

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 KAVYA MAJETI | Social security number 198-35-0360 |
| Spouse's name ABHIRAM MAJETI | Spouse's social security number 975-92-7403 |

Part I Tax Return Information – Tax Year Ending December 31, 2020 (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 | 70,079. |
| 2 Total tax | 2 | 4,538. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 6,700. |
| 4 Amount you want refunded to you | 4 | 3,962. |
| 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 | 0 | 3 | 6 | 0 |
|---|---|---|---|---|

 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 GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 2 | 7 | 4 | 0 | 3 |
|---|---|---|---|---|

 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 KAVYA | Last name MAJETI | Your social security number 198-35-0360 |
| If joint return, spouse's first name and middle initial ABHIRAM | Last name MAJETI | Spouse's social security number 975-92-7403 |
| Home address (number and street). If you have a P.O. box, see instructions. 24890 RAVINE CT | | 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. FARMINGTON | State MI | |
| Foreign country name | Foreign province/state/county | |
| Apt. no. | | ZIP code 48335 |
| 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"/> | TRISHIK | MAJETI | 975-92-7408 | Son | <input type="checkbox"/> | <input checked="" 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 | 76,649. |
| Attach Sch. B if required. | 2a Tax-exempt interest | 2a | | |
| | 3a Qualified dividends | 3a | | |
| | 4a IRA distributions | 4a | | |
| | 5a Pensions and annuities | 5a | | |
| | 6a Social security benefits | 6a | | |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | 7 | |
| | 8 Other income from Schedule 1, line 9 | | 8 | -6,570. |
| | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 70,079. |
| 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 | | |
| | 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 | 70,079. |
| | 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 | 45,279. |

| | | | |
|-----------|---|------------|--------|
| 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 | 5,038. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 5,038. |
| 19 | Child tax credit or credit for other dependents | 19 | 500. |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | 500. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 4,538. |
| 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 | 4,538. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 6,700. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 6,700. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 1,800. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 1,800. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 8,500. |

Refund

| | | | |
|------------|---|------------|---|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 3,962. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 3,962. |
| b | Routing number 021200339 | c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number 381047543980 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

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

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

Sign Here

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

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

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 04/15/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | | Phone no. (678) 965-9522 Firm's EIN 30-1017196 |

**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
KAVYA & ABHIRAM MAJETI

Your social security number
198-35-0360

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 | -6,570. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ _____ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -6,570. |

Part II Adjustments to Income

| | | | |
|------------|---|------------|--|
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| b | Recipient's SSN ▶ _____ | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees deduction. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a | 22 | |

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

2020

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

KAVYA & ABHIRAM MAJETI

198-35-0360

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

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

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

| | | | | | |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | 8-3-231/B/198 SRI KRISHNA YOUSUFGUDA TELANGANA IN 500045 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 3 | | 365 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

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

| Income: | | Properties: | | A | B | C |
|------------------|---|--------------------|--|-------------|----------|----------|
| 3 | Rents received | 3 | | 500. | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | 1,620. | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | 900. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | 1,630. | | |
| 15 | Supplies | 15 | | 1,520. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities. | 17 | | 1,400. | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 7,070. | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | -6,570. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | | (-6,570.) | () | () |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | 500. | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 7,070. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | (6,570.) | | |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | | -6,570. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

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 KAVYA & ABHIRAM MAJETI | Taxpayer identification number 198-35-0360 |
| 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) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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.)

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children 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.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c 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)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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.)

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | Yes | No |
|--|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | Yes | No |
|--|--------------------------|--------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | <input type="checkbox"/> | <input type="checkbox"/> |

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, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing 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 checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - 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 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **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.**

| | | |
|---|-------------------------------------|--------------------------|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|

2020 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2020
Page 1



040NV01200

For Taxable Year January 1, 2020 – December 31, 2020 or Other Tax Year
Beginning _____, 2020 Ending _____, 2021

1555

Your Social Security Number
198350360

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)
MAJETI KAVYA & ABHIRAM

Spouse's/CU Partner's Social Security Number
975927403

State of Residency (outside NJ)
Michigan

Home Address (Number and Street, incl. apt. # or rural route)
24890 RAVINE CT

Driver's License # (Voluntary)
M230461022260

State
MI

City, Town, Post Office
FARMINGTON

State ZIP Code
MI 48335

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

Your address has changed

Death certificate for deceased taxpayer is attached (See instructions page 9)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

NJ Residency Status If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency.

