Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Secial security number Secial security nu	Submission Identification Number (SID)	
Spouse's social security number Spouse's social security number Selection Selection	Taxpayer's name	Social security number
Part II 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	ABRAHAM MUBARAK	774-64-2985
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	Spouse's name	Spouse's social security number
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		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total lax 2 Total lax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 10, 079 4 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to you 1 Amount you want refunded to you 2 Amount you want refunded to you 3 10, 079 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you return) 1 Under penalties of perluy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return or refund you held it is true, correct, and complete. I further declare that the amounts in Part I above are the authorizing of the best of the service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to create from the IRS (a) an acknowledgement of receipts or reason for rejection of the transmission, (b) the reson for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury financial disentification in the transmission, (b) the reson for any delay in processing the return or refund, and (c) the date of any refund intention account in dicated in the transmission, (b) the transmission (b) the transmission of received more than authorization is to remain in full force and effect until I refully the U.S. Treasury Financial Agent to Head-Bas-Sas-Sas-Sas-Sas-Sas-Sas-Sas-Sas-Sas-S		20 (Enter year you are authorizing.)
Adjusted gross income 1 1 119,588. 2 101,931. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	,	
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Amount you want refunded to you 5 Amount you owe 5 Amount you want refunded to you 652. Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 652. Amount you want refunded to you 652. Amount you want refunded to you 652. Amount you want refunded to you return) 100 Amount you want refunded to you return in gate and belef, it is true, correct, and complete. If wither 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 original or ample delay in the part of the your relation of the transmission, (b) the reason or 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 Gapten to represent the refundation to refund the payment of review of any refund 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 tempiate the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tempiate the authorization in to remain the until the entry to this account. This payment of regional or the inaccial institution to debit the entry to this account. This payment of regional or amended of the inaccial institution to debit the entry to this account. This payment of the inaccial institution 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. If urther acknowledge that the presental interfunction running region to the payment (settlement) data. I also authorized the inst		
Amount you want refunded to you 5 Amount you owe 6 5 65.2. Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun; 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 (FIFO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection, (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 internation account indication curved international control and account indication in the tax preparation software for 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 transition requests with the recommendation of the payment of the payment (etc.) Treasury Financial Agent to the payment (etc.) Treasury Financial Agent to the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Punds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC		
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Taxpayer's PIN: check one box only	to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial untorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues relatives personal identification number (PIN) below is my signature for the income tax return (original or an	ason for rejection of the transmission, (b) the reason norize the U.S. Treasury and its designated Financial account indicated in the tax preparation software for cial institution to debit the entry to this account. This to terminate the authorization. To revoke (cancel) a ellation requests must be received no later than 2 blved in the processing of the electronic payment of ed to the payment. I further acknowledge that the
I authorize 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. Your signature ▶ Date ▶ Spouse's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate my PIN 5 9 5 6 5 as my Enter five digits, but don't enter all zeros Spouse's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate my PIN 5 9 5 6 5 as my 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. 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.		
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	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
	FRO's signature	Date ►

Don't Submit This Form to the IRS Unless Requested To Do So

Form 1040-V 2020 Page **2**

IF you live in	THEN use this address to send in your payment			
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214			
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000			
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501			
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303			

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V 2020**

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99) **2020**

Form 1040-V Payment Voucher

- ► Use this voucher when making a payment with Form 1040.
- ► Do not staple this voucher or your payment to Form 1040.
- ► Make your check or money order payable to the 'United States Treasury.'
- ► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ► L52 • REV 08/30/21 PRO 1555

ABRAHAM MUBARAK RINI ABRAHAM 525 JUSTIN WAY NESHANIC STATION NJ D&&53 INTERNAL REVENUE SERVICE
P.O. BOX 931000
LOUISVILLE, KY 40293-1000

