Filing Status X Single Married filing participation Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only 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 on box. Pour social security number Toor first name and middle initial Last name Your social security number TABLAH RAMULA 738-14-2658 Home address (number and stree). If you have a P.O. box, see instructions. Apt. no. Presidential BECENC COURT Presidential Security number City, tow, or poor office. If you have a foreign address, also complete spaces below. N.T OBS117 City, tow, or poor office. If you have a foreign address, also complete spaces below. N.T OBS117 Your Lockeded the change or otherwise acquire any financial interest in any virtual currency? Yes No Standard Somene can claim: Your spouse as a dependent Your spouse as a dependent Your Social security and the dual status allen Age/Bindness You: Wares on a separate return or you were a dual-status allen Child tax credit Creditor diverded the dependent dependents, see instructions; 1 51,500. If more than four dependents, see instructions; (1) Fiest name	104		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		⁽⁹⁹⁾ 20	20	OMB No. 1545	5-0074	IRS Use Only	∕−Do not w	rite or staple	in this space.
BABAIAH RAMULA 738-14-2658 If joint return, spouse's first name and middle initial Last name Spouse's social security number 2104 STRAWBERRY COURT Apt. no. Presidential Election Campaign 2104 STRAWBERRY COURT NJ 08817 Foreign country name Foreign province/state/country Foreign postal code you tak or refund. Foreign country name Foreign province/state/country Foreign postal code you tak or refund. Standard Someone can claim: You as dependent You spouse a dependent you refund. Deduction Spouse temizes on a separate return or you were a dual-status allen Image: status allen Image: status allen Age/Blindness You: Were born before January 2, 1966 Are blind Spouse: Was born before January 2, 1966 Is blind Dependents (9) First ame Last name Image: status allen Image: status allen Image: status allen Attach 3a Dordinary dividends 3a Dordinary dividends 3b Image: status allen 1 Xatach Sa Dordinary dividends 3b Image: status allen Image: status allen Image: status allen	Check only	lf yc	ou checked the MFS box, enter the n	ame of					` '		, ,	. , . ,
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. Apt. no. Presidential Election Campaign 2104 STRAMEERRY COURT Check here if you, or your Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code Spouse's cold security want Sa EDISON Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Foreign country name Foreign province/state/county Foreign postal code your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent Your spouse is a dependent Dependents (see instructions): (i) First name (ii) Social security (ii) Relationship (ii) Ar qualifies or (see instructione): If more than four dependents, see instructions; 2a b Credit for other dependents 2b Attach 3a Qualified dividends 3a b Credit for other dependents If on trave-exempt interest 2a b Credit for other dependents 2b Stonda	Your first name	e and m	iddle initial	Last na	me					Your so	cial securi	ty number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 2104 STRANEERRY COURT Check here if you, or your spouse if filing jointly, want S3 Check here if you, or your spouse if filing jointly, want S3 Deck here if you, or your spouse if filing jointly, want S3 Deck here if you, or your spouse it filing jointly, want S3 Deck here if you, or your spouse it filing jointly, want S3 Deck here if you, or your spouse it filing jointly, want S3 Deck here if you, or your spouse it filing jointly, want S3 Foreign country name Foreign province/state/country Foreign postal code Vour _ Spouse Standard Someone can claim: You as a dependent Your spouse as a dependent	BABAIAH			RAMU	JLA					738-2	14-265	8
2104 STRAWBERRY COURT Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. NJ 0.81.7 State DP code Foreign country name Foreign province/state/county Foreign postal code Vol Spouse Standard Someone can claim: You as a dependent Your spouse as a dependent Vou 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 Someone can claim: You as a dependent You repouse as a dependent Vou spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You Child tax credit Ordit for the dependent Age/Blindness You sell itemizes on a separate return or you were a dual-status alien Child tax credit Ordit for other dependent Age/Blindness You sell itemizes on a separate return or you were a dual-status alien Child tax credit Ordit for other dependent Age/Blindness You sell itemizes on a separate return or you were a dual-status alien Child tax credit Ordit for other dependent Age/Blindness You You were a dual-status	lf joint return, s	spouse's	s first name and middle initial	Last na	me					Spouse'	s social see	curity number
Cluy, Wind, or both mice, in your have a holegin address, asid complete spaces below. State 20* dode to go to this fund, Checking a Foreign country name Foreign province/state/county Foreign postal code you is box below will not change your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You repose as a dependent You is pouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You Were bom before January 2, 1956 Is blind Dependents (see instructions): (a) Pelationship (b) V if qualifies for (see instructions): Child tax credit Credit for other dependents; see instructions				instructio	ons.			Å	Apt. no.	Check h	nere if you,	, or your
EDISON NJ 08817 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse Someone can claim: You as a dependent You postal code Deduction Someone can claim: You as a dependent You so a dependent Yes No Age/Blindness You: Ware 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 (3) Relationship (4) V ⁺ if qualifies for (see instructions): If more (1) First name Last name (2) Social security (3) Relationship (4) V ⁺ if qualifies for (see instructions): if and check	City, town, or p	post offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode			
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? You Spouse Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: (4) ✔' if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name Immediate Immediate Attach 2a Tax-exempt interest 2a b Daxable interest 2b Attach 2a IRA distributions 4a b Orality dividends 3b Standard 3a b Ordinary dividends 3b 5b Standard Standard Lead additions for Social security benefits 6a Social security benefits 6a Standard Deduction for Social security benefits 6a Social security benefits 6a Social security benefits 6a Social security benefits 6a Ga	EDISON					N	J	088	317	Ŭ		•
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 Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind 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 (1) First name Credit for other dependents if more than four dependents, see instructions: (1) First name Last name (1) First name Credit for other dependents and check Image: Salaries, tips, etc. Attach Form(s) W-2 Image: Salaries, tips, etc. Attach Form Salaries, tips, etc. Attach Form Salaries, tips, etc. Attach Form Salaries,	Foreign countr	ry name		F	oreign province/st	ate/cour	ity	Foreig	n postal code	your tax		