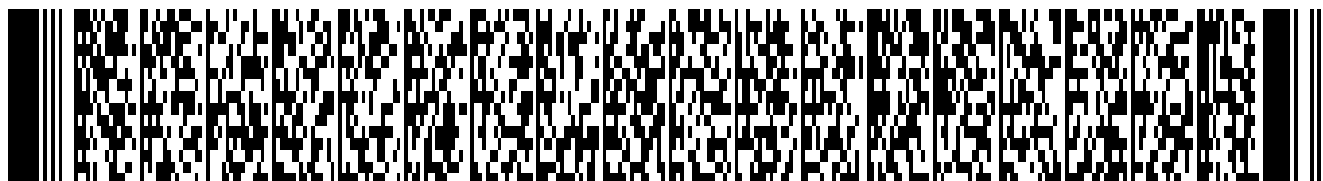
From:

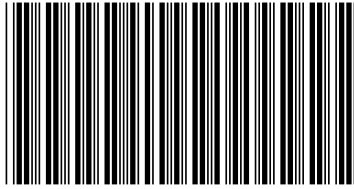
To:

Gubernatorial Elections Fund Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.

Yes
Yes

No
No





040NV02200

Name(s) as shown on Form NJ-1040NR
MAJETI KAVYA & ABHIRAM

Your Social Security Number
198350360

1555

Filing Status
(Check only ONE box)

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Name and SSN of Spouse/CU Partner
- 5. Qualifying Widow(er)/Surviving CU Partner

Exemptions

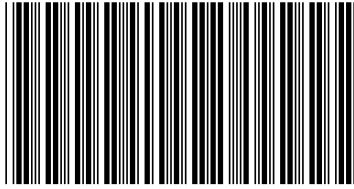
- 6. Regular Self Spouse/CU Partner Domestic Partner 6. **2**
- 7. Age 65 or over Self Spouse/CU Partner 7.
- 8. Blind or Disabled Self Spouse/CU Partner 8.
- 9. Veteran Exemption Self Spouse/CU Partner 9.
- 10. Number of your qualified dependent children 10. **1**
- 11. Number of other dependents 11.
- 12. Dependents attending colleges (See Instructions) 12.
- 13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9. 13a. **2** 13b. **1** 13c.

Dependent Information

- 14. Dependent's Last Name, First Name, Middle Initial Dependent's Social Security Number Birth Year
 - a. MAJETI TRISHIK 975927408 2015
 - b. _____
 - c. _____
 - d. _____

COL. A - AMOUNT OF GROSS INCOME (EVERYWHERE) COL. B - AMOUNT FROM NEW JERSEY SOURCES

| | | | | | | |
|--|------|-------|---|------|-------|---|
| 15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 66 through 72 | 15. | 89750 | . | 15. | 89750 | . |
| 16. Interest | 16. | | . | 16. | | . |
| 17. Dividends | 17. | | . | 17. | | . |
| 18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) | 18. | | . | 18. | | . |
| 19. Net gains or income from disposition of property (From line 65) | 19. | | . | 19. | | . |
| 20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4) | 20. | 0 | . | 20. | 0 | . |
| 21. Net gambling winnings (See Instructions) | 21. | | . | 21. | | . |
| 22. Pensions, Annuities, and IRA Withdrawals | 22. | | . | 22. | | . |
| 23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4) | 23. | | . | 23. | | . |
| 24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4) | 24. | | . | 24. | | . |
| 25. Alimony and separate maintenance payments received | 25. | | . | 25. | | . |
| 26. Other – State Nature and Source _____ | 26. | | . | 26. | | . |
| 27. TOTAL INCOME (Add lines 15 through 26) | 27. | 89750 | . | 27. | 89750 | . |
| 28a. Pension Exclusion (See Instructions) | 28a. | | . | 28a. | | . |
| 28b. Other Retirement Income Exclusion (See Worksheet and Instructions) | 28b. | | . | 28b. | | . |
| 28c. Total Exclusion Amount (Add line 28a and line 28b) | 28c. | | . | 28c. | | . |
| 29. Gross Income (Subtract line 28c from line 27) | 29. | 89750 | . | 29. | 89750 | . |
| 30. Total Exemption Amount (See Instructions) | 30. | 3500 | . | 30. | | . |
| 31. Medical Expenses (See Worksheet and Instructions) | 31. | | . | 31. | | . |
| 32. Alimony and separate maintenance payments | 32. | | . | 32. | | . |
| 33. Qualified Conservation Contribution | 33. | | . | 33. | | . |
| 34. Health Enterprise Zone Deduction | 34. | | . | 34. | | . |
| 35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) | 35. | 0 | . | 35. | | . |



