Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

Social accurity number

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

тахрау	er's name	Social security number										
VAN	AJA DARAPANENI	876-84-3694										
Spouse	o's name	Spouse's social security number										
HAR	I KRISHNA PRASAD DARAPANENI	968-92-3250										
Par	Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)											
Enter	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 68,394.										
2	Total tax	2 3,834.										
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 5,546.										
4	Amount you want refunded to you	. 4 2,912.										
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
		ERO firm name	

4	3	6	9	4									
Enter five digits, but don't enter all zeros													

2 3 2 5 0

Enter five digits, but don't enter all zeros

my

as mv

signature on the income tax return (original or amended) I am now authorizing.

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 ►

X

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

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—continu	ie be	low									
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				6 all ze		9	8 9	9

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 🕨							
	t Retain This Form — s Form to the IRS Un	See Instructions less Requested To Do So							
E. D. J. D. J. K. A.I.N.K			E 9970 (Dev. 01 0001)						

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

REV 03/23/21 PRO

Date

to enter or generate my PIN

Filing Status Check only Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widdow(er) (QW) Check only If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying widdow(er) (QW) VANAJA DaRAPANENI Vour social security number Hand Spouse's social security number HART I KRISHNA PRASAD DARAPANENI Home address fund Last name Spouse's social security number HART I KRISHNA PRASAD DARAPANENI Home address fund Last name Spouse's social security number HART I KRISHNA PRASAD DARAPANENI 968-92-3250 Home address fund Hou ave a toreign address, also complete spaces below. Nat 074 70 KAYNE Na O'74 70 box below will not change your to correlund. Foreign country name Foreign province/state/county Foreign postal code your as or refund. Bedefinitions You as a dependent Your spouse as a dependent. You you box dow Coll for othe dependents See instructions): (Presign countrelions):	E1040		artment of the Treasury-Internal Revenue Servio S. Individual Income Tax		(99) urn	20	20	OMB No. 1545	-0074	IRS Us	e Only	—Do not v	write or staple	in this space.	
Person is a child but not your dependent ► Van diret aname and middle initial Last name 970 ar Social security number VANATA DARAPANENI 876 - 94 - 3594 If joint return, spouse's first name and middle initial Last name Spouse's social security number HARI KRISINA PRASAD DARAPANENI P68 - 92 - 3250 Home address (number and street). If you have a foreign address, also complete spaces below. State 21P code T/7 A HINCHMAN AVENTE Foreign province/state/country Foreign position address, also complete spaces below. NJ 07 470 Foreign country name Foreign province/state/country Foreign positional index in any virtual currency? Yes No Standard Somoone can claim: Ovo as a dependent You spouse as a dependent You spouse as a dependent Deduction Spouse iternizes on a separate return or you were a dual-status alien (a) Vir qualities for (see instructions; (a) First name (a) Vir qualities for (see instructions; If more Instructions; (b) Social security (b) First name (b) Kir qualities for (see instructions; (b) Pacifies and (b) Add (b)	Check only	If yo	u checked the MFS box, enter the na	ame of y	-		. ,								
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Deduction for- 7 • Single or Married filing separately, \$12,400 7 • Married filing jointly or Qualifying widow(er), \$24,800 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 8 -4, 550. • Married filing jointly or Qualifying widow(er), \$24,800 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 68, 644. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 9 • Head of household, \$18,650 • C Add lines 10a and 10b. These are your total adjustments to income 10b 250. • If you checked any box under Standard Deduction, see instructions, ese instructions, see instructions, 12 24,800. 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 13 14 24,800.		5a	Pensions and annuities	5a			bΤ	axable amoun	t			. 5t	2		