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) If qualifies for (see instructions): If more than four (1) First name Last name number (2) Social security (3) Relationship (4) If qualifies for (see instructions): If more than four (1) First name Last name (2) Social security (3) Relationship (4) If qualifies for (see instructions): If more than four 1 Standard (1) First name Last name (2) Social security (3) Relationship If more than four 1 Standard (1) First name Last name (2) Social security (3) Relationship If a seentpittions 2a 2a b b (2) Social security (3) Relationship If a capting or sequired. 1 Standard 0 2a (2) Social security benefits (2) Social security benefits (2) Social security benefits (3) B Standard Deduction for-											You You	Spouse
Deduction 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 (3) Relationship (4) ✓ if qualifies for (see instructions): If more dependents, see instructions Last name (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): and check Immore (1) First name Last name (2) Social security (3) Relationship (4) ✓ if qualifies for (see instructions): and check Immore Immore <thimmore< th=""> <thimmore< th=""> <thi< td=""><td>At any time du</td><td>uring 20</td><td>020, did you receive, sell, send, exch</td><td>nange, c</td><td>or otherwise acqu</td><td>uire any</td><td>financial intere</td><td>est in a</td><td>any virtual cu</td><td>urrency?</td><td>Yes</td><td>🗙 No</td></thi<></thimmore<></thimmore<>	At any time du	uring 20	020, did you receive, sell, send, exch	nange, c	or otherwise acqu	uire any	financial intere	est in a	any virtual cu	urrency?	Yes	🗙 No
Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) ✓ if qualifies for (see instructions): If more than four dependents, see instructions (1) First name Last name Image: Credit for other dependents see instructions and check here ▶ Image: Credit for other dependents Image: Credit for other dependents see instructions Image: Credit for other dependents Image: Credit for other dependents and check here ▶ Image: Credit for other dependents Image: Credit for other dependents 3tach Data Data Data 3tadcheck Image: Credit for other dependents Image: Credit for other dependents 3tadcheck Image: Credit for other dependents Image: Credit for other dependents 3tadcheck Image: Credit for other dependents Image: Credit for other dependents 3tadcheck Image: Credit for other dependents Image: Credit for other dependents 4ta Attach Image: Credit for other dependents Image: Credit for other dependents 5tandard Deduction for Ga Social security benefits Image: Credit for other dependents 5t2:400 For Capital gain or (loss). Attach Schedule D if required. I		_		•	·		•					
If more than four dependents, see instructions and check here b Image: the standard dependents is sour dependents, see instructions and check here b Image: the standard dependents is sour dependents is sour dependents is sour dependents, see instructions and check here b Image: the standard dependents is sour dependents is the standard deduction see instructions and check here b Image: the standard defendence is source in the standard deduction see instructions is sour adjusted gross income Image: the standard deduction is sour dependents is sour adjusted gross income Image: the standard deduction is sour adjusted gross income Image: the standard deduction is sour adjusted gross income Image: the standard deduction is sour adjusted gross income Image: the standard deduction is sour adjusted gross income Image: the standard deduction is sour adjusted gross income Image: the standard deduction is sour adjusted gross income Image: the standard deduction is sour adjusted gross income Image: the standard deduction is sour adjusted gross income Image: the standard deduction is sour adjusted gross income Image: the standard deduction is sour adjusted gross income Image: the standard deduction is sour adjusted gross income Image: the standard deduction is sour adjusted gross income Image: the standard deduction is sour adjusted gross income Image: the standard deduction is sour adjusted gross income Image: the standard deduction is sour adjusted gross income Image: the standard deductis is sour adjusted gros income Image: the standard	Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956 🗌	Are blind	Spouse	e: 🗌 Was bo	rn befo	ore January	2, 1956	🗌 ls bl	lind
If more than four dependents, see instructions and check Last name number to you Child tax credit Credit for other dependents, see instructions and check here b 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 51, 500. Attach Sch. Bif 2a Tax-exempt interest 2a b Taxable interest 2b Attach Sch. Bif 3a Qualified dividends 3a b Ordinary dividends 3b required. 4a b Taxable amount 4b 4b 4b 5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for- Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 8 Scial security benefits 6a 5,800. 9 57,300. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10b 410. 11 Subtract line 10c from line 9. This is your adjusted gross income 11 12,400. **4400 12 Standard deduction or itemized deductions. (from Schedule A) 12 12,400. 131 Subtract line 10c from line 9. Thi	Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip	(4) 🖌 if q	ualifies for	r (see instru	uctions):
than four dependents, see instructions and check here Attach 2a Tax-exempt interest 2a b Taxable interest					number to you				Child tax c	redit	Credit for ot	her dependents.
see instructions Image: Constructions and check Image: Constructions and check here b Image: Constructions and check Image: Constructions and check Image: Constructions and check here b Image: Constructions and check Image: Constructions and check Image: Constructions and check Image: Constructions and constructions and check Image: Constructions and constructions and constructions and constructions and check Image: Constructions and construction	than four											
and check here image: state in the	•	IS										
Attach 2a 1 51,500. Attach 2a 51,500. 2b Sch. B if 3a Qualified dividends 3a b a Qualified dividends 3a b Contrary dividends 3b a IRA distributions 4a IRA distributions 4a b Contrary dividends 3b 5a Pensions and annuities 5a 5a b Taxable amount 5b Standard Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 6b 7 Capital gain or (loss). Attach Schedule 1, line 9 8 5,800. 9 57,300. 9 57,300. 10 Adjustments to income: 10a 410. 9 57,300. 10 Adjustments to income: 10b 9 57,300. 10 Adjustments or income: 10b 9 56,890. 11 56,890. 11 10 Subtract line 10c from line 9. This is your adjusted gross income 11 156,890. 11 56,890. 12 12,400. </td <td></td>												
Attach 2a Tax-exempt interest 2a b Taxable interest 2b Sch. B if a Qualified dividends a a b Ordinary dividends a bb required. 4a IRA distributions 4a b Ordinary dividends ab 5a Pensions and annuities 5a b Taxable amount bb Taxable amount bb 5a Pensions and annuities 5a b Taxable amount 5b 6b 5a Scial security benefits 6a b Taxable amount fb 7 6a Social security benefits 6a b Taxable amount fb 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ft ft ft ft 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ft gt ft ft 9 Form Schedule 1, line 22 ft ft ft ft ft ft 9 Add lines 10a and 10b. These are your total adjustments to income ft ft </td <td>here 🕨 🔄</td> <td></td>	here 🕨 🔄											
