

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

Your first name and middle initial: ASHISH
Last name: PERAVALI
Your social security number: 395-65-8868
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.
106 MILL ST
Apt. no.: 304
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town, or post office. If you have a foreign address, also complete spaces below.
WOONSOCKET
State: RI
ZIP code: 02895
Foreign country name:
Foreign province/state/county:
Foreign postal code:
[] You [] Spouse

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total income: 82,663. Adjusted gross income: 76,313. Standard deduction: 12,400. Taxable income: 63,913.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

| | | | |
|-----------|--|------------|---------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 9,854. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 9,854. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 9,854. |
| 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 | 9,854. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 11,248. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 11,248. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 1,668. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 1,668. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 12,916. |

Refund

| | | | |
|------------|---|------------|--------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,062. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,062. |
| b | Routing number 021200339 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 381048225964 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

For details on how to pay, see instructions.

| | | | |
|-----------|--|-----------|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

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

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

Sign Here

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

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

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/26/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | | Phone no. (678) 965-9522 Firm's EIN 30-1017196 |

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

**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
ASHISH PERAVALI

Your social security number
395-65-8868

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 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -6,350. |
| 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 | -6,350. |

Part II Adjustments to Income

| | | | |
|------------|---|------------|--|
| 10 | Educator expenses | 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 | |
| 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 ▶ _____ | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 19 | IRA deduction | 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 | |

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

ASHISH PERAVALI

Your social security number

395-65-8868

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 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 Box A checked | 15. | 15. | | 0. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 0. |

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 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 Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 |

Part III Summary

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

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

ASHISH PERAVALI

Social security number or taxpayer identification number

395-65-8868

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

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

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

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

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

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|--|---|---|--|--|---|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ROBINHOOD SECURITIES LLC | 01/01/20 | 12/31/20 | 15. | 15. | | | 0. |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ► | | | | 15. | 15. | | | 0. |

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

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2020

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **13**

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

ASHISH PERAVALI

395-65-8868

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

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

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

| | | | | | |
|-----------|---|--|------------------|-------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | 201 PRINCE PLAZA, 14TH LANE ELURU ANDHRA PRADESH IN 534007 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | A 365 | 0 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | | | C | | <input type="checkbox"/> |

Type of Property:

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

| Income: | | Properties: | A | B | C |
|----------|------------------------------|-------------|-------|---|---|
| 3 | Rents received | 3 | 520 . | | |
| 4 | Royalties received | 4 | | | |

Expenses:

| | | | | | |
|-----------|--|-----------|---------|--|--|
| 5 | Advertising | 5 | | | |
| 6 | Auto and travel (see instructions) | 6 | | | |
| 7 | Cleaning and maintenance | 7 | 1,340 . | | |
| 8 | Commissions. | 8 | | | |
| 9 | Insurance | 9 | | | |
| 10 | Legal and other professional fees | 10 | | | |
| 11 | Management fees | 11 | 1,220 . | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 | Other interest. | 13 | | | |
| 14 | Repairs. | 14 | 1,140 . | | |
| 15 | Supplies | 15 | 1,370 . | | |
| 16 | Taxes | 16 | | | |
| 17 | Utilities. | 17 | 1,800 . | | |
| 18 | Depreciation expense or depletion | 18 | | | |
| 19 | Other (list) ▶ | 19 | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 6,870 . | | |

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** **21** -6,350 .

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) **22** (-6,350 .) () ()

| | | | | |
|------------|--|------------|---------|--|
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | 520 . | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | 6,870 . | |

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses **24**

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (6,350 .)

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 **26** -6,350 .

NRPY1220V011555



Form CT-1040NR/PY - 2020
Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/20)

Page 1 of 4

Other tax year, beginning: and ending:

Y S N FJ N MFS N HOH N QW
395 - 65 - 8868 - -

ASHISH PERAVALI N Dec. N P
N Dec. Y N

106 MILL ST N CT-8379 N CT-2210

APT 304 N CT-1040 CRC N Federal Form 1310

WOONSOCKET RI 02895 - •

Table with 3 columns: Line number, Description, and Amount. Includes lines 1 through 18 for federal adjusted gross income, Connecticut adjusted gross income, and total tax.