E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

2020
- $ -$

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your dependent	name of	ed filing separately your spouse. If you	•	_		•	_			. , . ,
Your first name	and m	iddle initial	Last na	me					Yo	our so	cial securit	ty number
ABRAHAM			MUBA	ARAK					7	74-	64-298	5
If joint return, s	pouse's	s first name and middle initial	Last na	me					Sp	ouse'	s social sec	curity number
RINI			ABRA	MAHAM					9	61-9	95-956	5
Home address	(numbe	er and street). If you have a P.O. box, so	ee instructi	ons.				Apt. no.	Pr	eside	ntial Election	on Campaign
525 JUS'	rin '	WAY									nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also	complete s	paces below.	Sta	ate	ZIP	code			0,	ntly, want \$3 Checking a
NESHANI(C ST.	ATION			N	J	0.8	3853			ow will not	
Foreign country	y name		1	Foreign province/stat	te/cour	nty	For	eign postal co	de yo	ur tax	or refund.	
											You	Spouse
At any time du	ring 20	020, did you receive, sell, send, ex	change, d	or otherwise acqui	re any	financial inte	rest ir	any virtual	currer	псу?	Yes	⋈ No
Standard Deduction		eone can claim:				a dependent n						
Age/Blindness	S You:	Were born before January 2,	1956	Are blind S	pous	e: Was b	orn be	efore Januar	ry 2, 19	956	☐ Is bl	ind
Dependents	s (see	instructions):		(2) Social secu	rity	(3) Relations	ship	(4) 🗸	if qualif	lies for	r (see instru	uctions):
If more		irst name Last name		number	,	to you		Child ta		- 1		her dependents
than four	JOH	OHN Z ABRAHAM		961-95-9577 Son								×
dependents, see instruction												
and check												
here ►											[
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	1.1	19 , 888.
Attach Sch. B if	2 a	Tax-exempt interest	2a		b ⁻	Γaxable intere	st			2b		
required.	3a	Qualified dividends	3a		b (Ordinary divid	ends			3b		
	4a	IRA distributions	4a		b ⁻	Taxable amou	nt .			4b		
	5a	Pensions and annuities	5a		b ⁻	Taxable amou	nt .			5b		
Standard	6a	Social security benefits	6a		b ⁻	Taxable amou	nt .			6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Sch	edule D i	frequired. If not re	quire	d, check here		•	· 🗌	7		
Married filing	8	Other income from Schedule 1, I	ine 9 .							8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	', and 8. T	his is your total ir	ncome					9	1.1	19 , 888.
Married filing	10	Adjustments to income:				1						
jointly or Qualifying	а	From Schedule 1, line 22				1	0a					
widow(er), \$24,800	b	Charitable contributions if you take	te the star	ndard deduction. S	ee ins	tructions 1	0b	3	300.			
Head of	С	Add lines 10a and 10b. These ar	e your to t	tal adjustments to	o inco	me				10c		300.
household, \$18,650	11	Subtract line 10c from line 9. Thi	s is your a	adjusted gross in	come				•	11		19 , 588.
If you checked any box under	12	Standard deduction or itemize	d deduct	ions (from Schedu	ıle A)					12		24,800.
Standard	13	Qualified business income deduc	ction. Atta	ach Form 8995 or	Form 8	3995-A				13		
Deduction, see instructions.	14	Add lines 12 and 13								14		24,800.
	15	Taxable income. Subtract line 1	4 from lin	e 11. If zero or les	s, ente	er-0				15		94,788.