Sch. B if required. 2a		1	Wages, salaries, tips, etc. Attach F	orm(s)	N-2					. 1	<u>'</u>	51,500.
required. 3a Gualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 8 Other income from Schedule 1, line 9 7 8 5, 800. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 57, 300. 10 Adjustments to income: 10a 410. 9 Add lines 10a and 10b. These are your total adjustments to income 10b 10c 410. 11 56,890. 11 Subtract line 10c from line 9. This is your adjusted gross income 11 56,890. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 12 12,400. 14 12,400. 14 12,400. 14 12,400. 14,490. 14,490.		2a	Tax-exempt interest	2a		b 1	axable interes	t.		. 2b		
4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b Standard Deduction for - Single or Married filing separately, S12,400 6a Social security benefits 6a b Taxable amount 7 8 Other income from Schedule 1, line 9 6a b 7 8 5,800. 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 5,800. 9 57,300. • Married filing jointly or Qualifying widow(er), S24,800 From Schedule 1, line 22 10a 410. 410. • Lead of household, S18,660 11 Subtract line 10c from line 9. This is your adjusted gross income 10b 11 56,890. • Head of household, S18,660 12 Standard deduction or itemized deductions (from Schedule A) 11 56,890. 11 56,890. • If you checked ary box under Standard 12 Standard deduction or itemized deductions. Attach Form 8995 or Form 8995-A 13 12 12,400. • Add lines 12 and 13 - - 14 12,400. 14 12,400. • Eduction, see in		3a	Qualified dividends	3a		b	Ordinary divide	nds .		. 3b		
Standard Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,400 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here • • 7 • Married filing jointly or Qualifying widow(er), \$24,800 • Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 57, 300. • Married filing jointly or Qualifying widow(er), \$24,800 • From Schedule 1, line 22 • 10a 410. • C Add lines 10a and 10b. These are your total adjustments to income: 10b 10c 410. • Head of household, \$18,860 11 Subtract line 10c from line 9. This is your adjusted gross income • • 11 56,890. • If you checked any box under Standard 12 12,400. 12 12,400. 12 12,400. • Hey ounder Standard • • • • 14 12,400. 14 12,400. • If you checked any box under Standard • • • • • 13 • • • 14 12,400. 13 • 14 12,400. 1) 4a	IRA distributions	4a		b 1	axable amoun	ıt		. 4b		
Deduction for- 7 • Single or Married filing separately, \$12,400 7 • Other income from Schedule 1, line 9 - • Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 • Married filing jointly or Qualifying widow(er), \$24,800 9 • Head of household, \$16,8650 6 • Head of household, \$16,8650 11 Subtract line 10c from line 9. This is your adjusted gross income 10c • If you checked any box under Standard Deduction, see instructions. 12 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		5a	Pensions and annuities	5a		b 1	axable amoun	ıt		. 5 b		
 Single or Married filing separately, \$12,400 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income Adjustments to income: a From Schedule 1, line 22 b Charitable contributions if you take the standard deduction. See instructions Head of household, \$18,650 Head of household, \$18,650 Subtract line 10c from line 9. This is your adjusted gross income Add lines 12 and 13 Add lines 12 and 13 Add lines 12 and 13 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 44,490. 		6a	Social security benefits	6a		b ٦	axable amoun	ıt		. 6b		
Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 8 5,800 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 57,300 9 Adjustments to income: 9 57,300 9 Adjustments to income: 10a 410 9 From Schedule 1, line 22 10a 410 9 Adjustments to income: 10b 10b 9 Add lines 10a and 10b. These are your total adjustments to income 10b 410 9 Add lines 10a and 10b. These are your total adjustments to income 11 56,890 9 Standard deduction or itemized deductions (from Schedule A) 11 56,890 11 Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A 12 12,400 14 Add lines 12 and 13 14 12,400 14 12,400 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 44,490		7	Capital gain or (loss). Attach Schee	dule D if	required. If not	requirec	l, check here		> [7		
\$12,400 9 Add lines 1, 26, 36, 46, 56, 66, 7, and 8. This is your total income 9 57, 300. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 410. • Married filing jointly or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10a 410. • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, lin	e9.						. 8		
jointly or Qualifying widow(er), \$24,800 a From Schedule 1, line 22 10a 410. b Charitable contributions if you take the standard deduction. See instructions 10b 10b • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income . . . 11 Subtract line 10c from line 9. This is your adjusted gross income 12 Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total	income				▶ 9		57,300.
Qualifying widow(er), \$24,800 a From Schedule 1, line 22 10a 410. b Charitable contributions if you take the standard deduction. See instructions 10b 10b 410. • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income	to to the second	10	Adjustments to income:									
\$24,800 ID Chantable contributions if you take the standard deduction. See instructions ID 410. • Head of household, \$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income ID 11 56,890. • If you checked any box under Standard deduction, see instructions, see instructions, see instructions, see instructions, see instructions 12 12,400. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 12,400. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 44,490.	Qualifying	а	From Schedule 1, line 22				10	a	41	0.		
 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions. Add lines 12 and 13		b	Charitable contributions if you take the standard deduction. See instructions 10b									
\$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 56,890. • If you checked any box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 12,400. 13 0 0 13 0 13 0 14 Add lines 12 and 13 13. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 44,490.	 Head of 	с							► 10c	;	410.	
 If you checked any box under Standard deduction or itemized deductions (from Schedule A) Ia Qualified business income deduction. Attach Form 8995 or Form 8995-A Ia Add lines 12 and 13 Ib Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- If you checked any box under Standard deduction or itemized deductions (from Schedule A) Ia 12 12,400. Ib 14 12,400. Ib 15 144,490. 		11							▶ 11	<u> </u> !	56,890.	
Standard Deduction, see instructions. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 13 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 15 14 14,44,490.		12	Standard deduction or itemized deductions (from Schedule A)						. 12		12,400.	
see instructions. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	Standard	13	Qualified business income deduction	ion. Atta	ach Form 8995 o	r Form 8	3995-A			. 13		
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14	Add lines 12 and 13									
		[′] 15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ess, ente	er-0			. 15		

