

DO NOT FILE

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2021**

2021 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

| | |
|--|--------|
| Amount of estimated tax you are paying by check or money order.....▶ | 1,181. |
|--|--------|

REV 02/15/21 PRO 1555

487-65-4464 725-59-7813
ANSHUL SHARMA
CHARU SHARMA
76 SAINT PAULS AVENUE APT 2J
JERSEY CITY NJ 07306

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

487654464 KC SHAR 30 0 202112 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2021**

2021 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

| | |
|--|--------|
| Amount of estimated tax you are paying by check or money order.....▶ | 1,181. |
|--|--------|

REV 02/15/21 PRO 1555

487-65-4464 725-59-7813
ANSHUL SHARMA
CHARU SHARMA
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487654464 KC SHAR 30 0 202112 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2021**

2021 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

| | |
|--|--------|
| Amount of estimated tax you are paying by check or money order.....▶ | 1,181. |
|--|--------|

REV 02/15/21 PRO 1555

487-65-4464 725-59-7813
ANSHUL SHARMA
CHARU SHARMA
76 SAINT PAULS AVENUE APT 2J
JERSEY CITY NJ 07306

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

487654464 KC SHAR 30 0 202112 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/18/2022**

2021 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

| | |
|--|--------|
| Amount of estimated tax you are paying by check or money order.....▶ | 1,181. |
|--|--------|

REV 02/15/21 PRO 1555

487-65-4464 725-59-7813
ANSHUL SHARMA
CHARU SHARMA
76 SAINT PAULS AVENUE APT 2J
JERSEY CITY NJ 07306

INTERNAL REVENUE SERVICE
PO BOX 931100
LOUISVILLE KY 40293-1100

487654464 KC SHAR 30 0 202112 430

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

| | |
|----------------------------------|--|
| Taxpayer's name ANSHUL SHARMA | Social security number 487-65-4464 |
| Spouse's name CHARU SHARMA | Spouse's social security number 725-59-7813 |

Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | |
|---|---|----------|
| 1 Adjusted gross income | 1 | 178,839. |
| 2 Total tax | 2 | 22,969. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 20,544. |
| 4 Amount you want refunded to you | 4 | 982. |
| 5 Amount you owe | 5 | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 5 | 4 | 4 | 6 | 4 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 9 | 7 | 8 | 1 | 3 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

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

| | | | |
|---|---------------------|--|--|
| Your first name and middle initial ANSHUL | Last name SHARMA | Your social security number 487-65-4464 | |
| If joint return, spouse's first name and middle initial CHARU | Last name SHARMA | Spouse's social security number 725-59-7813 | |
| Home address (number and street). If you have a P.O. box, see instructions. 76 SAINT PAULS AVENUE | | Apt. no. 2J | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. JERSEY CITY | | State NJ | |
| Foreign country name | | ZIP code 07306 | |
| Foreign province/state/county | | Foreign postal code | |

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

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

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

Dependents (see instructions):

| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): | |
|--|----------------|-----------|----------------------------|-------------------------|--|-------------------------------------|
| | | | | | Child tax credit | Credit for other dependents |
| | ASHWATH | SHARMA | 926-94-5347 | Son | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | SHIVESH | SHARMA | 597-43-1140 | Son | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|----------------------------|--|---|------------|------------|------------------------------|
| Attach Sch. B if required. | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 178,839. |
| | 2a | Tax-exempt interest | 2a | 2b | |
| | 3a | Qualified dividends | 3a | 2b | Taxable interest |
| | 4a | IRA distributions | 4a | 3b | Ordinary dividends |
| | 5a | Pensions and annuities | 5a | 4b | Taxable amount |
| | 6a | Social security benefits | 6a | 5b | Taxable amount |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | 6b | Taxable amount |
| | 8 | Other income from Schedule 1, line 9 | | 7 | |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 8 | |
| | 10 | Adjustments to income: | | 9 | 178,839. |
| | a | From Schedule 1, line 22 | 10a | | |
| | b | Charitable contributions if you take the standard deduction. See instructions | 10b | | |
| | c | Add lines 10a and 10b. These are your total adjustments to income ▶ | | 10c | |
| | 11 | Subtract line 10c from line 9. This is your adjusted gross income ▶ | | 11 | 178,839. |
| | 12 | Standard deduction or itemized deductions (from Schedule A) | | 12 | 24,800. |
| 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | | 13 | | |
| 14 | Add lines 12 and 13 | | 14 | 24,800. | |
| 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 | 154,039. | |