040NV03200

Name(s) as shown on Form NJ-1040NR
MAJETI KAVYA & ABHIRAM

Your Social Security Number
198350360

1555

| | | | | |
|-----|---|------|-------|---|
| 36. | Organ/Bone Marrow Donation Deduction (See instructions) | 36. | . | . |
| 37. | Total Exemptions and Deductions (Add lines 30 through 36) | 37. | 3500 | . |
| 38. | TAXABLE INCOME (Subtract line 37 from line 29, column A) | 38. | 86250 | . |
| 39. | Tax on amount on line 38 (From Tax Table page 34) | 39. | 1992 | . |
| 40. | Income Percentage B. (line 29) / A. (line 29) = <u>100.00</u> % | | | |
| 41. | NEW JERSEY TAX (Multiply amount from line 39 by income percentage from line 40) | 41. | 1992 | . |
| 42. | Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions) | 42. | . | . |
| 43. | Gold Star Family Counseling Credit (See Instructions) | 43. | . | . |
| 44. | Credit for Employer of Organ/Bone Marrow Donor (See instructions) | 44. | . | . |
| 45. | Total credits (Add lines 42, 43, and 44) | 45. | . | . |
| 46. | Balance of Tax After Credits (Subtract line 45 from line 41) | 46. | 1992 | . |
| 47. | Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed | 47. | . | . |
| 48. | Total Tax and Penalty (Add line 46 and line 47) | 48. | 1992 | . |
| 49. | Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) | 49. | 2326 | . |
| 50. | New Jersey Estimated Tax Payments/Credit from 2019 return | 50. | . | . |
| 51. | Tax paid on your behalf by Partnership(s) | 51. | . | . |
| 52. | EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450) | 52. | . | . |
| 53. | EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450) | 53. | . | . |
| 54. | EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450) | 54. | . | . |
| 55. | Pass-Through Business Alternative Income Tax Credit (See instructions) | 55. | . | . |
| 56. | Total Payments/Credits (Add lines 49 through 55) | 56. | 2326 | . |
| 57. | If line 56 is LESS THAN line 48, enter AMOUNT YOU OWE | 57. | . | . |
| 58. | If line 56 is MORE THAN line 48, enter OVERPAYMENT | 58. | 334 | . |
| 59. | Deductions from Overpayment on line 58 that you elect to credit to: | | | |
| | (A) Your 2021 Tax | 59A. | . | . |
| | (B) N.J. Endangered Wildlife Fund | 59B. | . | . |
| | (C) N.J. Children's Trust Fund | 59C. | . | . |
| | (D) N.J. Vietnam Veterans' Memorial Fund | 59D. | . | . |
| | (E) N.J. Breast Cancer Research Fund | 59E. | . | . |
| | (F) U.S.S. N.J. Educational Museum Fund | 59F. | . | . |
| | (G) Designated Contribution Code | 59G. | . | . |
| 60. | Total Deductions From Overpayment (Add lines 59A through 59G) | 60. | . | . |
| 61. | REFUND (Amount to be sent to you. Subtract line 60 from line 58) | 61. | 334 | . |