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 🗌 881	4 2 4972	3			16	5,575.	
	17	Amount from Schedule 2, lin	ie3						17		
	18	Add lines 16 and 17							18	5,575.	
	19	Child tax credit or credit for	other dependen	ts					19		
	20	Amount from Schedule 3, lin							20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	5,575.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	819.	
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	6,394.	
	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	6,	518.			
	b	Form(s) 1099				25b					
	с	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c							25d	6,518.	
• If you have a	26	2020 estimated tax payment							26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
If you have	28	Additional child tax credit. A	ttach Schedule	8812		28					
nontaxable combat pay,	29	American opportunity credit	from Form 8863	3, line 8		29					
see instructions.	30	Recovery rebate credit. See	instructions .			30					
	31	Amount from Schedule 3, lin	ie 13			31					
	32	Add lines 27 through 31. The	ese are your tota	al other paym	ents and refund	able cr	edits	. 🕨	32		
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				. 🕨	33	6,518.	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amo	unt you	overpaid		34	124.	
noruna	35a	Amount of line 34 you want			3 is attached, ch	eck here			35a	124.	
Direct deposit?	►b	Routing number 1 2 1			► c Type:		king 🗌 S	avings			
See instructions.	►d	Account number 3 2 5	0 5 0 5	8 4 8 2	2 4						
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax . ト	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. 🕨	37		
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for									
For details on how to pay, see		2020. See Schedule 3, line 1	2e, and its instru	uctions for det	ails.		-				
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38					
Third Party		you want to allow another					_			_	
Designee		structions				. 🕨	Yes. Co	•		X No	
		signee's ne ►		Phone no.				nal identi er (PIN)			
0:		der penalties of perjury, I declare t	hat I have examine			bodulos				t of my knowlodgo and	
Sign		ief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			If the	e IRS se	nt you an Identity	
	k	5								IN, enter it here	
Joint return?					SOFTWARE		IEER	`	(see inst.) ►		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa	ation				nt your spouse an ection PIN, enter it here	
your records.								inst.) 🕨			
	Ph	one no. (267)881-907	5	Email address	BABU.RAMULA	∆1988@	CMATL CON	<u>і`</u>			
		eparer's name	Preparer's signat		עם טויואאז י ספאפ	Date		PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM	, ,					20208	2703	Self-employed	
Preparer		n's name GLOBAL TAX		TTTT DAGAR	COLIA INDA					678)965-9522	
Use Only		m's address ► 2530 Pebb		n Cummin	a GA 300/1				ne no. (n's EIN ▶	· · ·	
					-		07/00/0 - 55 -		3 LIN F		
GO 10 WWW.Irs.go	JV/FOM	n1040 for instructions and the late	si mormation.		BAA	REV	07/28/21 PRO			Form 1040 (2020)	