| | | | |
|----|---|-----|---------|
| 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 | 25,469. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 25,469. |
| 19 | Child tax credit or credit for other dependents | 19 | 2,500. |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | 2,500. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 22,969. |
| 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 | 22,969. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 20,544. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 20,544. |
| 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 | 616. |
| 31 | Amount from Schedule 3, line 13 | 31 | 2,791. |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 3,407. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 23,951. |

Refund

| | | | |
|-----|---|-----|------|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 982. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 982. |
| b | Routing number 0 2 1 2 0 0 3 3 9 | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 3 8 1 0 3 3 1 7 6 9 9 2 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

| | | | |
|--|--|----|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | | |
| 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 | 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 | SOFTWARE ENGINEER | _____ If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| _____ Phone no. | _____ Email address | _____ Spouse's occupation | _____ HOME MAKER |

Paid Preparer Use Only

| | | | | |
|-----------------------------------|---------------------------------------|------------|----------------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 02/22/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | Phone no. | Firm's EIN |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | (678) 965-9522 | 30-1017196 |

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ 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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
ANSHUL & CHARU SHARMA

Your social security number
487-65-4464

Part I Nonrefundable Credits

| | | | |
|----------|--|----------|--|
| 1 | Foreign tax credit. Attach Form 1116 if required | 1 | |
| 2 | Credit for child and dependent care expenses. Attach Form 2441 | 2 | |
| 3 | Education credits from Form 8863, line 19 | 3 | |
| 4 | Retirement savings contributions credit. Attach Form 8880 | 4 | |
| 5 | Residential energy credits. Attach Form 5695 | 5 | |
| 6 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____ | 6 | |
| 7 | Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 | 7 | |

Part II Other Payments and Refundable Credits

| | | | |
|-----------|---|------------|--------|
| 8 | Net premium tax credit. Attach Form 8962 | 8 | |
| 9 | Amount paid with request for extension to file (see instructions) | 9 | |
| 10 | Excess social security and tier 1 RRTA tax withheld | 10 | 2,791. |
| 11 | Credit for federal tax on fuels. Attach Form 4136 | 11 | |
| 12 | Other payments or refundable credits: | | |
| a | Form 2439 | 12a | |
| b | Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 | 12b | |
| c | Health coverage tax credit from Form 8885 | 12c | |
| d | Other: _____ | 12d | |
| e | Deferral for certain Schedule H or SE filers (see instructions) | 12e | |
| f | Add lines 12a through 12e | 12f | |
| 13 | Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 | 13 | 2,791. |

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 02/15/21 PRO

Schedule 3 (Form 1040) 2020

DO NOT FILE

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2020
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
ANSHUL SHARMA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **487-65-4464**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | | |
|-----------|--|-----------|------------------------------------|--|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions | ▶ | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions | 2 | | 0. |
| 3 | If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter | 3 | | 7,100. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs | 4 | | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | 7,100. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter | 6 | | 7,100. |
| 7 | If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions | 7 | | |
| 8 | Add lines 6 and 7 | 8 | | 7,100. |
| 9 | Employer contributions made to your HSAs for 2020 | 9 | | 5,998. |
| 10 | Qualified HSA funding distributions | 10 | | |
| 11 | Add lines 9 and 10 | 11 | | 5,998. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | | 1,102. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions. | 13 | | 0. |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|------------|---|------------|--|
| 14a | Total distributions you received in 2020 from all HSAs (see instructions) | 14a | |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions | 14b | |
| c | Subtract line 14b from line 14a | 14c | |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line | 16 | |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/> | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box | 17b | |

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | | |
|-----------|---|-----------|--|
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box | 21 | |

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

2020

Department of the Treasury
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to www.irs.gov/Form8867 for instructions and the latest information.**

Attachment
Sequence No. **70**

| | |
|--|--|
| Taxpayer name(s) shown on return ANSHUL & CHARU SHARMA | Taxpayer identification number 487-65-4464 |
|--|--|

| | |
|--|------------------|
| Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM | P02082703 |
|--|------------------|

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

| | Yes | No | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____ | | | |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

Table with 3 columns: Question, Yes, No, N/A. Rows 9a, 9b, 9c.

