Form 1040-V 2020 Page **2**

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2020

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99) **202**

Form 1040-V Payment Voucher

- ► Use this voucher when making a payment with Form 1040.
- ► Do not staple this voucher or your payment to Form 1040.
- ► Make your check or money order payable to the 'United States Treasury.'
- ► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment

691.

REV 07/28/21 PRO 1555

SUDHEER RENUKUNTA

2406 SYRACUSE DRIVE IRVING TX 75062

INTERNAL REVENUE SERVICE P.O. BOX 1214 CHARLOTTE, NC 28201-1214

E 1040 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 son is a child but not your dependent	name of y	ed filing separately your spouse. If you		_		, ,	_			
Your first name	and m	iddle initial	Last na	me					Your	social se	ecurity	number
SUDHEER			RENU	JKUNTA					198	198-45-7314		
If joint return, spouse's first name and middle initial Last r			Last na	me					Spous	Spouse's social security number		
	•	er and street). If you have a P.O. box, se SE DRIVE	e instruction	ons.				Apt. no.	Checl	k here if	you, c	•
	ost offi	ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code	to go	to this f	und. C	ly, want \$3 Checking a
IRVING Foreign country name			F	Foreign province/state			-	box below will not clyour tax or refund.		change Spouse		
At any time du	ıring 20	020, did you receive, sell, send, exc	change, o	or otherwise acquire	e any	financial intere	est in	any virtual	currency	? 🔲	Yes	⊠ No
Standard Deduction		eone can claim:	•			•						
Age/Blindness	you:	Were born before January 2,	1956	Are blind Sp	oouse	: Was bo	rn be	fore Januar	y 2, 1956	; <u> </u>	ls blir	nd
Dependents If more		instructions): irst name Last name		(2) Social security (3) Relationship to you			nip	(4) ✓ if qualified Child tax credit		1		tions): er dependents
than four dependents, see instruction	s —]			
and check here ► □	-								<u>] </u>		<u>L</u>	<u> </u>]
Attack	_1_	Wages, salaries, tips, etc. Attach	Form(s) \	N-2					_	1	15	1,840.
Attach Sch. B if	2 a	Tax-exempt interest	2a		b T	axable interes	t			2b		
required.	3a	Qualified dividends	3a		b (Ordinary divide	nds		. 📑	3b		
·	4a	IRA distributions	4a			axable amoun				lb		
	5a	Pensions and annuities	5a			axable amoun				5b		
Standard Deduction for—	6a	Social security benefits	6a		b T	axable amoun	it.			3b		
Single or	7	Capital gain or (loss). Attach Scho		•		•		🕨		7		3,000.
Married filing	8	Other income from Schedule 1, li	ne 9						-	8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come				•	9	14	8,840.
Married filing jointly or	10	Adjustments to income:				1	1					
Qualifying	а	From Schedule 1, line 22				10	_					
widow(er), \$24,800	b	Charitable contributions if you take	e the stan	ndard deduction. Se	e inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are	e your tot	al adjustments to	inco	me			▶ 1	0с		
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				▶ 1	11		8,840.
If you checked	12	Standard deduction or itemized	d deducti	ions (from Schedul	e A)				. 1	12	1	2,400.
any box under Standard	13	Qualified business income deduc	tion. Atta	ich Form 8995 or F	orm 8	3995-A			. 1	13		
Deduction, see instructions.	14	Add lines 12 and 13							. 1	14	1	2,400.
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or less	, ente	er -0			. 1	15	13	6,440.