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



Form CT-1040NR/PY, Page 2 of 4

NRPY1220V021555



• 395658868

19. Amount from Line 18

19. • 2008

Forms W-2, W-2G, 1099, and Schedule CT K-1 Information

| | Col. A - Employer's Federal ID # | Col. B - CT Wages, Tips, etc. | Sch. CT K-1 | Col. C - CT Income Tax Withheld |
|------|----------------------------------|-------------------------------|-------------|---------------------------------|
| 20a. | - | • 0 | • | 0 |
| 20b. | - | • 0 | • | 0 |
| 20c. | - | • 0 | • | 0 |
| 20d. | - | • 0 | • | 0 |
| 20e. | - | • 0 | • | 0 |

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. Total Connecticut income tax withheld: Amounts in Column C. 20. 0

21. All 2020 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

22a. Claim of right credit (from Form CT-1040 CRC, Line 6) 22a. 0

22b. Pass-through entity tax credit (from Schedule CT-PE, Line 1). Schedule must be attached. 22b. 0

23. Total payments and refundable credits: Add Lines 20, 21, 22, 22a and 22b. 23. 0

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 0

25. Amount of Line 24 you want applied to your 2021 estimated tax 25. 0

26. Reserved for future use 26. 0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26a. 0

27. Refund: Lines 25, 26, and 26a subtracted from Line 24. 27. 0

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type N Ck. N Sv. 27b. Rout. # 27c. Acct. #

27d. Refund going to a bank account outside the U.S. 27d. N

28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 2008

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 29. 0

30. If late: Interest entered. Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01). 30. 0

31. Interest on underpayment of estimated tax (from Form CT-2210). 31. 0

32. Total amount due: Add Lines 28 through 31. 32. 2008.00

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

| | | |
|--|-----------------------------------|--|
| Your signature • | Date • | Home/cell telephone number 9312523109 |
| Spouse's signature (if joint return) • | Date • | Daytime telephone number • |
| Paid preparer's signature • SYAM PRIYA RAM SAGAR GU | Date • 022621 | Telephone number • 6789659522 |
| Paid preparer's name SYAM PRIYA RAM SAGAR GUPTA TALL | Paid Preparer's PTIN P02082703 | |
| Firm's name, address and ZIP code GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041 - | FEIN 301017196 | |
| | Self-employed N | |

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

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

NRPY1220V021555

Sign Here
Keep a copy for your records.

Form CT-1040NR/PY, Page 3 of 4

NRPY1220V031555



• 395658868

Schedule 1 - Modifications to Federal Adjusted Gross Income

| | | |
|--|------|---|
| 33. Interest on state and local government obligations other than Connecticut | 33. | 0 |
| 34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations | 34. | 0 |
| 35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | 35. | 0 |
| 36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero. | 36. | 0 |
| 37. Loss on sale of Connecticut state and local government bonds | 37. | 0 |
| 38. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year. | 38. | 0 |
| 38a. 80% of Section 179 federal deduction. | 38a. | 0 |
| 39. Other - specify • | 39. | 0 |
| 40. Total additions: Add Lines 33 through 39. | 40. | 0 |
| 41. Interest on U.S. government obligations | 41. | 0 |
| 42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations | 42. | 0 |
| 43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet) | 43. | 0 |
| 44. Refunds of state and local income taxes | 44. | 0 |
| 45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities | 45. | 0 |
| 46. Military retirement pay | 46. | 0 |
| 47. 25% of income received from Connecticut Teachers' Retirement System | 47. | 0 |
| 48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero. | 48. | 0 |
| 49. Gain on sale of Connecticut state and local government bonds | 49. | 0 |
| 50. CHET contributions made in 2020 or an excess carried forward from a prior year Acct. # | 50. | 0 |
| 50a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding three years. | 50a. | 0 |
| 50b. 28% of pension or annuity income. | 50b. | 0 |
| 51. Other - specify • | 51. | 0 |
| 52. Total subtractions: Add Lines 41 through 51. | 52. | 0 |

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

| | | |
|--|---------------|---------------|
| 53. Connecticut AGI during residency portion of taxable year | 53. | 0 |
| | Col. A | Col. B |
| 54. Qualifying jurisdiction's name and two-letter code | 54. • | • |
| 55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet) | 55. | 0 |
| 56. Line 55 divided by Line 53. May not exceed 1.0000. | 56. | 0.0000 |
| 57. Apportioned income tax | 57. | 0 |
| 58. Line 56 multiplied by Line 57 | 58. | 0 |
| 59. Allowable income tax paid to a qualifying jurisdiction | 59. | 0 |
| 60. Lesser of Line 58 or Line 59 | 60. | 0 |
| 61. Total credit: Add Line 60, all columns. | 61. | 0 |