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

Table with 3 columns: Question, Yes, No, N/A. Rows 10, 11, 12.

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

Table with 3 columns: Question, Yes, No. Row 13.

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

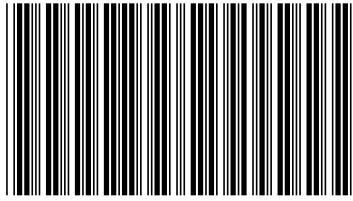
Table with 3 columns: Question, Yes, No. Row 14.

Part VI Eligibility Certification

- You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:
A. Interview the taxpayer...
B. Complete this Form 8867...
C. Submit Form 8867...
D. Keep all five of the following records for 3 years...

If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

Table with 3 columns: Question, Yes, No. Row 15.



040MP01200

For Privacy Act Notification, See Instructions

Your Social Security Number (required)
487654464

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.)
SHARMA ANSHUL & CHARU

Spouse's/CU Partner's SSN (if filing jointly)
725597813

County/Municipality Code (See Table page 50)
0906

Home Address (Number and Street, including apartment number)
76 SAINT PAULS AVENUE APT 2J

City, Town, Post Office State ZIP Code
JERSEY CITY NJ 07306

Driver's License Number (Voluntary) (See instructions)

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

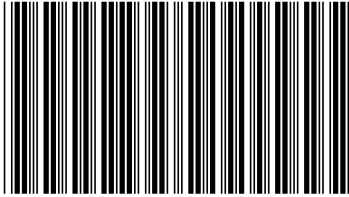
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

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

Direct Deposit Information

| | | | |
|--|------|---|--------------|
| dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit) | dd1. | 1 | |
| dd2. Account type (C for checking, S for savings) | dd2. | C | |
| dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States | dd3. | | |
| dd4. Routing number | dd4. | | 021200339 |
| dd5. Account number | dd5. | | 381033176992 |





040MP02200

Name(s) as shown on Form NJ-1040
SHARMA ANSHUL & CHARU

Your Social Security Number
487654464

1555

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

Fiscal year filers only:
Enter month of your year end 2 0 2 1

Filing Status
Fill in only one.

- 1. Single
 - 2. Married/CU Couple, filing joint return
 - 3. Married/CU Partner, filing separate return
 - 4. Head of Household
 - 5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2018 2019

Enter spouse's/CU partner's SSN

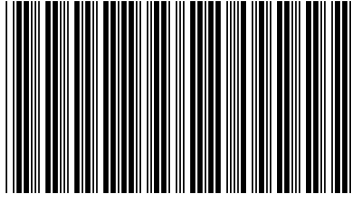
Exemptions

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

| | | | | | | | | |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|-------------|
| 6. Regular | <input checked="" type="checkbox"/> | Self | <input checked="" type="checkbox"/> | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | <u>2000</u> |
| 7. Senior 65+ (Born in 1955 or earlier) | | Self | | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 8. Blind/Disabled | | Self | | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 9. Veteran | | Self | | Spouse/CU Partner | | | x \$6,000 = | _____ |
| 10. Qualified Dependent Children | | | | | | 2 | x \$1,500 = | <u>3000</u> |
| 11. Other Dependents | | | | | | | x \$1,500 = | _____ |
| 12. Dependents Attending Colleges (See instructions) | | | | | | | x \$1,000 = | _____ |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | | 13. | <u>5000</u> |

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

| | Last Name, First Name, Middle Initial | Social Security Number | Birth Year | No Health Insurance |
|----|---------------------------------------|------------------------|-------------|---------------------|
| a. | <u>SHARMA, ASHWATH</u> | <u>926945347</u> | <u>2009</u> | |
| b. | <u>SHARMA, SHIVESH</u> | <u>597431140</u> | <u>2016</u> | |
| c. | _____ | _____ | _____ | |
| d. | _____ | _____ | _____ | |