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌			16	26,825.
	17	Amount from Schedule 2, lin	ie 3						17	
	18	Add lines 16 and 17							18	26,825.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	26,825.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is	your total tax					. •	24	26,825.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	26,	134.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c	•						25d	26,134.
	26	2020 estimated tax payment							26	-
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27				
attach Sch. EIC. If you have	28	Additional child tax credit. A				28			1	
nontaxable	29	American opportunity credit				29			1	
combat pay, see instructions.	30	Recovery rebate credit. See		-		30			-	
	31	Amount from Schedule 3. lin				31			1	
	32	Add lines 27 through 31. The					edits	. ▶	32	
	33	Add lines 25d, 26, and 32. T	,						33	26,134.
	34	If line 33 is more than line 24							34	20,131.
Refund	35a	Amount of line 34 you want				•	=	▶ □	35a	
Direct deposit?	⊳ b	Routing number X X X			► c Type:			_	JJa	
See instructions.	►d	Account number X X X					—	aviriys		
	36	Amount of line 34 you want a				<u> </u>				
Amount		•							37	691.
You Owe	37	Subtract line 33 from line 24		-					31	0,71.
For details on		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.								
how to pay, see	20	·	•			20				
instructions.	38	Estimated tax penalty (see in				38				
Third Party Designee		you want to allow another structions					Yes. Co	mnlete l	helow	⊠ No
Designee		signee's		Phone		[nal identi		ĭ NO
		me ►		no.				er (PIN)		
Sign	Ur	der penalties of perjury, I declare t	hat I have examine	ed this return and	d accompanying sch	nedules a	nd statement	s, and to	the bes	st of my knowledge and
	be	lief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on a	all information	of which	n prepar	er has any knowledge.
Here	Yo	ur signature		Date	Your occupation					nt you an Identity
	N								ection P inst.) ▶	IN, enter it here
Joint return? See instructions.	Cr	ouse's signature. If a joint return, t	a a the manual airm	Dete	SOFTWARE :		EER	<u> </u>		
Keep a copy for	Sp	ouse's signature. If a joint return, t	oth must sign.	Date	Spouse's occupat	lion				nt your spouse an ection PIN, enter it here
your records.									inst.) ▶	
	Ph	one no. (954)729-550	7	Email address	SUDHEER.RENU	JKUNT@0	GMAIL.COM	1		
D-1-I	Pr	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Paid	SYAI	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	09/1	5/2021	20208	2703	Self-employed
Preparer		m's name ▶ GLOBAL TAX								678)965-9522
Use Only		m's address ▶ 2530 Pebb		n Cummin	g GA 30041				ı's EIN ▶	
Go to www.irs.ad		m1040 for instructions and the late			BAA	REV (07/28/21 PRO			Form 1040 (2020)
3					·		-			, , ,

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

Capital Gains and Losses

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

► Go to www.irs.gov/ScheduleD for instructions and the latest information.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

Attachment Sequence No. **12**

Name(s) shown on return
SUDHEER RENUKUNTA

Your social security number 198-45-7314

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) Form(s) 8949, Part I, combine the result (or other basis) whole dollars. with column (g) line 2, column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with 7,000. -7,000. Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 -7,000.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 (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III 15

BAA

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -7,000.• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to 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.

2020 Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return
SUDHEER RENUKUNTA

Social security number or taxpayer identification number

198-45-7314

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	I to you on F	orm 1099-B					
1 (a) Description of property	(b) Date acquired	(c) Date sold or			Adjustment, it If you enter an enter a c See the sep	(h) Gain or (loss). Subtract column (e) from column (d) and		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.) disposed of (Mo., day, yr.)		(see instructions)	in the separate instructions	(f) (g) Code(s) from Amount of adjustment		combine the result with column (g)	
HARI GARNEPALLY - bad debt statement attached	05/10/20	12/31/20	0.	7,000.			-7,000.	
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C)	al here and inc is checked), lir	lude on your ne 2 (if Box B	0.	7,000.			-7,000.	

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.

Nonbusiness Bad Debt Explanation Statement

2020

Name(s) SUDHEER RENU	Social Security Number 198-45-7314			
Form/Line:	Form	8949	Lir	ne 1
Explanation of:		Nonbusiness Bad Debt		
Amount: \$7	7,000 becan	debt: LOAN GIVEN TO FRIENDS ne due: 05/10/2020 HARI GARNEPALLY		
		debtor: FRIEND		
Efforts to	_			
TRIED REAC	СН ТО	FRIEND HE LEFT THE COUNTRY		_
Why decide	ed dek	ot was worthless:		
HARI LEFT	THE C	COUNTRY		



NJ-1040 2020

Page 1



2020 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

040MD01200

 $\begin{array}{l} {\rm Your\ Social\ Security\ Number\ (required)} \\ 198457314 \end{array}$

 $Last\ Name,\ First\ Name,\ Initial\ (\textit{Joint Filers enter first name and middle initial of each}.\ Enter\ spouse's / CU\ partner's\ last\ name\ ONLY\ if\ different.)$

RENUKUNTA SUDHEER

2406 SYRACUSE DRIVE

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

Home Address (Number and Street, including apartment number)