 Single or Married filing separately, \$12,400 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 Head of household, \$18,650 Head of household, \$18,650 Head of household, \$18,650 Head of household, \$18,650 Married filing 10 Adjustments to income: a From Schedule 1, line 22		6a	Social security benefits	6a			bΤ	axable amoun	t			. 6t	2		
Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 8 -4,550 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 68,644 Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 9 68,644 b Charitable contributions if you take the standard deduction. See instructions 10a 10b 250. • Head of household, \$18,650 C Add lines 10a and 10b. These are your total adjustments to income 10c 250. • If you checked any box under Standard Deduction, see instructions, ese instructions, ese instructions, 12 Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A 12 24,800. 14 24,800. 14 24,800. 14 24,800.		7	Capital gain or (loss). Attach Scheo	dule D if	required	d. If not re	quired	l, check here				7			
\$12,400 9 Add lines 1, 26, 36, 46, 55, 66, 7, and 8. This is your total income 9 68, 644. • Married filing jointly or Qualifying widow(er), \$24,800 10 Adjustments to income: 10a 10a • Married filing jointly or Qualifying widow(er), \$24,800 • Charitable contributions if you take the standard deduction. See instructions 10a 10b 250. • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income • • • • • • • • • • • • • • • • • • •	Married filing	8	Other income from Schedule 1, line	e9.								. 8		-4,550.	
 Married filing jointly or Qualifying widow(er), \$24,800 Head of household, \$18,650 If you checked any box under Standard deduction or itemized deduction. (from Schedule A) It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction, see instructions. It you checked any box under Standard deduction or itemized deduction. Attach Form 8995 or Form 8995-A It you checked any box under Standard 13 It you checked any box under Standard 14 It you checked Add lines 12 and 13 It you checked Add lines 12 It you checked Add lines		9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a	and 8. T	his is yo	ur total in	come					▶ 9		68,644.	
Qualifying widow(er), \$24,800 a From Schedule 1, line 22 10a b Charitable contributions if you take the standard deduction. See instructions 10b 250. • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income	 Married filing 	10	Adjustments to income:												
widow(ef), \$24,800 b Charitable contributions if you take the standard deduction. See instructions 10b 250. • Head of household, \$18,650 c Add lines 10a and 10b. These are your total adjustments to income . <td></td> <td>а</td> <td>From Schedule 1, line 22</td> <td></td> <td></td> <td></td> <td></td> <td> 10</td> <td>a</td> <td></td> <td></td> <td></td> <td></td> <td></td>		а	From Schedule 1, line 22					10	a						
 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions, see instructions, see instructions, see instructions, see instructions, see instructions Add lines 10a and 10b. These are your total adjustments to income	widow(er),	b	Charitable contributions if you take	the star	dard de	duction. S	ee inst	ructions 10	b		25	0.			
\$18,650 11 Subtract line 10c from line 9. This is your adjusted gross income 11 68,394. • If you checked any box under Standard 13 Standard deduction or itemized deductions (from Schedule A) 12 24,800. 14 Add lines 12 and 13 Add lines 12 and 13 14 24,800.		с	Add lines 10a and 10b. These are	your tot	al adjus	tments to	o inco	me				▶ 10	с	250.	
 If you checked any box under Standard Deduction, see instructions, see instructions. 14 Add lines 12 and 13		11	Subtract line 10c from line 9. This is your adjusted gross income									▶ 11	1	68,394.	
any box under Standard13Qualified business income deduction. Attach Form 8995 or Form 8995-A13Deduction, see instructions.14Add lines 12 and 131424,800.	 If you checked 	12	Standard deduction or itemized	deduct	i ons (fro	m Schedu	ıle A)					. 12	12 24,800.		
		13	Qualified business income deducti	on. Atta	ch Form	1 8995 or l	Form 8	3995-A				. 13			
		14	Add lines 12 and 13									. 14			
		15	Taxable income. Subtract line 14	from lin	e 11. lf z	ero or les	s, ente	er-0				. 15	5	43,594.	