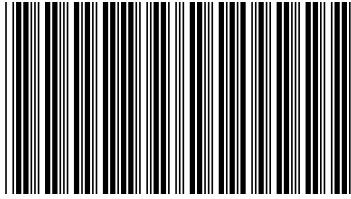
040MP03200

Name(s) as shown on Form NJ-1040
SHARMA ANSHUL & CHARU

Your Social Security Number
487654464

1555

| | | | |
|--|-----------|--------|------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) | 15. | 191595 | . |
| 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. | . | . |
| 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. | 191595 | . |
| 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. | 191595 | . |
| 30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) | 30. | 5000 | . |
| 31. Medical Expenses (See Worksheet F and instructions) | 31. | . | . |
| 32. Alimony and Separate Maintenance Payments (See instructions) | 32. | . | . |
| 33. Qualified Conservation Contribution | 33. | . | . |
| 34. Health Enterprise Zone Deduction | 34. | . | . |
| 35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) | 35. | 0 | . |
| 36. Organ/Bone Marrow Donation Deduction (See instructions) | 36. | . | . |
| 37. Total Exemptions and Deductions (Add lines 30 through 36) | 37. | 5000 | . |
| 38. Taxable Income (Subtract line 37 from line 29) | 38. | 186595 | . |
| 39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23) | 39a. | 5832 | . |
| 39b. Block | . | . | . |
| 39b. Lot | . | . | . |
| 39b. Qualifier | . | . | . |
| 39c. County/Municipality Code | . | . | . |
| 39d. Indicate your residency status during 2020 (fill in only one) | Homeowner | Tenant | Both |
| 40. Property Tax Deduction (From Worksheet H) (See instructions) | 40. | 5832 | . |
| 41. New Jersey Taxable Income (Subtract line 40 from line 38) | 41. | 180763 | . |
| 42. Tax on Amount on line 41 (Tax Table page 52) | 42. | 7472 | . |
| 43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) | 43. | 5009 | . |
| Enter Code | 32 | . | . |
| 44. Balance of Tax (Subtract line 43 from line 42) | 44. | 2463 | . |
| 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. | 2463 | . |
| 51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 | 51. | 0 | . |
| 52. Interest on Underpayment of Estimated Tax | 52. | . | . |
| Fill in if Form NJ-2210 is enclosed | . | . | . |



040MP04200

Name(s) as shown on Form NJ-1040
SHARMA ANSHUL & CHARU

Your Social Security Number
487654464

1555

| | | |
|---|-----|------|
| 53. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in X | 53. | 0 |
| 54. Total Tax Due (Add lines 50 through 53) | 54. | 2463 |
| 55. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099) | 55. | 2621 |
| 56. Property Tax Credit (See instructions page 23) | 56. | . |
| 57. New Jersey Estimated Tax Payments/Credit from 2019 tax return | 57. | . |
| 58. New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit | 58. | . |
| 59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) | 59. | . |
| 60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) | 60. | . |
| 61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) | 61. | . |
| 62. Wounded Warrior Caregivers Credit (See instructions) | 62. | . |
| 63. Pass-Through Business Alternative Income Tax Credit (See instructions) | 63. | . |
| 64. Total Withholdings, Credits, and Payments (Add lines 55 through 63) | 64. | 2621 |
| 65. If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 68 through 75. | 65. | . |
| 66. If the total on line 64 is more than line 54, you have an overpayment. Subtract line 54 from line 64 and enter the overpayment | 66. | 158 |
| 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. | 158 |

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

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

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

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

Paid Preparer's Signature Federal Identification Number

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

GLOBAL TAXES LLC **30-1017196**

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

| | |
|---|------------------------------------|
| Name as Shown on Return SHARMA, ANSHUL & CHARU | Social Security No. 487-65-4464 |
|---|------------------------------------|