Also enter on line 50:
• Payments made in connection with sale of NJ real property
• Payments by S corporation for nonresident shareholder

NOTE:
An entry on line 59A, B, C, D, E, F, or G will reduce your tax refund

Under penalties of perjury, I declare that I have examined this 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 taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

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

Pay amount on line 57 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI
Division of Taxation
Revenue Processing Center
PO Box 244
Trenton, NJ 08646-0244

You may also pay by e-check or credit card.

| | |
|--|--|
| Name(s) as shown on Form NJ-1040NR MAJETI KAVYA & ABHIRAM | Your Social Security Number 198350360 |
|--|--|

| | | |
|---------------|---|---|
| PART I | Net Gains or Income From Disposition of Property | List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible. |
|---------------|---|---|

| (a) Kind of property and description | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Gross sales price | (e) Cost or other basis as adjusted (see instructions) and expense of sale | (f) Gain or (loss) (d less e) |
|--|-----------------------------------|-------------------------------|-----------------------|--|-------------------------------|
| 62. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 63. Capital Gains Distribution | | | | | 63. |
| 64. Other Net Gains..... | | | | | 64. |
| 65. Net Gains (Add lines 62, 63, and 64) (Enter here and on line 19) (If loss, enter zero) | | | | | 65. |

| | | |
|----------------|---|---|
| PART II | Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey | (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.) |
|----------------|---|---|

| | | | |
|---|-----|--|--|
| 66. Amount reported on line 15 in column A required to be allocated | 66. | | |
| 67. Total days in taxable year | 67. | | |
| 68. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) | 68. | | |
| 69. Total days worked in taxable year (subtract line 68 from line 67) | 69. | | |
| 70. Deduct days worked outside New Jersey..... | 70. | | |
| 71. Days worked in New Jersey (subtract line 70 from line 69)..... | 71. | | |
| 72. ALLOCATION FORMULA $\frac{\text{(Line 71)}}{\text{(Line 69)}} \times \frac{\text{(Enter amount from line 66)}}{\text{(Salary earned inside N.J.)}} = \text{_____}$ (Include this amount on line 15, col. B) | | | |

| | | |
|-----------------|--|---|
| PART III | Allocation of Business Income to New Jersey | (See instructions if other than Formula Basis of allocation is used.) |
|-----------------|--|---|

Business Allocation Percentage (From Schedule NJ-NR-A)

Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ x _____% = \$ _____

From Line No. _____ \$ _____ x _____% = \$ _____

From Line No. _____ \$ _____ x _____% = \$ _____

| | |
|---|---------------------------------------|
| Name(s) as shown on Form NJ-1040NR MAJETI, KAVYA & ABHIRAM | Social Security Number 198-35-0360 |
|---|---------------------------------------|

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

New Jersey Gross Income Tax
Business Income Summary Schedule

2020

| Part 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, column A. If loss, enter ZERO on line 18, column A.) | | 4. | |
| Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights | | List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-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. | 8-3-231/B/198 SRI KRISHNA | 198350360 | 1 | -6,570. |
| 2. | | | | |
| 3. | | | | |
| 4. | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter ZERO on line 20, column A.) | | 4. | -6,570. |
| Part III 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) | Share of tax paid on your behalf by Partnerships |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter ZERO on line 23, column A.) | | | |
| 5. | Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 51. | | | |
| Part IV Net Pro Rata Share of S Corporation Income | | List the pro rata share of income (usable loss) 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 24, column A. If loss, enter ZERO on line 24, column A.) | | 4. | |

Keep a copy of this schedule for your records

Schedule NJ-BUS-2
(Form NJ-1040NR)