_

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 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	Your social security number
BABAIAH RAMULA	738-14-2658
Part I Additional Income	

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	5,800.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	F 000
Par	line 8	9	5,800.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	410.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
с	Date of original divorce or separation agreement (see instructions)		
19		19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	410.
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 07/28/21 PRO	Schedule	1 (Form 1040) 2020

SCHEDULE 2 (Form 1040)

Department of the Treasury

5

6

7a

b

8

Additional Taxes

OMB No. 1545-0074 2020

5

6

7a

7b

8

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

Department of the Treasury Internal Revenue Service	 Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. 		Attachment Sequence No. 02		
Name(s) shown on Form 1040, 1040-SR, or 1040-NR			Your social security number		
BABAIAH RAMULA			8-14-2658		
Part I Tax					

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 .	3	
Ра	rt II Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	819.

Unreported social security and Medicare tax from Form: $\mathbf{a} \square 4137$ $\mathbf{b} \square 8919$.
Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required
Household employment taxes. Attach Schedule H
Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required
Taxes from: a Form 8959 b Form 8960
c 🗌 Instructions; enter code(s)

	1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		819.
10	Add lines 4 through 8. These are your total other taxes. Enter here and on For	n	
9	Section 965 net tax liability installment from Form 965-A 9		

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 07/28/21 PRO Schedule 2 (Form 1040) 2020

SCHE	DULE	С
(Form	1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 20 $\mathbf{20}$

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

	ient of the freasury		•		uctions and the latest information. partnerships generally must file F		Attachment Sequence No. 09	
Name c	f proprietor					Socia	al security number (SSN)	
BABA	AIAH RAMULA					738	8-14-2658	
A	Principal business or profession	on, incl	uding product or service (see	instru	uctions)	B Ent	ter code from instructions	
	Idrible LLC						▶ 5 6 1 1 1	0
С	Business name. If no separate	busin	ess name, leave blank.			D Em	nployer ID number (EIN) (see ins	str.)
	Idrible LLC							
E	Business address (including s	uite or	room no.) 🕨 3033 Dev:	inne	ey Dr			
	City, town or post office, state	e, and 2	ZIP code FRANKLIN	, TN	1 37064			
F	Accounting method: (1)				Other (specify) ►			
G	Did you "materially participate	e" in th	e operation of this business d	uring	2020? If "No," see instructions for lir	nit on	losses . 🗙 Yes 🗌	No
н								
I					(s) 1099? See instructions			No
J		e requi	red Form(s) 1099?				Yes	No
Pari	Income							
1					this income was reported to you on			
					$ \cdot \bullet \bot$	1		0.
2						2		
3						3		0.
4	-	,				4		
5						5		0.
6			-		efund (see instructions)	6		0
7 Part			for business use of your		<u> </u>	7	17,04	.0.
					-	40	<u> </u>	
8	Advertising	8		18	Office expense (see instructions)	18		
9	Car and truck expenses (see	9		19 20	Pension and profit-sharing plans . Rent or lease (see instructions):	19		
10	instructions)	10			Vehicles, machinery, and equipment	20a		
11	Contract labor (see instructions)	11		a b	Other business property	20a	=	0
12		12		21	Repairs and maintenance	21		<u> </u>
13	Depreciation and section 179	12		22	Supplies (not included in Part III) .	22		
	expense deduction (not			23	Taxes and licenses	23		
	included in Part III) (see instructions).	13		24	Travel and meals:			
14	Employee benefit programs			 a		24a	a	
14	(other than on line 19).	14		b	Deductible meals (see		-	
15	Insurance (other than health)	15		2	instructions)	24b	b 2,20	0.
16	Interest (see instructions):			25	Útilities	25		
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits).	26	j	
b	Other	16b		27a	Other expenses (from line 48)	27a	a	
17	Legal and professional services	17		b	Reserved for future use	27k	o	
28	Total expenses before expen	ises fo	business use of home. Add	lines 8	3 through 27a ►	28	11,24	0.
29	Tentative profit or (loss). Subt	ract lin	e 28 from line 7			29	5,80	0.
30	Expenses for business use of	of your	home. Do not report these	expe	nses elsewhere. Attach Form 8829			
	unless using the simplified me							
	Simplified method filers only	/: Ente	r the total square footage of (a	a) you				
	and (b) the part of your home				. Use the Simplified			
	Method Worksheet in the inst		-	er on l	ine 30	30	<u> </u>	
31	Net profit or (loss). Subtract)			
	• If a profit, enter on both S							
	checked the box on line 1, see		ictions). Estates and trusts, el	nter o	n Form 1041, line 3.	31	5,80	υ.
~~	• If a loss, you must go to lin		r de contra de la co)			
32	If you have a loss, check the b							
	If you checked 32a, enter		•			30-	a 🗵 All investment is at ri	riek
	SE, line 2. (If you checked the	box or	I line 1, see the line 31 instruct	ions).	Estates and trusts, enter on		b \square Some investment is at f	
	Form 1041, line 3.If you checked 32b, you mu	let off	ach Eorm 6108 Vour loss ma	v bo li	j	021	at risk.	
		Jor alla	ion i oni o i o o. i our ioss illa	y De l	initiou.			