Form 1040 (2020))								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	12,431.
	17	Amount from Schedule 2, lir	-				-	17	
	18	Add lines 16 and 17						18	12,431.
	19	Child tax credit or credit for	other dependen	ts				19	500.
	20	Amount from Schedule 3, lir	ne 7					20	
	21	Add lines 19 and 20						21	500.
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	11,931.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 10 .			23	0.
	24	Add lines 22 and 23. This is			•			24	11,931.
	25	Federal income tax withheld	from:						·
	а	Form(s) W-2				25a 10	,079.		
	b	Form(s) 1099				25b	•		
	С	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	,					25d	10,079.
	26	2020 estimated tax paymen						26	
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit. A				28		1	
If you have nontaxable	29	American opportunity credit				29		-	
combat pay, see instructions.	30	Recovery rebate credit. See		*			,200.	-	
3cc manuchons.	31	Amount from Schedule 3, lir				31	_,	1	
	32	Add lines 27 through 31. Th	32	1,200.					
	33	Add lines 25d, 26, and 32. T	,					33	11,279.
	34	If line 33 is more than line 24						34	11,213.
Refund	35a	Amount of line 34 you want						35a	
Direct deposit?	⊳ b	Routing number X X X			► c Type:		Savings	33a	
See instructions.	►d	Account number X X X					Saviriys		
	36	Amount of line 34 you want				36			
Amount		· · · · · · · · · · · · · · · · · · ·						37	652.
You Owe	37	Subtract line 33 from line 24		-				31	052.
For details on		Note: Schedule H and Sch 2020. See Schedule 3, line	·	•	•	of the taxes you	owe for		
how to pay, see instructions.	38	Estimated tax penalty (see i	•			38			
Third Party Designee		you want to allow another	•			. —	omnlete h	relow	⋉ No
Designee		signee's		Phone			onal identi		NO NO
		me ▶		no.			ber (PIN)		
Sign		der penalties of perjury, I declare							
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is ba	ased on all informati	on of which	ı prepare	er has any knowledge.
TICIC	You	ur signature		Date	Your occupation				nt you an Identity
					COEMMADE	ZNIC TNIE ED	l l	inst.) ▶	N, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return,	hath must sign	Date	SOFTWARE I		- '		nt your spouse an
Keep a copy for	Spi	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	1011			ection PIN, enter it here
your records.					HOUSE MAKI	ΞR	(see	inst.) 🕨	
	Pho	one no.		Email address	A.HABIL@GN	MAIL.COM	,		
Date	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	11/30/2021	P0208	2703	Self-employed
Preparer	Firr	m's name ▶ GLOBAL TA	XES LLC			•	Phor	ne no. (678) 965-9522
Use Only	Firr	m's address ▶ 2530 Pebb	le Creek I	n Cummin	g GA 30041		Firm	's EIN ▶	30-1017196
Go to www.irs.ac		11040 for instructions and the late			BAA	REV 08/30/21 PR	'		Form 1040 (2020)
					2 /1/1		-		2 - 2 (2020)

Form **8867**

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

OMB No. 1545-0074

Attachment Sequence No. **70**

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.

Taxpayer name(s) shown on return Taxpayer identification number ABRAHAM MUBARAK & RINI ABRAHAM 774-64-2985

inter pre	eparer's name and PTIN				
SYAN	M PRIYA RAM SAGAR GUPTA TALLAM P02	08270	3		
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and cobenefit(s) claimed (check all that apply). \square EIC $\boxed{\times}$ CTC/ACTC/ODC		the rela		arts I–V HOH
1	Did you complete the return based on information for tax year 2020 provided by the taxpay reasonably obtained by you?	er or	Yes	No	N/A
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the information, and all related forms and schedules for each credit claimed?	or the same	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do be the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's response		(5.3)		
	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 status and to figure the amount(s) of any credit(s)	l filing	×		
4	Did any information provided by the taxpayer or a third party for use in preparing the retuinformation reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "answer questions 4a and 4b. If "No," go to question 5.)	Yes,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	?.			
b	Did you contemporaneously document your inquiries? (Documentation should include the queryou asked, whom you asked, when you asked, the information that was provided, and the imparinformation had on your preparation of the return.)	ct the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheet(s), a record of how, when, and from whom the information used to prepare 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to	of any Form by the figure			
	the amount(s) of the credit(s)	· 	×		
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if he return is selected for audit?		X		
7 a	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.) Did you complete the required recertification Form 8862?	•	X		
а 8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complet	e and			
U	correct Schedule C (Form 1040)?				

