

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 KRISHNA CHAITHANYA ARABATI | Social security number 683-60-4976 |
| Spouse's name | Spouse's social security number |

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 | 47,918. |
| 2 Total tax | 2 | 4,066. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 4,872. |
| 4 Amount you want refunded to you | 4 | 806. |
| 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

| | | | | |
|---|---|---|---|---|
| 0 | 4 | 9 | 7 | 6 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
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 _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
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 KRISHNA CHAITHANYA | Last name ARABATI | Your social security number 683-60-4976 |
| 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. 134 WOOD AVE | | Apt. no. | 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 checked="" type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below. ISELIN | State NJ | ZIP code 08830 | |
| Foreign country name | 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

| | (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 |
|--|----------------|-----------|----------------------------|-------------------------|--|--------------------------|-----------------------------|
| If more than four dependents, see instructions and check here ▶ <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"/> | <input type="checkbox"/> |

| | | | |
|--|---|-------------------|-------------------|
| | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 50,688. |
| Attach Sch. B if required. | 2a Tax-exempt interest | 2a | 2b |
| | 3a Qualified dividends | 3a | 3b |
| | 4a IRA distributions | 4a | 4b |
| | 5a Pensions and annuities | 5a | 5b |
| | 6a Social security benefits | 6a | 6b |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | 7 |
| | 8 Other income from Schedule 1, line 9 | | 8 |
| | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | 9 50,688. |
| Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions. | 10 Adjustments to income: | | |
| | a From Schedule 1, line 22 | 10a 2,500. | |
| | b Charitable contributions if you take the standard deduction. See instructions | 10b 270. | |
| | c Add lines 10a and 10b. These are your total adjustments to income | | 10c 2,770. |
| | 11 Subtract line 10c from line 9. This is your adjusted gross income | | 11 47,918. |
| | 12 Standard deduction or itemized deductions (from Schedule A) | | 12 12,400. |
| | 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A | | 13 |
| | 14 Add lines 12 and 13 | | 14 12,400. |
| | 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | 15 35,518. |

| | | | |
|----|---|-----|--------|
| 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 | 4,066. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 4,066. |
| 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 | 4,066. |
| 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 | 4,066. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 4,872. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 4,872. |
| 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 | |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 4,872. |

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

Refund

| | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|-----|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 806. | | | | | | | | | | | | | | | | | | | | |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 806. | | | | | | | | | | | | | | | | | | | | |
| b | Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | X | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | |
| X | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | | | |
| d | Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | |
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | | | | | | | | | | | | | | | | | | | | | |

Amount 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.) ▶ | | | | | | | | | | |
| <i>[Signature]</i> | | JAVA DEVELOPER | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 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.) ▶ | | | | | | | | | | |
| | | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Phone no. | Email address | | | | | | | | | | | | |

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 | 02/16/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name ▶ | Firm's address ▶ | | Phone no. (678) 965-9522 | |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | Firm's EIN ▶ 30-1017196 | |

**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
KRISHNA CHAITHANYA ARABATI

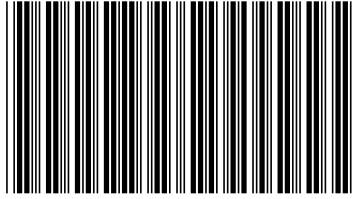
Your social security number
683-60-4976

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 | 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 | |

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 | 2,500. |
| 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 | 2,500. |



040MP01200

For Privacy Act Notification, See Instructions

Your Social Security Number (required)
683604976

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.)
ARABATI KRISHNA CHAITHANYA

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

County/Municipality Code (See Table page 50)
1210

Home Address (Number and Street, including apartment number)
134 WOOD AVE

City, Town, Post Office
ISELIN

State ZIP Code
NJ 08830

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.