REV 07/28/21 PRO

Schedu	le C (Form 1040) 2020						Page 2
Part	III Cost of Go	ds Sold (see instructions)					
33	Method(s) used to value closing invento	∕: a □ Cost b □	Lower of cost or market	c 🗌 Other (a	tach ex	planation)	
34	-	in determining quantities, costs, o		ning and closing invent		Yes	🗌 No
35	Inventory at beginnin	of year. If different from last year's	s closing inventory, attach	explanation	35		
36	Purchases less cost	f items withdrawn for personal use			36		
37	Cost of labor. Do not	nclude any amounts paid to yourse	əlf		37		
38	Materials and supplie				38		
39	Other costs				39		
40	Add lines 35 through	39			40		
41	Inventory at end of ye	ar			41		
42	Cost of goods sold.	Subtract line 41 from line 40. Enter	the result here and on line	e4	42		
Part	IV Information	on Your Vehicle. Complete equired to file Form 4562 fo	e this part only if you	are claiming car o			
43 44		miles you drove your vehicle durin	g 2020, enter the number	of miles you used you	vehicle	for:	
а		b Community (a		с	Other		
45	Was your vehicle ava	able for personal use during off-du	ty hours?			🗌 Yes	No No
46	Do you (or your spou	e) have another vehicle available fo	or personal use?			🗌 Yes	No No
47a	Do you have evidenc	to support your deduction?				🗌 Yes	No No
	If "Yes," is the evider					🗌 Yes	No
Part	V Other Expe	ises. List below business e	xpenses not included	d on lines 8–26 or l	ine 30		
48	Total other expense	Enter here and on line 27a			48		

SCHE	DULE	SE
(Form	1040)	

Self-Employment Tax

OMB No. 1545-0074 2020

▶ Go to www.irs.gov/ScheduleSE for instructions and the latest information.
Attach to Form 1040, 1040-SR, or 1040-NR.

	nent of the Treasury Revenue Service (99)	Go to www.irs.gov/ScheduleSE for instructions and ► Attach to Form 1040, 1040-SR, or 10-		st in	formation.	AS	ttachment equence No. 17
Name o	of person with self-em	ployment income (as shown on Form 1040, 1040-SR, or 1040-NR)	Social se	ecuri	ty number of perso	n	
BABA	AIAH RAMUL				ployment income		8-14-2658
Part	Self-Em	ployment Tax					
		me subject to self-employment tax is church employee inc nurch employee income.	come, s	ee ir	nstructions for ho	w to re	eport your income
Α	If you are a mir	nister, member of a religious order, or Christian Science pra	actitione	r an	d you filed Form	4361,	but you had
		of other net earnings from self-employment, check here and		ie w	ith Part I		🕨 🗌
		you use the farm optional method in Part II. See instructions					
	box 14, code A	or (loss) from Schedule F, line 34, and farm partnerships,				1a	
	Program payme	social security retirement or disability benefits, enter the amounts included on Schedule F, line 4b, or listed on Schedule K-1 (F				1b	()
Skip li	ine 2 if you use t	he nonfarm optional method in Part II. See instructions.					
2	farming). See in	ss) from Schedule C, line 31; and Schedule K-1 (Form 1065), structions for other income to report or if you are a minister or i	member	r of a	a religious order	2	5,800.
3		1a, 1b, and 2				3	5,800.
4a		than zero, multiply line 3 by 92.35% (0.9235). Otherwise, er				4a	5,356.
		s less than \$400 due to Conservation Reserve Program payment					
b	-	e or both of the optional methods, enter the total of lines 15 a				4b	
С	less than \$400	4a and 4b. If less than \$400, stop; you don't owe self-emp and you had church employee income , enter -0- and conti	inue .		-	4c	5,356.
5a	definition of ch	urch employee income from Form W-2. See instructions urch employee income		5a			
b		by 92.35% (0.9235). If less than \$100, enter -0				5b	0.
6	Add lines 4c ar					6	5,356.
7		unt of combined wages and self-employment earnings subjorn of the 7.65% railroad retirement (tier 1) tax for 2020		ocia	al security tax or	7	137,700
8a	and railroad re	curity wages and tips (total of boxes 3 and 7 on Form(s) V tirement (tier 1) compensation. If \$137,700 or more, skip I and go to line 11	lines	8a	0.		
b	Unreported tips	s subject to social security tax from Form 4137, line 10		8b			
С		to social security tax from Form 8919, line 10		8c			
d		b, and 8c				8d	0.
9		d from line 7. If zero or less, enter -0- here and on line 10 and	0			9	137,700.
10		naller of line 6 or line 9 by 12.4% (0.124)				10	<u> </u>
11		by 2.9% (0.029)			 0) line (11 12	819.
12 13		ent tax. Add lines 10 and 11. Enter here and on Schedule 2 one-half of self-employment tax.	(FOIII	104	o), inte 4	12	019.
15	Multiply line 12	2 by 50% (0.50). Enter here and on Schedule 1 (Form 10					
		· · · · · · · · · · · · · · · · · · ·		13	410.		
Part		Methods To Figure Net Earnings (see instructions)					
	0, or (b) your net	od. You may use this method only if (a) your gross farm the farm profits ² were less than \$6,107.					
14		me for optional methods				14	5,640
15		ler of: two-thirds (²/₃) of gross farm income¹ (not less than ze line 4b above				15	
	rm Optional Me	thod. You may use this method only if (a) your net nonfarm p	orofits³ w	ree	less than \$6,107		
		89% of your gross nonfarm income, ⁴ and (b) you had net ear the prior 3 years. Caution: You may use this method no more					
16		5 from line 14				16	
17	Enter the smal	ler of: two-thirds (2/3) of gross nonfarm income4 (not less th	han zer	o) o i	the amount on		