orm 88	367 (2020)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
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.)	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 C	CTC, A	CTC,
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	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?	X		
Part				
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part		s. ao ta	D Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax		Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<u> </u>		
Part	VI Eligibility Certification			
	➤ You will have complied with all due diligence requirements for claiming the applicable credit(s) a status on the return of the taxpayer identified above if you:	nd/or H	OH fili	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 check credit(s) claimed and HOH filing status, if claimed; 	list for a	ny 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 eligib	ility 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
	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 amount			
	▶ 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 eac	ch failu	ire to
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t. and	Yes	No
	complete?	-,		



NJ-1040 2020

Page 1

1805



2020 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

0/0MP01200

Your Social Security Number (required) 774642985

 $Last\ Name,\ First\ Name,\ Initial\ (\textit{Joint Filers enter first name and middle initial of each}.\ Enter\ spouse's (CU\ partner's\ last\ name\ ONLY\ if\ different.)$

MUBARAK ABRAHAM & ABRAHAM RINI

Spouse's/CU Partner's SSN (if filing jointly) 961959565

Home Address (Number and Street, including apartment number)

County/Municipality Code (See Table page 50)

525 JUSTIN WAY

 $\begin{array}{cccc} \text{City, Town, Post Office} & \text{State} & \text{ZIP Code} \\ \text{NESHANIC STATION} & \text{NJ} & 08853 \end{array}$

Driver's License Number (Voluntary) (See instructions) M90160050001822

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

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

NJ-1040-O is enclosed.

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

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

Direct Deposit Information

dd1.	Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2.	Account type (C for checking, S for savings)	dd2.	С	
dd3.	Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4.	Routing number	dd4.		031207607
dd5.	Account number	dd5.		8067932116





NJ-1040 2020 Page 2



Name(s) as shown on Form NJ-1040

MUBARAK ABRAHAM & ABRAHAM RINI

Your Social Security Number 774642985

1555

	040MF	02200							
Part-	-year residents, provide months/days you	were a New Jersey	resident during	2020:	Fiscal y	ear filers or	ıly:		
Fron	n: To:				Enter m	onth of you	r year end	2	021
	ng Status n only one.								
1.	Single								
2.	X Married/CU Couple, filing join	it return							
3.	Married/CU Partner, filing sepa	arate return							
4.	Head of Household				Enter spouse's/CU par	ner's SSN			
5.	Qualifying Widow(er)/Survivir	ng CU Partner							
	Indicate the year of your spous	e's/CU partner's de	eath: 2	018	2019				
	mptions n the ovals that apply. You must enter a total in	the boxes to the right	and complete the ca	alculation.					
6.	Regular	X Self	X Spouse/C	CU Partner	Domestic Partner	2	x \$1,000 =	2000	
7.	Senior 65+ (Born in 1955 or earlier)	Self	Spouse/C	U Partner			x \$1,000 =		
8.	Blind/Disabled	Self	Spouse/C	U Partner			x \$1,000 =		
9.	Veteran	Self	Spouse/C	U Partner			x \$6,000 =		
10.	Qualified Dependent Children					1	x \$1,500 =	_1500	
11.	Other Dependents						x \$1,500 =		
12.	Dependents Attending Colleges (See in	structions)					x \$1,000 =		
13.	Total Exemption Amount (Add totals f	from the lines at 6 th	hrough 12)				13.	3500	•
14.	Dependent Information. Provide the fo	ollowing information	n for each depen	dent.					
	Last Name, First Name, Middle Initial				Social Security Number		Birth Year	N	o Health Insuranc
a.	ABRAHAM, JOHN Z				961959577		2013		
b.									
c.									
d.									