County/Municipality Code (See Table page 50)

1010

City, Town, Post Office State ZIP Code ${\tt IRVING} \hspace{1.5cm} {\tt TX} \hspace{0.5cm} {\tt 75062}$

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.	1	
dd2.	Account type (C for checking, S for savings)	dd2.	C	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4.	Routing number	dd4.		121000248
dd5.	Account number	dd5.		6092604807



REV 05/18/21 PRO

NJ-1040 2020 Page 2



Name(s) as shown on Form NJ-1040 RENUKUNTA SUDHEER

Your Social Security Number

198457314

1555

Part-year residents, provide mon	ths/days you were a New Jersey resident during 2020:	Fiscal year filers only:	
From:	To:	Enter month of your year end	2021

Filing Status

Eall	ın	only	one.

- × 1.
- 2. Married/CU Couple, filing joint return
- Married/CU Partner, filing separate return 3.
- 4. Head of Household Enter spouse's/CU partner's SSN
- Qualifying Widow(er)/Surviving CU Partner 5.

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

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

6.	Regular	×	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	1000	
7.	Senior 65+ (Born in 1955 or earlier)		Self	Spouse/CU Partner			x \$1,000 =		
8.	Blind/Disabled		Self	Spouse/CU Partner			x \$1,000 =		
9.	Veteran		Self	Spouse/CU Partner			x \$6,000 =		
10.	Qualified Dependent Children						x \$1,500 =		
11.	Other Dependents						x \$1,500 =		
12.	Dependents Attending Colleges (See	instructi	ons)				x \$1,000 =		
13.	Total Exemption Amount (Add totals	from th	e lines at 6 throug	h 12)			13.	1000	

13.	Total Exemption Amount (Add totals from the lines at 6 through 12)		13. 1	000 .	
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.					
b.					
c.					
d.					

NJ-1040 2020 Page 3



$\label{eq:Name} \begin{array}{ll} {\rm Name}(s) \mbox{ as shown on Form NJ-1040} \\ {\rm RENUKUNTA} & {\rm SUDHEER} \end{array}$

Your Social Security Number 198457314

1555

040MP03200

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	151840	
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	131010	•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.		•
17.	Dividends	17.		•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.		
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.		•
20a.	Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.		•
20b.	Excludable Pensions, Annuities, and IRA Withdrawals	20b.		•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		•
24.	Net Gambling Winnings (See instructions)	24.		•
25.	Alimony and Separate Maintenance Payments received	25.		•
26.	Other (Enclose documents) (See instructions)	26.		•
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	151840	•
28a.	Retirement/Pension Exclusion (See instructions)	28a.	131010	•
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions page 19)	28b.		•
28c.		28c.		•
29.	Total Exclusion Amount (Add lines 28a and 28b) New Jorsey Grees Income (Subtreet line 28a from line 27) (See instructions)	29.	151840	•
30.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions) Example Amount (Enter amount from line 12 - Port year residents see instru	30.	1000	•
31.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.) Medical Exemption (See Worldsheet Eard instructions)	31.	1000	•
	Medical Expenses (See Worksheet F and instructions) Alimony and Separate Maintenance Payments (See instructions)	32.		•
32. 33.		33.		•
	Qualified Conservation Contribution	33. 34.		•
34.	Health Enterprise Zone Deduction Alternative Presidence Colorabetica Adjustment (Colorabeta NJ DUS 2 line 11)	34. 35.	0	•
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)		U	•
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	1000	•
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000	•
38.	Taxable Income (Subtract line 37 from line 29)	38.	150840 2160	•
39a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	2100	•
39b.	Block .			
39b.		1W 11 40		
39b.	Qualifier Fill in if you completed	worksheet G		
39c.	County/Municipality Code	D. J.		
39d.	Indicate your residency status during 2020 (fill in only one) Homeowner Tenant	Both	2160	
40.	Property Tax Deduction (From Worksheet H) (See instructions)	40.		•
41.	New Jersey Taxable Income (Subtract line 40 from line 38)	41.	148680	•
42.	Tax on Amount on line 41 (Tax Table page 52)	42.	7345	•
43.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.		•
	Enter Code		7245	
44.	Balance of Tax (Subtract line 43 from line 42)	44.	7345	•
45.	Child and Dependent Care Credit (See instructions)	45.		•
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
46.	Sheltered Workshop Tax Credit	46.		•
47.	Gold Star Family Counseling Credit (See instructions)	47.		•
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.		•
49.	Total credits (Add lines 45 through 48)	49.	7245	•
50.	Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry	50.	7345	•
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	U	•
52.	Interest on Underpayment of Estimated Tax	52.		•
	Fill in if Form NJ-2210 is enclosed			