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2020

| PART I Income (Loss) | | Column A | | Column B | |
|--|---|------------------------------------|------|------------------------------------|------------|
| | | Reportable Regular Business Income | | Alternative Business Income (Loss) | |
| 1. | Net Profits From Business | 1a. | 0. | 1b. | 0. |
| 2. | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 2a. | 0. | 2b. | -6,570. |
| 3. | Distributive Share of Partnership Income | 3a. | 0. | 3b. | 0. |
| 4. | Net Pro Rata Share of S Corporation Income | 4a. | 0. | 4b. | 0. |
| 5. | Loss Carryforward From Tax Year 2019 | | | 5b. | () |
| 6. | Totals | 6a. | 0. | 6b. | -6,570. |
| PART II 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. | | |
| PART III Loss Carryforward to Tax Year 2021 | | | | | |
| 12. | Loss Carryforward to Tax Year 2021 | 12. | | | (6,570.) |

Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2019 Schedule NJ-BUS-2 (Form NJ-1040NR).
- 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 on line 35 of Form NJ-1040NR, 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-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records

Instructions for Form MI-1040-V

2020 Michigan Individual Income Tax Payment Voucher

Important Information

Use this voucher only if making your payment after you file your MI-1040 return.

Do not use this voucher to do any of the following:

- Make any other payments to the State of Michigan
- Make estimated income tax payments. Estimated income tax payments should be made using the MI-1040ES
- Pay tax owed on your City of Detroit return. The City of Detroit tax due should be paid using the CITY-V.

Failure to provide a complete Social Security number on Form MI-1040-V will result in processing delays.

Enter on Form MI-1040-V below the tax due as shown on your *Individual Income Tax Return* (MI-1040), line 33.

Your payment and MI-1040-V are due April 15, 2021. If your payment is late, you will owe interest and penalty in addition to the tax due. The annual interest rate is 1 percent above the current prime rate. Penalty is 5 percent of the tax due for the first two months, then 5 percent for each month thereafter until the full payment is received, up to a maximum penalty of 25 percent. If you pay late, you may calculate and add interest and penalty to your payment or Treasury will send you a bill for any additional amount due. Interest rates are adjusted on July 1 and January 1. For current interest rates visit www.michigan.gov/taxes.

If you do not owe any tax on your MI-1040, do not file this form.

Electronic Payments

You may choose to make your individual income tax payment electronically. Paying electronically is easy, fast and secure. Payment options include direct debit (eCheck) from your checking or savings account, or payment by credit or debit card.

You can also make your Individual Income Tax payment using direct debit when supported by your e-file software provider.

If you choose to make your payment electronically, you do not need to mail the MI-1040-V to Treasury. Visit www.michigan.gov/iit for more information.

Mailing Instructions

- Make your check payable to the **“State of Michigan.”** Print **“2020 MI-1040-V”** and the last four digits of your **Social Security number** on the check. If paying on behalf of another filer, write the filer’s name and the last four digits of the filer’s Social Security number on the check.
- Detach Form MI-1040-V along the dotted line.
- Do not attach your payment to Form MI-1040-V. Instead, place both items loose in the envelope and mail to:
Michigan Department of Treasury
P.O. Box 30774
Lansing, MI 48909
- Do not attach a copy of your return to the MI-1040-V. Attaching a copy of your return will delay the application of payment to your account.
- Do not write notes on the MI-1040-V or submit the voucher without payment.
- If you mail your payment with your paper filed return, you do not need to mail the MI-1040-V to Treasury.

If you have questions, you may call 517-636-4486. Assistance is available using TTY through the Michigan Relay Service by calling 711.

Visit www.michigan.gov/taxes for additional information.

Mail this form with payment for your MI-1040 return. Do not file with your paper return.

Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury (Rev. 03-20)

2020 MICHIGAN Individual Income Tax Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967, as amended. See instructions for filing guidelines.

Mail Form MI-1040-V with your payment after you file your MI-1040 return.

Do not use this form to make any other payments to the State of Michigan.