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

Form **1040** (2020)

Form 1040 (2020))											Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4	972	3			16	4,8	334.
	17	Amount from Schedule 2, lir	ie3							17		
	18	Add lines 16 and 17								18	4,8	334.
	19	Child tax credit or credit for	other dependen	ts						19	1,0	00.
	20	Amount from Schedule 3, lir	ie7							20		
	21	Add lines 19 and 20								21	1,0	00.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0						22	3,8	334.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10					23		0.
	24	Add lines 22 and 23. This is	your total tax						. 🕨	24	3,8	334.
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a	5	,546			
	b	Form(s) 1099					25b					
	с	Other forms (see instructions	s)				25c					
	d	Add lines 25a through 25c								25d	5,5	546.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20)19 return .					26		
qualifying child,	27	Earned income credit (EIC)					27					
attach Sch. EIC.	28	Additional child tax credit. A	ttach Schedule	8812			28					
nontaxable	29	American opportunity credit	from Form 8863	8, line 8			29					
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .				30	1	,200			
	31	Amount from Schedule 3, lir	ie 13				31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and re	funda	ble cre	dits	. 🕨	· 32	1,2	200.
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 🕨	33	6,7	746.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the	amoun	it you o	verpaid		34	2,9	912.
neruna	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached	d, chec	k here			35a	2,9	912.
Direct deposit?	►b	Routing number 0 2 1	2 0 0 3	39	► c Type	: 🗙	Checki	ng 🗌 🕄	Savings	5		
See instructions.	►d	Account number 3 8 1	0 4 4 3	9 6 3 0	0 5							
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax		36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now				. 🕨	37		
You Owe		Note: Schedule H and Sch	edule SE filers,	line 37 may r	not represer	nt all o	f the ta	xes you	owe fo	r		
For details on how to pay, see		2020. See Schedule 3, line 1			•			,				
instructions.	38	Estimated tax penalty (see in	nstructions) .				38					
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the	IRS?	See					
Designee	ins	tructions						Yes. Co	omplete	e below.	× No	
		signee's		Phone						ntification		
		ne 🕨		no. 🕨					per (PIN)			<u> </u>
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com										
Here		ur signature		Date	Your occup						nt you an Identii	0
		ar signature		Duic		ation					IN, enter it here	
Joint return?					SOFTWA	RE E	NGIN	EEER	(se	e inst.) 🕨		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's of	ccupatio	on				nt your spouse	
your records.	,				TONEWA	מתא				entity Prote	ection PIN, ente	r it here
				Email address	HOMEMA	KER .			(00	,o mot.) P		
		one no. eparer's name	Preparer's signat	Email address			Date		PTIN		Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM			מיזים איים מיי	ттлм		1/2021		82703	Self-empl	loved
Preparer				KAM SAGAR	GUPIA IA	ЧЧЦ	03/3.	1/2021				
Use Only		n's name ► GLOBAL TA n's address ► 2530 Pebb		n Cummin	a (7) 20	0/1					678)965-9	
					-					m's EIN 🕨		
GO TO WWW.Irs.go	ov/⊢orn	1040 for instructions and the late	st information.		BAA		REV 0	3/23/21 PRC			Form 104	U (2020)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Your soc	ial security number
l .	Attachment Sequence No. 01
	2020

Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial secu
VANAJA & HARI	KRISHNA PRASAD DARAPANENI	876-84	-3694

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2 a	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	-4,550.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		0	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	
Par	line 8 . <th>9</th> <th>-4,550.</th>	9	-4,550.
10		10	
11	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/23/21 PRO	Schedul	e 1 (Form 1040) 2020

SCHEDULE E Supplemental Inco									ome a	and Lo	DSS			OMB	No. 1545	5-0074
(Form 1	1040)	(From	rental	real estat	e, royal	ties, partı	nersh	ips, S	corpor	ations, e	estates,	trusts, REM	/IICs, etc.)	9	1	0
Departm	ent of the Treasury					to Form								 Attac	hment	V
	Revenue Service (99)		►0	ào to www	irs.gov.	//Schedul	leE fo	r inst	ructions	and the	e latest	information	ı.	Sequ	ence No.	. 13
Name(s)	shown on return													ial securi	-	er
-	JA & HARI													34-369		
Part							-			-		e business o	• •	•		, use
				-								rom Form 4				
	d you make any								. ,							
	Yes," did you c													. 🗆 '	Yes	No
<u>1a</u>	Physical addr		<u> </u>			city, state	e, ZIP	code	e)							
	RAMNAGAR	GUNTU	IR IN	52200	2											
<u>C</u>	Turne of Due		0								Eoir	Dontol	Doroono			
1b	Type of Property (from list below)2For each rental real estate property listed above, report the number of fair rental andFair Rental DaysPersonal Us 														Q	JV
_		910VV)		personal i	use dav	s. Check	the G)JV b	ox only	•		-	Day		Г	
 	3			if you mee qualified je	et the re oint ver	equiremer	nts to e instr	tile a uctio	s a ns.	A B		365		0		<u> </u>
- C	+			900000						C						<u></u>
	of Property:									U					<u> </u> L	
	gle Family Resid	dence	3	Vacation/	Short-	Term Rer	ntal <i>l</i>	5 1 a	nd		7 Self-	Rental				
-	ti-Family Reside			Commerc					yalties			r (describe)			
Incom		01100		Commone	Jui	Properti		0 110		Α	0 Othe		9 3		С	
3	Rents received	d	L					3			450.					
4	Royalties rece							4			1001					
Expen							-									
5							.	5								
6	Auto and trave						H	6								
7	Cleaning and i	•					- F	7			600.					
8	Commissions.						- F	8								
9	Insurance							9								
10	Legal and othe							10								
11	Management f	fees .					. [11			800.					
12	Mortgage inter	rest pai	d to ba	anks, etc.	(see in	struction	ns)	12								
13	Other interest.						. [13								
14	Repairs						. [14		1,	200.					
15	Supplies							15		1,	100.					
16	Taxes						. [16								
17							.	17		1,	300.					
18	Depreciation e	expense	e or de	pletion	· ·		•	18								
19	Other (list) ►							19								
20	Total expense			•			t t	20		5,	000.					
21	Subtract line 2			. ,			· ·									
	result is a (los					•	nust	~		л	EEO					
6 2	file Form 6198		• •		· ·		•	21		-4,	550.					
22	Deductible rer							00	(4 5		(,			,
02-	on Form 8582 Total of all am	-		-				22	١		550.) 23a	(450.	/(
23a			-			-			• •	• •			450.	-		
b	Total of all am Total of all am		-					nues	• •	• •	23b 23c					
c d	Total of all am		-					• •	• •	• •	230 23d					
e	Total of all am		-					• •		• •	23u		5,000.			
24	Income. Add		-					inclu		 105565	206		<u> </u>			
25	Losses. Add ro										nter tot	al losses he		(4 1	550.
26	Total rental re													N N	- / -	
20	here. If Parts															
	Schedule 1 (Fo														-4	,550.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