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Schedule 3 - Individual Use Tax

| | | |
|--|-------|---|
| 62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7) | 62a. | 0 |
| 62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7) | 62b. | 0 |
| 62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7) | 62c. | 0 |
| 62d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7) | 62d. | 0 |
| 62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d. | 62. • | 0 |

Schedule 4 - Contributions to Designated Charities

| | | |
|--|------|---|
| 63a. AR | 63a. | 0 |
| 63b. OT | 63b. | 0 |
| 63c. ES/W | 63c. | 0 |
| 63d. BCR | 63d. | 0 |
| 63e. SNS | 63e. | 0 |
| 63f. MR | 63f. | 0 |
| 63g. CBS | 63g. | 0 |
| 63h. MHCIA | 63h. | 0 |
| 63. Total Contributions: Add Lines 63a through 63h. | 63. | 0 |

Taxpayer email



Schedule CT-SI

Nonresident or Part-Year Resident

Schedule of Income From Connecticut Sources

2020

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY. Do not use staples. Complete in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS).

| | | |
|---|------------------------------|---|
| Your first name and middle initial ASHISH | Last name PERAVALI | Your Social Security Number 3 9 5 : 6 5 : 8 8 6 8 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's Social Security Number |

See 2020 Connecticut Nonresident and Part-Year Resident Income Tax Return Instructions online before completing this schedule.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation.** Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.
Nonresidents: Enter the income received from Connecticut sources.

| | | | | |
|--|---|-----|--------|----|
| 1. Wages, salaries, tips, etc. | ▶ | 1. | 40,027 | |
| 2. Taxable interest | ▶ | 2. | | |
| 3. Ordinary dividends | ▶ | 3. | | |
| 4. Alimony received | ▶ | 4. | | |
| 5. Business income or (loss) | ▶ | 5. | | |
| 6. Capital gain or (loss) | ▶ | 6. | 0 | |
| 7. Other gains or (losses) | ▶ | 7. | | |
| 8. Taxable amount of IRA distributions | ▶ | 8. | | |
| 9. Taxable amounts of pension and annuities | ▶ | 9. | | |
| 10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. | ▶ | 10. | 0 | |
| 11. Farm income or (loss) | ▶ | 11. | | |
| 12. Unemployment compensation | ▶ | 12. | | |
| 13. Taxable amount of social security benefits | ▶ | 13. | | |
| 14. Other income: See instructions. | ▶ | 14. | | |
| 15. Gross income from Connecticut sources: Add Lines 1 through 14. | ▶ | 15. | 40,027 | 00 |

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

| | | | | |
|--|---|-----|--------|----|
| 16. Educator expenses | ▶ | 16. | | |
| 17. Certain business expenses of reservists, performing artists, and fee-basis government officials | ▶ | 17. | | |
| 18. Health savings account deduction | ▶ | 18. | | |
| 19. Moving expenses for members of the armed forces | ▶ | 19. | | |
| 20. Deductible part of self-employment tax | ▶ | 20. | | |
| 21. Self-employed SEP, SIMPLE, and qualified plans | ▶ | 21. | | |
| 22. Self-employed health insurance deduction | ▶ | 22. | | |
| 23. Penalty on early withdrawal of savings | ▶ | 23. | | |
| 24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - _____ - _____ | ▶ | 24. | | |
| 25. IRA deduction | ▶ | 25. | | |
| 26. Student loan interest deduction | ▶ | 26. | | |
| 27. Tuition and fees | ▶ | 27. | | |
| 28. <i>Reserved for future use</i> | ▶ | 28. | | |
| 29. Total adjustments: Add Lines 16 through 27. | ▶ | 29. | | |
| 30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6. | ▶ | 30. | 40,027 | 00 |

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.**

| | | |
|--|---|--|
| A. Working days (or other basis) outside Connecticut | A | |
| B. Working days (or other basis) inside Connecticut | B | |
| C. Total working days: Add Line A and Line B. | C | |
| D. Nonworking days (Holidays, weekends, etc.) | D | |
| E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places. | E | |
| F. Total income being apportioned | F | |
| G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: _____ | G | |