REV 04/06/21 PRO

| | | |
|--|--|--|
| Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code) KAVYA MAJETI ABHIRAM MAJETI 24890 RAVINE CT FARMINGTON MI 48335 | Filer's Full Social Security Number 198-35-0360 | Spouse's Full Social Security Number 975-92-7403 |
| WRITE PAYMENT AMOUNT HERE ➡ \$ | | 381 .00 |
| MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909 | | Make check payable to “State of Michigan.” Write the last four digits of filer's Social Security number and “2020 MI-1040-V” on the check. Do not fold or staple. |

DO NOT WRITE IN THIS SPACE

1555

77657469 02 2020 975927403 198350360 5

2020 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2021. Type or print in blue or black ink.

| | | | | | | |
|---|--|------|----------------------------|---|---|--|
| 1. Filer's First Name KAVYA | | M.I. | Last Name MAJETI | | 2. Filer's Full Social Security No. (Example: 123-45-6789) 198 — 35 — 0360 | |
| If a Joint Return, Spouse's First Name ABHIRAM | | M.I. | Last Name MAJETI | | 3. Spouse's Full Social Security No. (Example: 123-45-6789) 975 — 92 — 7403 | |
| Home Address (Number, Street, or P.O. Box) 24890 RAVINE CT | | | | | 4. School District Code (5 digits – see page 60) 63200 | |
| City or Town FARMINGTON | | | State MI | ZIP Code 48335 | | |
| 5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse | | | | 6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring. | | |
| 7. 2020 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input checked="" type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | 8. 2020 RESIDENCY STATUS. Check all that apply. a. <input checked="" type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * * If you check box "b" or "c," you must complete and include Schedule NR. | | |

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

| | | | | | | | |
|---|-----|---|---|---------|-----|-------|----|
| a. Number of exemptions (see instructions)..... | 9a. | <div style="border: 1px solid black; padding: 2px;">3</div> | x | \$4,750 | 9a. | 14250 | 00 |
| b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled..... | 9b. | | x | \$2,800 | 9b. | | 00 |
| c. Number of qualified disabled veterans..... | 9c. | | x | \$400 | 9c. | | 00 |
| d. Number of Certificates of Stillbirth from MDHHS (see instructions)..... | 9d. | | x | \$4,750 | 9d. | | 00 |
| e. Claimed as dependent, see line 9 NOTE above..... | 9e. | <input type="checkbox"/> | | | 9e. | | 00 |
| f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15..... | 9f. | | | | 9f. | 14250 | 00 |
| 10. Adjusted Gross Income from your U.S. Forms 1040 or 1040NR (see instructions)..... | 10. | | | | | 70079 | 00 |
| 11. Additions from Schedule 1, line 9. Include Schedule 1 | 11. | | | | | | 00 |
| 12. Total. Add lines 10 and 11..... | 12. | | | | | 70079 | 00 |
| 13. Subtractions from Schedule 1, line 29. Include Schedule 1 | 13. | | | | | | 00 |
| 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"..... | 14. | | | | | 70079 | 00 |
| 15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19..... | 15. | | | | | 14250 | 00 |
| 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"..... | 16. | | | | | 55829 | 00 |
| 17. Tax. Multiply line 16 by 4.25% (0.0425)..... | 17. | | | | | 2373 | 00 |

NON-REFUNDABLE CREDITS

| | AMOUNT | CREDIT |
|--|---|---|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions)..... | 18a. <div style="border: 1px solid black; padding: 2px; display: inline-block;">1992 00</div> | 18b. <div style="border: 1px solid black; padding: 2px; display: inline-block;">1992 00</div> |
| 19. Michigan Historic Preservation Tax Credit carryforward (see instructions)..... | 19a. <div style="border: 1px solid black; padding: 2px; display: inline-block;">00</div> | 19b. <div style="border: 1px solid black; padding: 2px; display: inline-block;">00</div> |
| 20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"..... | 20. | <div style="border: 1px solid black; padding: 2px; display: inline-block;">381 00</div> |

Filer's Full Social Security Number

198 — 35 — 0360

| | | | |
|--|-----|-----|----|
| 21. Enter amount of Income Tax from line 20..... | 21. | 381 | 00 |
| 22. Voluntary Contributions from Form 4642, line 6. Include Form 4642 | 22. | | 00 |
| 23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0 | 00 |
| 24. Total Tax Liability. Add lines 21, 22 and 23 | 24. | 381 | 00 |