Part I

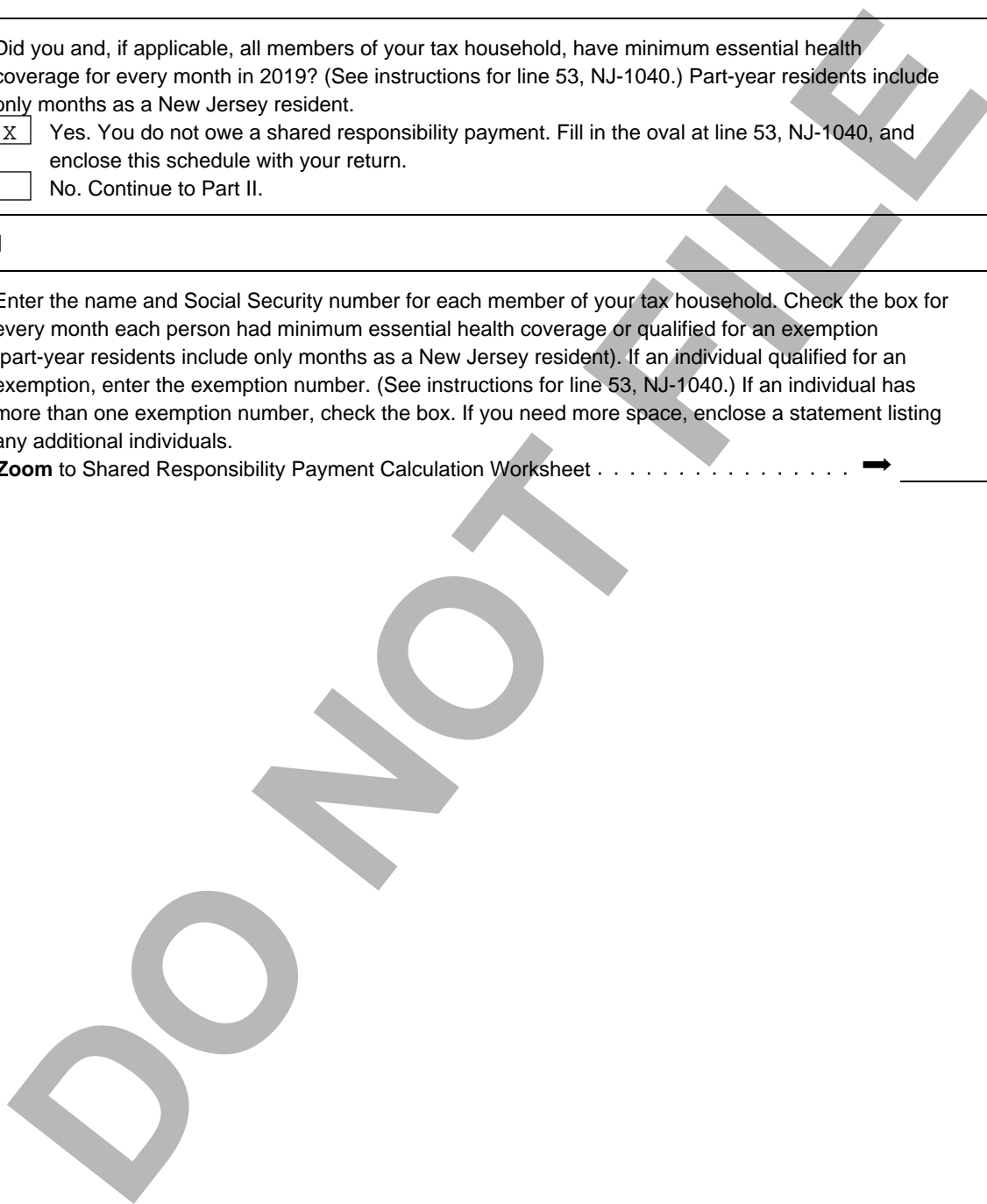
Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2019? (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

QuickZoom to Shared Responsibility Payment Calculation Worksheet → _____



| Name | SSN | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--------------------|-------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DRAFT



New York State E-File Signature Authorization for Tax Year 2020

For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

| | |
|----------------------------------|---|
| Taxpayer's name ANSHUL SHARMA | Spouse's name (jointly filed return only) CHARU SHARMA |
|----------------------------------|---|

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, or NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2020 Form IT-370 and Tax Year 2021 Form IT-2105*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