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A. ¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B. ² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method. ⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

REV 07/28/21 PRO

Schedu	ile SE (Form 1040) 2020 Attachment Sequence No. 1	7	Page 2	
Part	III Maximum Deferral of Self-Employment Tax Payments		1	
If line	4c is zero, skip lines 18 through 20, and enter -0- on line 21.			
18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	0.	
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19		
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31,			
	2020	20		
21	Combine lines 19 and 20	21		
lf line	5b is zero, skip line 22 and enter -0- on line 23.			
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020.	22		
23	Multiply line 22 by 92.35% (0.9235)	23	0.	
24	Add lines 21 and 23	24	0.	
25	Enter the smaller of line 9 or line 24	25	0.	
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form			
	1040)	26	0.	
		Schedule SF (I	Form 1040) 2020	

BAA REV 07/28/21 PRO

Schedule SE (Form 1040) 2020

Additional information from your 2020 Federal Tax Return

Schedule C (Idrible LLC): Profit or Loss from Business Line 25

Itemization Statement

Description	Amount
INTERNET (12M*\$60 P.M)	720.
CELL PHONE (12M*\$60 P.M)	720.
ELECTRICITY	400.
Total	1,840.



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) 738142658

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.) RAMULA BABAIAH

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

County/Municipality Code (See Table page 50) 1212

Home Address (Number and Street, including apartment number)						
2104	STRAWBERRY	COURT				

City, Town, Post Office	State	ZIP Code
EDISON	NJ	08817

Driver's License Number (Voluntary) (See instructions) R0377 07100 068

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

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.	С		
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.			
dd4. Routing number		dd4.			121000358
dd5. Account number		dd5.		32	25050584824

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



NJ-1 2020 Page	2	MP02200	Name(s) as shown on I RAMULA BA Your Social Security N 738142658	BAIAH		1555
Part-	year residents, provide months/days		dent during 2020:	Fiscal year	filers only:	
From	n: To:			Enter mont	h of your year end	2021
	g Status i only one. Single Married/CU Couple, filing Married/CU Partner, filing Head of Household Qualifying Widow(er)/Surv Indicate the year of your sp	separate return viving CU Partner	2018 20	Enter spouse's/CU partner	's SSN	
	nptions the ovals that apply. You must enter a tot	tal in the boxes to the right and o	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 (Se				x \$1,000 =	1000
13.	Total Exemption Amount (Add tota	als from the lines at 6 throu	gh 12)		13.	1000 .
14.	Dependent Information. Provide th Last Name, First Name, Middle Ini	-	r each dependent.	Social Security Number	Birth Year	No Health Insurance
a.						
b.						
с.						
d.						



Page 3

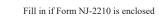


Name(s) as shown on Form NJ-1040 RAMULA BABAIAH

Your Social Security Number 738142658

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	52425	•
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.		•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.		•
17.	Dividends	17.		•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	3600	•
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.	56025	•
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.	56025	•
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000	•
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.	1000	•
38.	Taxable Income (Subtract line 37 from line 29)	38.	55025	•
39a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	2160	•
39b.	Block .			
39b.	Lot .			
39b.	Qualifier Fill in if you complete	d Worksheet G		
39c.	County/Municipality Code			
39d.	Indicate your residency status during 2020 (fill in only one) Homeowner Tenant	Both		
40.	Property Tax Deduction (From Worksheet H) (See instructions)	40.	2160	•
41.	New Jersey Taxable Income (Subtract line 40 from line 38)	41.	52865	•
42.	Tax on Amount on line 41 (Tax Table page 52)	42.	1429	•
43.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.		•
	Enter Code			
44.	Balance of Tax (Subtract line 43 from line 42)	44.	1429	•
45.	Child and Dependent Care Credit (See instructions)	45.		•
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
46.	Sheltered Workshop Tax Credit	46.		•
47.	Gold Star Family Counseling Credit (See instructions)	47.		•
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.		•
49.	Total credits (Add lines 45 through 48)	49.		•
50.	Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry	50.	1429	•
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.		•







Page 4

Division Use:



Name(s) as shown on Form NJ-1040 RAMULA BABAIAH

Your Social Security Number 738142658

1555

					,		0
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose	Schedule	HCC and fi	ill in	×	53.	0.
54.	Total Tax Due (Add lines 50 through 53)					54.	1429 .
55.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)		55.	2064 .			
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 instr	uctions)				59.	
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (Sec. 2010) (Sec. 2	ee instruct	ions)			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.	2064 .
65.	If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 a	nd enter th	e amount y	you 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	m line 64 a	and enter t	he overpayment	66.	635 .
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.	635 .