REFUNDABLE CREDITS AND PAYMENTS

| | | | |
|--|------|--|----|
| 25. Property Tax Credit. Include MI-1040CR or MI-1040CR-2 | 25. | | 00 |
| 26. Farmland Preservation Tax Credit. Include MI-1040CR-5 | 26. | | 00 |
| 27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. | 27a. | | 00 |
| | 27b. | | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). Include Form 3581 | 28. | | 00 |
| 29. Michigan tax withheld from Schedule W, line 6. Include Schedule W (do not submit W-2s) | 29. | | 00 |
| 30. Estimated tax, extension payments and 2019 credit forward | 30. | | 00 |
| 31. 2020 AMENDED RETURNS ONLY. Taxpayers completing an original 2020 return should skip to line 32. Amended returns must include Schedule AMD (see instructions) . | | | |
| 31a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 31a and enter this amount as a negative number on line 31c. | | | |
| 31b. <input type="checkbox"/> If you paid with the original return, check box 31b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 31c. Do not include interest or penalty. | | | |
| 31c. | | | 00 |
| 32. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30 and 31c | 32. | | 00 |

REFUND OR TAX DUE

| | | | |
|--|----------------|-----|--------|
| 33. If line 32 is less than line 24, subtract line 32 from line 24. If applicable, see instructions. | | | |
| Include interest <input type="text"/> <input type="text"/> 00 and penalty <input type="text"/> <input type="text"/> 00 | YOU OWE | 33. | 381 00 |
| 34. Overpayment. If line 32 is greater than line 24, subtract line 24 from line 32 | 34. | | 00 |
| 35. Credit Forward. Amount of line 34 to be credited to your 2021 estimated tax for your 2021 tax return ... | 35. | | 00 |
| 36. Subtract line 35 from line 34 | REFUND | 36. | 00 |

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

| | | | |
|----------------------------------|--------------------------|--------------------------------------|-------------------------------------|
| a. Routing Transit Number | b. Account Number | c. Type of Account | |
| | | 1. <input type="checkbox"/> Checking | 2. <input type="checkbox"/> Savings |

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2019, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2020 (MM-DD-YYYY)

| | | | |
|-------|-----|--------|-----|
| Filer | — — | Spouse | — — |
|-------|-----|--------|-----|

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN
P02082703

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

| | |
|--------------------|------|
| Filer's Signature | Date |
| Spouse's Signature | Date |

Preparer's Name (print or type)
SYAM PRIYA RAM SAGAR GUPTA TA
Preparer's Signature
SYAM PRIYA RAM SAGAR GUPTA TA
Preparer's Business Name, Address and Telephone Number
GLOBAL TAXES LLC
2530 PEBBLE CREEK LN
CUMMING GA 30041
678-965-9522

By checking this box, I authorize Treasury to discuss my return with my preparer.

Refund, credit, or zero returns. Mail your return to:

Michigan Department of Treasury, Lansing, MI 48956

Pay amount on line 33 (see instructions). Mail your check and return to:

Michigan Department of Treasury, Lansing, MI 48929

| | |
|--|--|
| Name as Shown on Return <u>KAVYA & ABHIRAM MAJETI</u> | Social Security Number <u>198-35-0360</u> |
|--|--|

- **QuickZoom** to another copy of this worksheet ➔
- **Part-year residents:** You can claim this credit only when your income from another state was earned while you were a Michigan resident.
- Jurisdiction code ▶ NJ
Jurisdiction name New Jersey

| | | | |
|----------|--|----------|----------------|
| 1 | Income earned in another state or locality subject to Michigan tax | 1 | <u>86,250.</u> |
| 2 | Enter the amount from Form MI-1040, line 14. | 2 | <u>70,079.</u> |
| 3 | Divide line 1 by line 2 | 3 | <u>1.2308</u> |
| 4 | Enter the amount from Form MI-1040, line 17. | 4 | <u>2,373.</u> |
| 5 | Multiply line 4 by line 3 | 5 | <u>2,921.</u> |
| 6 | Enter the amount of tax imposed by another state or locality | 6 | <u>1,992.</u> |
| 7 | Credit. Enter line 6 or the smaller of line 5 or line 6 | 7 | <u>1,992.</u> |