_	B867 Paid Preparer's Due Diligence Checkl	ist	OMB	No. 1545	-0074
	Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACT Credit for Other Dependents (ODC)), and Head of Household (HOH) Fili	C) and ng Status	2	02	0
	nent of the Treasury Revenue Service Go to www.irs.gov/Form8867 for instructions and the latest info		Attack Seque	nment ence No.	70
Тахрауе	er name(s) shown on return	Taxpayer identi	fication n	umber	
VAN	AJA & HARI KRISHNA PRASAD DARAPANENI	876-84-3	8694		
Enter pr	reparer's name and PTIN				
	M PRIYA RAM SAGAR GUPTA TALLAM	P0208270)3		
Part					
	e check the appropriate box for the credit(s) and/or HOH filing status claimed on the re-				
	e benefit(s) claimed (check all that apply).		AOTC		HOH
1	Did you complete the return based on information for tax year 2020 provided by reasonably obtained by you?		Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or of worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instruct AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that pr	tions, and/or the			
	information, and all related forms and schedules for each credit claimed?		×		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you the following.	must do both of			
	 Interview the taxpayer, ask questions, and contemporaneously document the taxpayer determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. 	r's responses to			
	• Review information to determine that the taxpayer is eligible to claim the credit(s) a status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparin information reasonably known to you, appear to be incorrect, incomplete, or inconsi answer questions 4a and 4b. If "No," go to question 5.)	stent? (If "Yes,"		X	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent ir	formation? .			
b	Did you contemporaneously document your inquiries? (Documentation should includ				
	you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention require keep a copy of your documentation referenced in 4b, a copy of this Form 8867, applicable worksheet(s), a record of how, when, and from whom the information used 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing st	a copy of any to prepare Form provided by the			
	the amount(s) of the credit(s)		X		
	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 credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	return if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previou		×		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	-			
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare correct Schedule C (Form 1040)?	a complete and			

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

Form 8	867 (2020)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go		III.)	
9a	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part		claim (CTC, A	CTC,
	or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes X	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part	IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC		Part V	/.)
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the quatuition and related expenses for the claimed AOTC?	alified	Yes	No
Part		s, go t	o Part '	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) as status on the return of the taxpayer identified above if you:	nd/or H	OH filir	ng
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);			
	B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkl credit(s) claimed and HOH filing status, if claimed;	ist for a	iny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	's eligik	oility for	the
	 A record of how, when, and from whom the information used to prepare this form and the applica obtained. 	ble wor	ksheet(s) was
	5. A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amou			
	If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty comply related to a claim of an applicable credit or HOH filing status.	for ea	ch failu	re to
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?		Yes X	No

X Form 8867 (2020)

REV 03/23/21 PRO



NJ-1040 2020 Page 1



2020 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

040

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.) DARAPANENI VANAJA & HARI KRISHNA PRASAD

Spouse's/CU Partner's SSN (if filing jointly) 968923250

Your Social Security Number (required)

