DR 0104BEP	● DR 0108 ■ ● DR 1079 ● 24			
. ,					0 (



DR 0104 (10/19/20)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov Page 3 of 4

Name		SSN or ITIN	
PRIYANKA NEELAM & SIVAKUMAR SAI RELA MUNI		762-16-9	9497
25. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.25			0 0
26. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.26			0 0 0
27. Refundable Credits from the DR 0104CR line 9, you must submit the DR 0104CR with your return.27			00
28. Subtotal, sum of lines 20 through 27 28			619 00
29. Federal Adjusted Gross Income from your federal income tax form: 1040 line 11, or 1040 SR line 11			197625 00
30. Overpayment, if line 28 is greater than line 19 then subtract line 19 from line 28			60 00
31. Estimated Tax Credit Carryforward to 2021 first quarter, if any.			0 0
If you have an overpayment on line 32 below and would like to donate all or a portion of Colorado charity, include Form DR 0104CH to contribute.	your ove	erpayment to	a qualified
32. Refund, subtract line 31 from line 30 (see instructions) • 32			60 00
Direct Routing Number Type: Checking	Savings	Colle	egelnvest 529
Deposit Account Number			
For questions regarding CollegeInvest direct deposit or to open an account, visit CollegeInv	est.org or	call 800-448	-2424.
33. Net Tax Due, subtract line 28 from line 19			0 0
34. Delinquent Payment Penalty (see instructions) • 34			0 0
35. Delinquent Payment Interest (see instructions) • 35			0 0
36. Estimated Tax Penalty, you must submit the DR 0204 with your return.(see instructions)36			0 0
37. Amount You Owe, sum of lines 33 through 36 • 37			
The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the sa check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the electronically.	me day recei payment amo	ived by the State. bunt directly from y	If converted, your our bank account



DR 0104 (10/19/20) **COLORADO DEPARTMENT OF REVENUE** Tax.Colorado.gov

Page 4 of 4

Name			SSN or ITIN				
PRIYANKA NEELAM & SIVAKUMAR SAI RELA	NUMI		762-16-9497				
	Third Party Designee						
Do you want to allow another person to discuss this return and any related information with the Colorado Department of Revenue? See the instructions. X No Yes. Complete the following:							
Designee's Name		Phone N	lumber				
•							
Sign Below 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 Prep	parer'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

If you are filing this return with a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE

Denver, CO 80261-0006

If you are filing this return without a check or payment, please mail the return to:

COLORADO DEPARTMENT OF REVENUE

Denver, CO 80261-0005

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.

REV 03/17/21 PRO



NJ-1040 2020

Page 1



2020 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

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

ZIP Code City, Town, Post Office State 08820 **EDISON** NJ

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.

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

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No Spouse/CU Partner If joint return, does your spouse want to designate \$1? 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.	





NJ-1040

2020

Page 2

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

2021

No Health Insurance

Filing Status

Fill in only one.

- 1. Single
- Married/CU Couple, filing joint return 2. ×
- Married/CU Partner, filing separate return 3.

Head of Household 4. 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

Exemptions

Fill 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	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 $1,500 = \underline{3000}$
11.	Other Dependents							x \$1,500 =
12.	Dependents Attending Colleges (See	e instruc	tions)					x \$1,000 =
13	Total Exemption Amount (Add total	s from t	he lines at	6 throug	oh 12)			13 5000

Social Security Number

Birth Year

2010

2016

Dependent Information. Provide the following information for each dependent. 14. Last Name, First Name, Middle Initial

RELA MUNI, OM SAI KARTHIK

932913300 858147965 b. RELA MUNI, GAHAN

c. d.

NJ-1040 2020

Page 3



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.	エ フェ	•
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 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.	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 Fill in if you completed Wo	orksheet 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.		
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			

NJ-1040

NJ-1040 2020 Page 4



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) REQUIRED Enclose Schee	dule HC	C and fill in	×		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)					58.		
	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							
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instruction	59.						
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See ins	struction	s)			60.		
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (Sec	e instruc	tions)			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 en	nter the a	mount you q	we		65.		
	If you owe tax, you can still make a donation on lines 68 through 75.							
66.	If the total on line 64 is more than line 54, you have an overpayment. Subtract line 5	54 from	line 64 and e	nter th	e 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 O	ther		68.		
69.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse \$	10	\$20 O	ther		69.		
70.	Contribution to N.J. Vietnam Veterans' Memorial Fund	10	\$20 O	ther		70.		
71.	Contribution to N.J. Breast Cancer Research Fund	10	\$20 O	ther		71.		
72.	Contribution to U.S.S. New Jersey Educational Museum Fund	10	\$20 O	ther		72.		
73.	Other Designated Contribution (See instructions)	10	\$20 O	ther	Enter Code	73.		
74.	Other Designated Contribution (See instructions)	10	\$20 O	ther	Enter Code	74.		
75.	Other Designated Contribution (See instructions)	10	\$20 O	ther	Enter Code	75.		
76.	Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)		7			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 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: 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. State of New Jersey Division of Taxation Revenue Processing Center - Payment PO Box 111 Trenton, NJ 08645-0111 Spouse's/CU Partner's Signature (required if filing jointly) Your Signature Date Date Include Social Security number and make check or Paid Preparer's Signature money order payable to: State of New Jersey – TGI Federal Identification Number You can also make a payment on our website: www.njtaxation.org SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703 Refund or No Tax Due Address Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Firm's Federal Employer Identification Number Revenue Processing Center - Refunds PO Box 555 GLOBAL TAXES LLC 30-1017196 Trenton, NJ 08647-0555