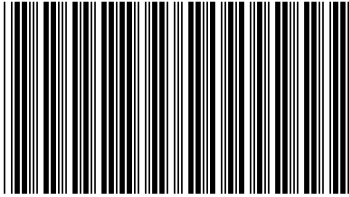
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

| | | | |
|---|-------------------|-----|----|
| 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. | 4 |
| dd2. Account type (C for checking, S for savings) | dd2. | |
| dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States | dd3. | |
| dd4. Routing number | dd4. | |
| dd5. Account number | dd5. | |





040MP02200

Name(s) as shown on Form NJ-1040
ARABATI KRISHNA CHAITHANYA

Your Social Security Number
683604976

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

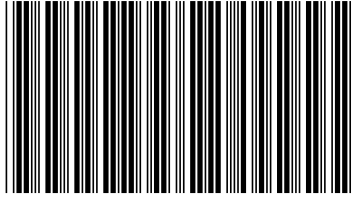
Exemptions

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 | Spouse/CU Partner | Domestic Partner | 1 | x \$1,000 = | 1000 |
| 7. Senior 65+ (Born in 1955 or earlier) | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 8. Blind/Disabled | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 9. Veteran | <input type="checkbox"/> | Self | Spouse/CU Partner | | | x \$6,000 = | _____ |
| 10. Qualified Dependent Children | <input type="checkbox"/> | | | | | x \$1,500 = | _____ |
| 11. Other Dependents | <input type="checkbox"/> | | | | | x \$1,500 = | _____ |
| 12. Dependents Attending Colleges (See instructions) | <input type="checkbox"/> | | | | | x \$1,000 = | _____ |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | 13. | 1000 . |

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

| | Last Name, First Name, Middle Initial | Social Security Number | Birth Year | No Health Insurance |
|----|---------------------------------------|------------------------|------------|---------------------|
| a. | _____ | _____ | _____ | _____ |
| b. | _____ | _____ | _____ | _____ |
| c. | _____ | _____ | _____ | _____ |
| d. | _____ | _____ | _____ | _____ |



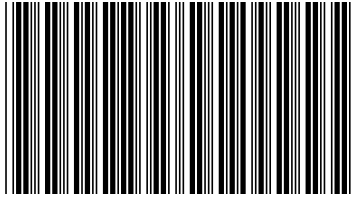
040MP03200

Name(s) as shown on Form NJ-1040
ARABATI KRISHNA CHAITHANYA

Your Social Security Number
683604976

1555

| | | | |
|--|-----------|--------|------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) | 15. | 50688 | . |
| 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. | 50688 | . |
| 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. | 50688 | . |
| 30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) | 30. | 1000 | . |
| 31. Medical Expenses (See Worksheet F and instructions) | 31. | . | . |
| 32. Alimony and Separate Maintenance Payments (See instructions) | 32. | . | . |
| 33. Qualified Conservation Contribution | 33. | . | . |
| 34. Health Enterprise Zone Deduction | 34. | . | . |
| 35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) | 35. | 0 | . |
| 36. Organ/Bone Marrow Donation Deduction (See instructions) | 36. | . | . |
| 37. Total Exemptions and Deductions (Add lines 30 through 36) | 37. | 1000 | . |
| 38. Taxable Income (Subtract line 37 from line 29) | 38. | 49688 | . |
| 39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23) | 39a. | 2160 | . |
| 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. | 2160 | . |
| 41. New Jersey Taxable Income (Subtract line 40 from line 38) | 41. | 47528 | . |
| 42. Tax on Amount on line 41 (Tax Table page 52) | 42. | 1133 | . |
| 43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) | 43. | . | . |
| Enter Code | . | . | . |
| 44. Balance of Tax (Subtract line 43 from line 42) | 44. | 1133 | . |
| 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. | 1133 | . |
| 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
ARABATI KRISHNA CHAITHANYA

Your Social Security Number
683604976

1555

| | | |
|---|-----|------|
| 53. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in <input checked="" type="checkbox"/> | 53. | 0 |
| 54. Total Tax Due (Add lines 50 through 53) | 54. | 1133 |
| 55. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099) | 55. | 1724 |
| 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. | 1724 |
| 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. | 591 |
| 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. | 591 |

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 ARABATI, KRISHNA CHAITHANYA | Social Security No. 683-60-4976 |
|--|------------------------------------|