876843694

Home Address (Number and Street, including apartment number) 77A HINCHMAN AVENUE

County/Municipality Code (See Table page 50) 1212

City, Town, Post Office	State	ZIP Code
WAYNE	NJ	07470

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

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You			Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner			Yes	No
Direct Deposit Information					
dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)		dd1.	1		
dd2. Account type (C for checking, S for savings)		dd2.	С		
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.			
dd4. Routing number		dd4.			021200339
dd5. Account number		dd5.		38	1044396305

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



NJ-1 2020 Page	2	P02200		Name(s) as shown on I DARAPANEN Your Social Security N 876843694	I VANAJA	& HARI	KRISHNA	A PRASAD 1555
Part-	year residents, provide months/days y		rsey resident	t during 2020:	Fi	scal year filers on	v:	
From				0		nter month of your		2021
Fill in 1. 2. 3. 4. 5.	 g Status conly one. Single Married/CU Couple, filing jo Married/CU Partner, filing s Head of Household Qualifying Widow(er)/Survi Indicate the year of your spon 	parate return ving CU Partner	's death:	2018 20	Enter spouse's/C 19	U partner's SSN		
Fill in	the ovals that apply. You must enter a total	in the boxes to the r	right and comp	lete the calculation.				
6.			X s			-	x \$1,000 =	0000
	Regular	× Self		Spouse/CU Partner	Domestic Parti	ner 2	-	
7.	Senior 65+ (Born in 1955 or earlier)	Self	S	Spouse/CU Partner	Domestic Parti	ner 2	x \$1,000 =	
8.	Senior 65+ (Born in 1955 or earlier) Blind/Disabled	Self Self	S	Spouse/CU Partner Spouse/CU Partner	Domestic Parti	ner 2	x \$1,000 = x \$1,000 =	
8. 9.	Senior 65+ (Born in 1955 or earlier) Blind/Disabled Veteran	Self	S	Spouse/CU Partner	Domestic Parti	_	x \$1,000 = x \$1,000 = x \$6,000 =	
8. 9. 10.	Senior 65+ (Born in 1955 or earlier) Blind/Disabled Veteran Qualified Dependent Children	Self Self	S	Spouse/CU Partner Spouse/CU Partner	Domestic Parti	ner 2 2	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 =	3000
8. 9.	Senior 65+ (Born in 1955 or earlier) Blind/Disabled Veteran	Self Self Self	S	Spouse/CU Partner Spouse/CU Partner	Domestic Parti	_	x \$1,000 = x \$1,000 = x \$6,000 =	3000
8. 9. 10. 11.	Senior 65+ (Born in 1955 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents	Self Self Self Self	s s s	, Spouse/CU Partner Spouse/CU Partner Spouse/CU Partner	Domestic Parti	_	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 =	3000
 8. 9. 10. 11. 12. 	Senior 65+ (Born in 1955 or earlier) Blind/Disabled Veteran Qualified Dependent Children Other Dependents Dependents Attending Colleges (Sec	Self Self Self Self Self Self Self Self	s s t 6 through 1 nation for eac URISH	2) ch dependent.	Social Security Nu 9689232 9689232	2 Imber 71	x \$1,000 = x \$1,000 = x \$6,000 = x \$1,500 = x \$1,500 = x \$1,000 =	3000





NJ-1040 2020

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Name(s) as shown on Form NJ-1040 DARAPANENI VANAJA & HARI KRISHNA PRASAD

Your Social Security Number 876843694

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15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	74984	•
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.	74984	
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.	74984	
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.	69984	
39a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	4320	
39b.	Block		1010	
39b.				
39b.	Qualifier Fill in if you complet	ed Worksheet G		
39c.	County/Municipality Code			
39d.		Both		
40.	Property Tax Deduction (From Worksheet H) (See instructions)	40.	4320	
41.	New Jersey Taxable Income (Subtract line 40 from line 38)	40.	65664	
42.	Tax on Amount on line 41 (Tax Table page 52)	42.	1189	•
43.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	1107	•
43.	Enter Code	43.		•
4.4		44.	1189	
44.	Balance of Tax (Subtract line 43 from line 42)		1109	•
45.	Child and Dependent Care Credit (See instructions)	45.		•
10	Fill in if you are a CU couple claiming the Child and Dependent Care Credit	16		
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.	1100	•
50.	Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry	50.	1189	•
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.		•



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Division Use:

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Name(s) as shown on Form NJ-1040 DARAPANENI VANAJA & HARI KRISHNA PRASAD