Part A – Tax return information

| | | |
|--|----|--------------|
| 1 Federal adjusted gross income (from applicable line) | 1. | 178839. |
| 2 Refund | 2. | 658. |
| 3 Amount you owe | 3. | |
| 4 Financial institution routing number | 4. | 021200339 |
| 5 Financial institution account number | 5. | 381033176992 |
| 6 Account type: <input checked="" type="checkbox"/> Personal checking <input type="checkbox"/> Personal savings <input type="checkbox"/> Business checking <input type="checkbox"/> Business savings | | |

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2020 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2020 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2020 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

| | |
|--|------|
| Taxpayer's signature | Date |
| Spouse's signature (jointly filed return only) | Date |

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2020 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2020 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2020 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2020 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

| | | |
|---------------------------|---|------|
| ERO's signature | Print name GLOBAL TAXES LLC | Date |
| Paid preparer's signature | Print name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date |



Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-203

For the year January 1, 2020, through December 31, 2020, or fiscal year beginning **20**
and ending

For help completing your return, see the instructions, Form IT-203-I.

| | | | | | |
|--|--|--|-------------------|---|--|
| Your first name and middle initial ANSHUL | | Your last name (for a joint return, enter spouse's name on line below) SHARMA | | Your date of birth (mmddyyyy) 08091981 | Your Social Security number 487654464 |
| Spouse's first name and middle initial CHARU | | Spouse's last name SHARMA | | Spouse's date of birth (mmddyyyy) 02161984 | Spouse's Social Security number 725597813 |
| Mailing address (see instructions, page 14) (number and street or PO box) 76 SAINT PAULS AVENUE | | | | Apartment number 2J | New York State county of residence NR |
| City, village, or post office JERSEY CITY | | State NJ | ZIP code 07306 | Country (if not United States) | School district name NR |
| Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route) | | | | Apartment no. | City, village, or post office |
| | | | | School district code number | |
| State | | ZIP code | | Country (if not United States) | |
| | | | | Decedent information | Taxpayer's date of death |
| | | | | Spouse's date of death | |

A Filing status (mark an **X** in one box):

① Single

② Married filing joint return (enter both spouses' Social Security numbers above)

③ Married filing separate return (enter both spouses' Social Security numbers above)

④ Head of household (with qualifying person)

⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2020 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 15) Yes No

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A, on your 2020 federal return? (see page 15) Yes No

E New York City part-year residents only (see page 15)

(1) Number of months **you** lived in NY City in 2020

(2) Number of months **your spouse** lived in NY City in 2020

F Enter your **2-character special condition code(s)** if applicable (see page 15)

G New York State part-year residents (see page 16)

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an **X** in one box):

1) Lived in NYS

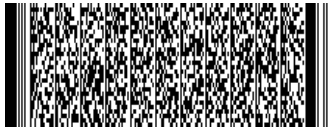
2) Lived outside NYS; received income from NYS sources during nonresident period

3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2020? Yes No

(if Yes, complete Form IT-203-B)



I Dependent information (see page 16)

| First name and middle initial | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|-------------------------------|-----------|--------------|------------------------|--------------------------|
| ASHWATH | SHARMA | SON | 926945347 | 12172009 |
| SHIVESH | SHARMA | SON | 597431140 | 08242016 |
| | | | | |
| | | | | |
| | | | | |

If more than 6 dependents, mark an **X** in the box.



203001203555

For office use only

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Enter your Social Security number
487654464

Federal income and adjustments (see page 18)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