Under penalties of perjury, I declare that I have examined this Inc the best of my knowledge and belief, it is true, correct, and compl based on all information of which the preparer has any knowledge	Tax Due Address Enclose payment along with the NJ-1040-V payment voucher and tax return. 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 Par	rtner's Signature (required if filing jointly)	Date	Trenton, NJ 08645-0111 Include Social Security number and make check or
Paid Preparer's Signature		Federal Identification Number		money order payable to: State of New Jersey – TGI You can also make a payment on our website:
SYAM PRIYA RAM SAGAR GUPT	A TALLAM	P02082703		Refund or No Tax Due Address
Firm's Name		Firm's Federal Employer Identification	1 if filing jointly) Date 1 if filing jointly) Date 1 if filing jointly) Date 1 on Number State of New Jersey 0 8 2 7 0 3 Number 0 8 2 7 0 3 Refund or No Tax Due 1 use volume No Tax Due 0 8 2 7 0 3 Refund or No Tax Due 0 8 2 7 0 5 Number	
GLOBAL TAXES LLC		30-1017196		

REV 05/18/21 PRO

4____

5____

6_

7

3_

2

1_



Name(s) as shown on Form NJ-1040	Social Security Number
RAMULA, BABAIAH	738-14-2658

Schedule NJ-BUS-1 (Form NJ-1040)

New Jersey Gross Income Tax Business Income Summary Schedule

2020

Pa	art I Net Profits From Business	List the net pro	ofit (lo	ss) from business(es). See Instructions.				
	Business Name	Social Security Numbe Federal EIN	er/	Profit or (Loss)				
1.	Idrible LLC	738142658		3,600.				
2.								
3.								
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)			3,600.				

Pa	art II Distributive Share of Partners	ship Income		st the distributive share of income (loss om partnership(s). See instructions.				
	Partnership Name	Federal EIN		Share of Partnership Income or (Loss)				
1.								
2.								
3.								
4.	Distributive Share of Partnership Income or (Los (Add lines 1, 2, and 3.) (Enter here and on line 2 If loss, make no entry on line 21.)		4.					

Pa	art III Net Pro Rata Share of S Corp	poration Income	the pro rata share of income (usable s) from S corporation(s). See instructions.		
	S Corporation Name	Federal EIN		Pro Rata Share of S Corporation Income or (Usable Loss)	
1.					
2.					
3.					
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)				

Pa	art IV	Net Gains or Income From Rents, Royalties, Patents, and Copyrights	form of rents, royalties of Property:	, patents, and co	et loss, derived from or in the pyrights. See instructions. Typ 3 – Patents 4 – Copyrights
		of Income or Loss. If rental real estate, nter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.					
2.					
3.					
4.		ome or (Loss). (Add lines 1, 2, and 3.) ere and on line 23, NJ-1040. If loss, mał	ke no entry on line 23.)	4.	

Name(s) as shown on Form NJ-1040	Social Security Number
RAMULA, BABAIAH	738-14-2658

Schedule NJ-BUS-2

(Form NJ-1040)

New Jersey Gross Income Tax

Alternative Business Calculation Adjustment

2020

			Column A			Column B		
PAF	RTI Income (Loss)	Alternative Business Income (Loss)						
1.	Net Profits From Business	1a.	3,600.		1b.	3,600.		
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.		
3.	Net Pro Rata Share of S Corporation Income	За.	0.	ĺ	3b.	0.		
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	0.		
5.	Loss Carryforward From Tax Year 2019				5b.	()	
6.	Totals	6a.	3,600.		6b.	3,600.		
PAF	TII Adjustment Calculation							
7.	Total Regular Business Income	7.	3,600.					
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	3,600.					
9.	Business Increment (Line 7 minus line 8)	9.	0.					
10.	Adjustment Percentage	10.	O	0.50				
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.					
PAF	TIII Loss Carryforward to Tax Year 202	21						
12.	Loss Carryforward to Tax Year 2021				12.	()	

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2019 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2020 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Schedule
NJ-HCC
(Form NJ-1040)

New Jersey Health Care Coverage

2020

If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return	Social Security No.
RAMULA, BABAIAH	738-14-2658

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.

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Examplian Code													
Exemption Code		-		box if tl box if tl						•		nber .	
Exemption Code		_		box if ti box if ti						•		nber .	
Exemption Code			Check	box if t	his indi	vidual	has mo	ore than	n one e	xempti	on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl							on nun 	nber .	
Exemption Code		-		box if ti box if ti						•	on nun	nber .	
Exemption Code				box if t							on nun	nber .	
				box if t									
Exemption Code		-		box if tl box if tl						•	on nun 		
Exemption Code		_		box if ti box if ti						•	on nun	nber	
Exemption Code				box if t							on nun	nber .	
Everation Cod-				box if t									
Exemption Code		_		box if tl box if tl						•			

njia1602.SCR 01/16/20