Your Social Security Number 876843694

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52				ill in 💙	/	52	0	
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose	Schedule	HCC and I	ill in 🗸		53.	1189	•
54.	Total Tax Due (Add lines 50 through 53)	54.	3409	•				
55.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	55.	5409	•				
56.	Property Tax Credit (See instructions page 23)					56.		•
57.	New Jersey Estimated Tax Payments/Credit from 2019 tax return					57.		•
58.	New Jersey Earned Income Tax Credit (See instructions)					58.		•
	Fill in if you had the IRS calculate your federal earned income credit							
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit							
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instru-	uctions)				59.		•
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See	ee instruct	ions)			60.		•
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450)) (See inst	ructions)			61.		•
62.	Wounded Warrior Caregivers Credit (See instructions)					62.		
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)					63.		
64.	Total Withholdings, Credits, and Payments (Add lines 55 through 63)					64.	3409	
65.	If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 at	nd enter th	e amount y	you owe		65.		
	If you owe tax, you can still make a donation on lines 68 through 75.							
66.	If the total on line 64 is more than line 54, you have an overpayment. Subtract	line 54 fro	m line 64 a	and enter tl	he overpayment	66.	2220	
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.	2220	-
,						70.	•	-

Under penalties of perjury, I declare that I have examined this Inco the best of my knowledge and belief, it is true, correct, and comple based on all information of which the preparer has any knowledge.	Tax Due Address Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation Revenue Processing Center - Payment PO Box 111				
Your Signature Date	Spouse's/CU Par	tner's Signature (required if filing jointly)	Trenton, NJ 08645-0111 Include Social Security number and make check or		
Paid Preparer's Signature		Federal Identification Number		money order payable to: State of New Jersey – TGI You can also make a payment on our website:	
SYAM PRIYA RAM SAGAR GUPTA	A TALLAM	P02082703		www.njtaxation.org Refund or No Tax Due Address	
Firm's Name		Firm's Federal Employer Identification	on Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds	
GLOBAL TAXES LLC		30-1017196	PO Box 555 Trenton, NJ 08647-0555		

REV 03/17/21 PRO

_ 4 _

5____

6_

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1_

3_

Name(s) as shown on Form NJ-1040	Social Security Number
DARAPANENI, VANAJA & HARI KRISHNA PRASAD	876-84-3694

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

New Jersey Gross Income Tax Business Income Summary Schedule

2020

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

Part II		Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.			
		Partnership Name	Federal EIN		Share of Partnership Income or (Loss)		
1.							
2.							
3.							
4.	(Add lin	tive Share of Partnership Income or (Los es 1, 2, and 3.) (Enter here and on line 2 make no entry on line 21.)		4.			

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

Pa	art IV From Rents, Royalties, Patents, and Copyrights	form of rents, royalties, of Property:	, patents, and co	ncome, less net loss, derived from or in the atents, and copyrights. See instructions. Ty – Royalties 3 – Patents 4 – Copyrights					
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)					
1.	RAMNAGAR	876843694	1	-4,550.					
2.									
3.									
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, ma	ake no entry on line 23.)	4.	-4,550.					

Keep a copy of this schedule for your records

Name(s) as shown or	s shown on Form NJ-1040			Social Security Number
DARAPANENI,	VANAJA & HARI	KRISHNA	PRASAD	876-84-3694

Schedule NJ-BUS-2

(Form NJ-1040)

New Jersey Gross Income Tax

Alternative Business Calculation Adjustment

2020

			Column B						
PART I Income (Loss)			Reportable Regular Business Income	Alternative Business Income (Loss)					
1.	Net Profits From Business	1a.	0.		1b.	0.			
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.			
3.	Net Pro Rata Share of S Corporation Income	За.	0.		3b.	0.			
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-4,550.			
5.	Loss Carryforward From Tax Year 2019				5b.	(5,550.)		
6.	Totals	6a.	0.		6b.	-10,100.			
PAR	TII Adjustment Calculation								
7.	Total Regular Business Income	7.	0.						
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.						
9.	Business Increment (Line 7 minus line 8)	9.	0.						
10.	Adjustment Percentage	10.	(0.50					
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.						
PAR	TIII Loss Carryforward to Tax Year 202	21							
12. Loss Carryforward to Tax Year 2021						(10,100.)		

Instructions

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

Schedule	
NJ-HCC	
(Form NJ-1040)	

New Jersey Health Care Coverage

2020

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

Name as Shown on Return	Social Security No.
DARAPANENI, VANAJA & HARI KRISHNA PRASAD	876-84-3694

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2020 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

x Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.

No. Continue to Part II.

Part II

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

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

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