Part I

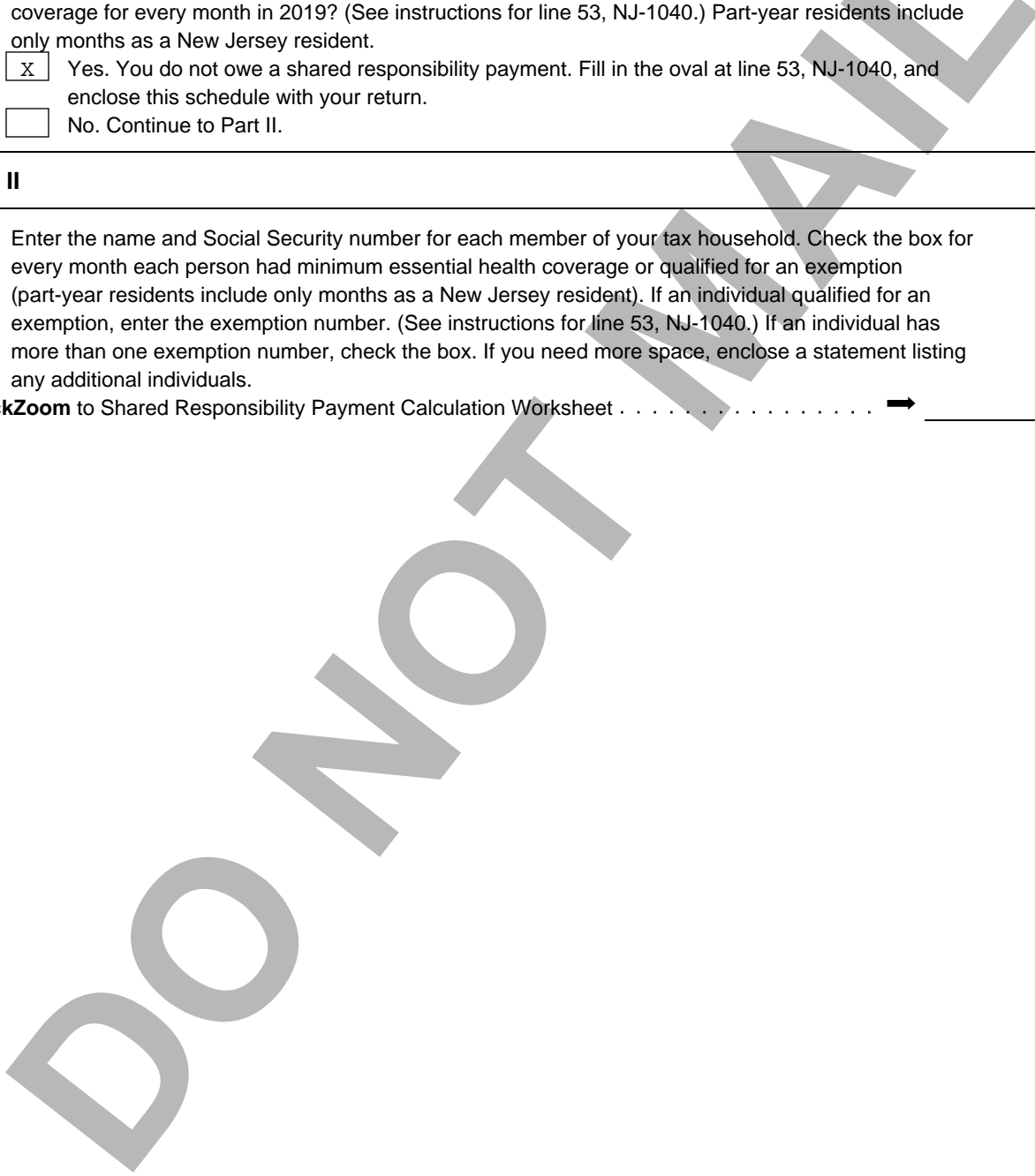
Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2019? (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

- 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 | | | | | | | | | | | |
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| Exemption Code . . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
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| Exemption Code . . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
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| | | Check box if this individual is under 18 | | | | | | | | | | | |

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