| | | | | | |
|-----|--|-----|------------|-----|------------|
| 1 | Wages, salaries, tips, etc. | 1 | 178839 .00 | 1 | 128447 .00 |
| 2 | Taxable interest income | 2 | .00 | 2 | .00 |
| 3 | Ordinary dividends | 3 | .00 | 3 | .00 |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) | 4 | .00 | 4 | .00 |
| 5 | Alimony received | 5 | .00 | 5 | .00 |
| 6 | Business income or loss (submit a copy of federal Sch. C, Form 1040) | 6 | .00 | 6 | .00 |
| 7 | Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) | 7 | .00 | 7 | .00 |
| 8 | Other gains or losses (submit a copy of federal Form 4797) | 8 | .00 | 8 | .00 |
| 9 | Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/> | 9 | .00 | 9 | .00 |
| 10 | Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/> | 10 | .00 | 10 | .00 |
| 11 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) | 11 | .00 | 11 | .00 |
| 12 | Rental real estate included in line 11 (federal amount) 12. | | .00 | | |
| 13 | Farm income or loss (submit a copy of federal Sch. F, Form 1040) | 13 | .00 | 13 | .00 |
| 14 | Unemployment compensation..... | 14 | .00 | 14 | .00 |
| 15 | Taxable amount of Social Security benefits (also enter on line 26) | 15 | .00 | 15 | .00 |
| 16 | Other income (see page 24) Identify: | 16 | .00 | 16 | .00 |
| 17 | Add lines 1 through 11 and 13 through 16 | 17 | 178839 .00 | 17 | 128447 .00 |
| 18 | Total federal adjustments to income (see page 24) Identify: | 18 | .00 | 18 | .00 |
| 19 | Federal adjusted gross income (subtract line 18 from line 17) .. | 19 | 178839 .00 | 19 | 128447 .00 |
| 19a | Recomputed federal adjusted gross income (see page 25, Line 19a worksheet) | 19a | 178839 .00 | 19a | 128447 .00 |

New York additions (see page 26)

| | | | | | |
|----|--|----|------------|----|------------|
| 20 | Interest income on state and local bonds and obligations (but not those of New York State or its localities) | 20 | .00 | 20 | .00 |
| 21 | Public employee 414(h) retirement contributions | 21 | .00 | 21 | .00 |
| 22 | Other (Form IT-225, line 9) | 22 | .00 | 22 | .00 |
| 23 | Add lines 19a through 22 | 23 | 178839 .00 | 23 | 128447 .00 |

New York subtractions (see page 27)

| | | | | | |
|----|--|----|------------|----|------------|
| 24 | Taxable refunds, credits, or offsets of state and local income taxes (from line 4) | 24 | .00 | 24 | .00 |
| 25 | Pensions of NYS and local governments and the federal government (see page 27) | 25 | .00 | 25 | .00 |
| 26 | Taxable amount of Social Security benefits (from line 15) | 26 | .00 | 26 | .00 |
| 27 | Interest income on U.S. government bonds | 27 | .00 | 27 | .00 |
| 28 | Pension and annuity income exclusion | 28 | .00 | 28 | .00 |
| 29 | Other (Form IT-225, line 18) | 29 | .00 | 29 | .00 |
| 30 | Add lines 24 through 29 | 30 | .00 | 30 | .00 |
| 31 | New York adjusted gross income (subtract line 30 from line 23) | 31 | 178839 .00 | 31 | 128447 .00 |

32 Enter the amount from line 31, **Federal amount** column **32** 178839 .00

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Standard deduction or itemized deduction (see page 29)

33 Enter your **standard deduction** (table on page 29) or your **itemized deduction** (from Form IT-196).

Mark an **X** in the appropriate box: ... **Standard** – or – **Itemized**

| | |
|--|-----------|
| 33 | 16050.00 |
| 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) | 162789.00 |
| 35 Dependent exemptions (enter the number of dependents listed in Item I; see page 29) | 2000.00 |
| 36 New York taxable income (subtract line 35 from line 34) | 160789.00 |

Tax computation, credits, and other taxes

| | | |
|---|----|-----------|
| 37 New York taxable income (from line 36) | 37 | 160789.00 |
| 38 New York State tax on line 37 amount (see page 30) | 38 | 9792.00 |
| 39 New York State household credit (page 30, table 1, 2, or 3) | 39 | .00 |
| 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) | 40 | 9792.00 |
| 41 New York State child and dependent care credit (see page 31) | 41 | .00 |
| 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) | 42 | 9792.00 |
| 43 New York State earned income credit (see page 31) | 43 | .00 |

| | | |
|--|----|---------|
| 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) | 44 | 9792.00 |
|--|----|---------|