NJ-1040 2020

Page 4



Name(s) as shown on Form NJ-1040 $\,$

RENUKUNTA SUDHEER

Your Social Security Number

198457314

1555

53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose	Schedule l	HCC and fi	11 in 💙	<	53.	0	
54.	Total Tax Due (Add lines 50 through 53)	Selleddie 1	ree and n	n m •	•	54.	7345	•
55.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)					55.	8002	•
56.	Property Tax Credit (See instructions page 23)	56.	0002	•				
57.	New Jersey Estimated Tax Payments/Credit from 2019 tax return	57.		•				
58.	New Jersey Estimated Tax Fayments/Credit from 2019 tax return New Jersey Estimated Tax Fayments/Credit (See instructions)					58.		•
36.	•					36.		•
	Fill in if you had the IRS calculate your federal earned income credit							
50	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit					50		
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instru					59.		•
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (Se					60.		•
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450)	(See inst	ructions)			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.	8002	•				
65.	If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 at	nd enter th	ie amount y	ou owe		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 54 fro	om line 64 a	and enter tl	ne overpayment	66.	657	•
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.	657	

the best of my	es of perjury, I y knowledge an nformation of v	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						
Your Signature Date					Spouse's/CU Pa	rtner's Signature (required if filing jointly)	Trenton, NJ 08645-0111 Include Social Security number and make check or	
Paid Preparer's Signature					Federal Identification Number		money order payable to: State of New Jersey – TGI You can also make a payment on our website:	
SYAM	PRIYA	RAM	SAGAR	GUPTA	TALLAM	P02082703		www.njtaxation.org Refund or No Tax Due Address
Firm's Name						Firm's Federal Employer Identification	n Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds
GLOBAL TAXES LLC						30-1017196	PO Box 555 Trenton, NJ 08647-0555	

Name(s) as shown on Form NJ-1040	Social Security Number
RENUKUNTA, SUDHEER	198-45-7314

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2020

	List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.										
	(a)	(b)	(c)	(d)	(e)	(f)					
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	cquired (mm/dd/yyyy) sales pr		Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)					
	HARI GARNEPALLY - bad debt statement attached	05/10/2020	12/31/2020	0.	7,000.	-7,000.					
2.	Capital Gains Distributions										
3.	Other Net Gains										
4.	Net Gains (Add lines 1, 2, and 3.) entry on line 19.)		0.								

Schedule NJ-WWC

Wounded Warrior Caregivers Credit

2020

	Did you provide care for a relative who was a qualifying armed services member (see instructions)?	> Ye	s O No								
	If "Yes," enter the name and Social Security number of the qualifying service member.										
	Last Name, First Name, Initial Social Security number										
	Enter your relationship to the qualifying service member.										
	If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entr	y on lin	e 62, NJ-1040.								
1.	Enter the federal disability compensation of the armed services member	1.									
2.	Maximum credit allowed	2.	675	00							
3.	Enter the lesser of line 1 or line 2	3.									
4.	Were you the only caregiver for this service member during the tax year?										
	Yes No										
	If "No," enter your share (percentage) of the total care expenses for the year.	centage) of the total care expenses for the year. 4.									
5.	If you answered " Yes " at line 4, enter the amount from line 3 here and on line 62, NJ-1040.										
	If you answered " No " at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040	5.									

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

2020

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

Name as Shown on Return RENUKUNTA, SUDHEER	Social Security No. 198-45-7314							
Part I								
Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2020 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return. No. Continue to Part II.								
Part II								
Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals. QuickZoom to Shared Responsibility Payment Calculation Worksheet								

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code Check box if this individual has more than one exemption number									nber .				
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Exemption Code		_	Check								on nun	nber .	
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			Check	box if t	h <u>is ind</u> i	v <u>idual</u> i	s unde	r 18 .	. <u></u> .	<u></u>	<u></u> .	<u></u>	
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