45 Income percentage (see page 31) New York State amount from line 31 ÷ Federal amount from line 31 = Round result to 4 decimal places

| | | |
|---|----|---------|
| 46 Allocated New York State tax (multiply line 44 by the decimal on line 45) | 46 | 7033.00 |
| 47 New York State nonrefundable credits (Form IT-203-ATT, line 8) | 47 | .00 |
| 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) | 48 | 7033.00 |
| 49 Net other New York State taxes (Form IT-203-ATT, line 33) | 49 | .00 |
| 50 Total New York State taxes (add lines 48 and 49) | 50 | 7033.00 |

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

| | | |
|---|-----|---------|
| 51 Part-year New York City resident tax (Form IT-360.1) | 51 | .00 |
| 52 Part-year resident nonrefundable New York City child and dependent care credit | 52 | .00 |
| 52a Subtract line 52 from line 51 | 52a | .00 |
| 52b MCTMT net earnings base | 52b | .00 |
| 52c MCTMT | 52c | .00 |
| 53 Yonkers nonresident earnings tax (Form Y-203) | 53 | .00 |
| 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 54 | .00 |
| 55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) | 55 | .00 |
| 56 Sales or use tax (See the instructions on page 33. Do not leave line 56 blank.) | 56 | 0.00 |
| 57 Voluntary contributions (Form IT-227, Part 2, line 1) | 57 | .00 |
| 58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57) | 58 | 7033.00 |

See instructions on pages 31 and 32 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

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203003203555



Enter your Social Security number
487654464

59 Enter amount from line 58 59 7033 .00

Payments and refundable credits (see page 34)

Table with 2 columns: Line number and Amount. Rows include NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see pages 12 and 13). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 36 through 38)

Table with 2 columns: Line number and Amount. Rows include amount overpaid, amount available for refund, and total refund after NYS 529 account deposit.

Mark one refund choice: [X] direct deposit to checking or savings account (fill in line 73) - or - [] paper check

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 37 for payment options.

Table with 2 columns: Line number and Amount. Rows include amount applied to 2021 tax, amount owed, estimated tax penalty, and other penalties and interest.

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 38). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 38) []

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 021200339 73c Account number 381033176992

74 Electronic funds withdrawal (see page 38) Date [] Amount [] .00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), Email:

Paid preparer must complete (see instructions) Preparer's NYTPRN, NYTPRN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, Email.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, Email.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

487654464

Box b Employer identification number (EIN)

205947231

Box c Employer's information

| | | | |
|--|-------|----------|--------------------------------|
| Employer's name | | | |
| UBS BUSINESS SOLUTIONS US LLC | | | |
| Employer's address (number and street) | | | |
| 1000 HARBOR BLVD | | | |
| City | State | ZIP code | Country (if not United States) |
| WEEHAWKEN | NJ | 07086 | |

Box 1 Wages, tips, other compensation

50392.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

0.00

Box 12a Amount

23.00

Code

C

Box 12b Amount

722.00

Code

D

Box 12c Amount

1000.00

Code

W

Box 12d Amount

5600.00

Code

D D

Box 14a Amount

140.00

Description

NJ PP DI

Box 14b Amount

86.00

Description

NJ FLI

Box 14c Amount

150.00

Description

NJUI WF SW

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

N | J

Box 16b Other state wages, tips, etc.

53801.00

Box 17b Other state income tax withheld

2508.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record

487654464

Box b Employer identification number (EIN)

133806691

Box c Employer's information

| | | | |
|--|-------|----------|--------------------------------|
| Employer's name | | | |
| BLACKROCK FINANCIAL MANAGEMENT INC | | | |
| Employer's address (number and street) | | | |
| 40 EAST 52ND STREET | | | |
| City | State | ZIP code | Country (if not United States) |
| NEW YORK | NY | 10022 | |

Box 1 Wages, tips, other compensation

128447.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

132.00

Code

C

Box 12b Amount

3150.00

Code

D

Box 12c Amount

4998.00

Code

W

Box 12d Amount

18317.00

Code

D D

Box 14a Amount

128447.00

Description

NY TXBL WAGE

Box 14b Amount

197.00

Description

NY FL

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee

Retirement plan

Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

128447.00

Box 17a NYS income tax withheld

7691.00

Other state information:

Box 15b other state

N | J

Box 16b Other state wages, tips, etc.

137794.00

Box 17b Other state income tax withheld

113.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001203555