NJ-1040 2020 Page 3



Name(s) as shown on Form NJ-1040

MUBARAK ABRAHAM & ABRAHAM RINI

Your Social Security Number 774642985

1555

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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.	127280	•
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.	127280	
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.	127280	
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	3500	
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.	3500	
38.	Taxable Income (Subtract line 37 from line 29)	38.	123780	
39a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	23100	
39b.	Block			
39b.	Lot			
39b.	Qualifier Fill in if you complete:	l Worksheet G		
39c.	County/Municipality Code			
39d.		Both		
40.	Property Tax Deduction (From Worksheet H) (See instructions)	40.	15000	
41.	New Jersey Taxable Income (Subtract line 40 from line 38)	41.	108780	
42.	Tax on Amount on line 41 (Tax Table page 52)	42.	3235	
43.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.		
	Enter Code			
44.	Balance of Tax (Subtract line 43 from line 42)	44.	3235	
45.	Child and Dependent Care Credit (See instructions)	45.		
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
46.	Sheltered Workshop Tax Credit	46.		
47.	Gold Star Family Counseling Credit (See instructions)	47.		
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.		
49.	Total credits (Add lines 45 through 48)	49.		
50.	Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry	50.	3235	
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0	
52.	Interest on Underpayment of Estimated Tax	52.	_	
	Fill in if Form NJ-2210 is enclosed			

NJ-1040 2020

Page 4



Name(s) as shown on Form NJ-1040

MUBARAK ABRAHAM & ABRAHAM RINI

Your Social Security Number 774642985

1555

040MP04200

							0	
53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose	Schedule	HCC and f	ill in	<	53.	0.	
54.	Total Tax Due (Add lines 50 through 53)					54.	3235 .	
55.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)		55.	4336 .				
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 instr	uctions)				59.		
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (S	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.	4336 .	
65.	If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 a	nd enter th	ne 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	om line 64 a	and enter th	he overpayment	66.	1101 .	
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	5)				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.	1101 .	

Under penalties of perjury, I declare that I have examined this Income the best of my knowledge and belief, it is true, correct, and complet 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 Part	tner's Signature (required if filing jointly)	Trenton, NJ 08645-0111 Include Social Security number and make check or			
Paid Preparer's Signature	rer's Signature Federal Identification Number					
SYAM PRIYA RAM SAGAR GUPTA	TALLAM	P02082703		www.njtaxation.org Refund or No Tax Due Address		
Firm's Name		Firm's Federal Employer Identification	n 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			

Schedule **NJ-HCC**

2020

(Form NJ-1040)

New Jersey **Health Care Coverage**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.
MUBARAK, ABRAHAM & ABRAHAM , RINI	774-64-2985
Part I	
Did you and, if applicable, all members of your tax household, have moverage for every month in 2020 (See instructions for line 53, NJ-10 include only months as a New Jersey resident. X Yes. You do not owe a shared responsibility payment. Fill in the enclose this schedule with your return. No. Continue to Part II.	40.) Part-year residents
Part II	
Enter the name and Social Security number for each member of your every month each person had minimum essential health coverage or (part-year residents include only months as a New Jersey resident). It exemption, enter the exemption number. (See instructions for line 53, more than one exemption number, check the box. If you need more s any additional individuals. QuickZoom to Shared Responsibility Payment Calculation Worksheet	qualified for an exemption f an individual qualified for an NJ-1040.) If an individual has pace, enclose a statement listing

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code Check box if this individual has more than one exemption number													
Check box if this individual is under 18													
Exemption Code		_	Check							•	on nun	nber	
			Check	box if t	his indi I	vidual i I	s unde	r 18	· · · ·		· · · ·	i	
Everntian Code			[]	L	 -::								
Exemption Code		_	Check Check								on nun	nber .	
ĺ						Viduai i	Sunde	10.	i i i i i i			i i i i i i	
Exemption Code		ı	l∟l Check l	hox if t	l∟ his indi	l∟	has mo	re than	l∟ n one e	ı∟ xemnti	on nur	nber .	
Exemplion Godo		_	Check										
Exemption Code			Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber	
			Check	box if t	<u>his ind</u> i	vidual i	s unde	r 18 .	<u></u> .	<u></u>	<u></u>		
Exemption Code		_	Check	box if t	his indi	vidual l	has mo	re thar	n one e	xempti	on nun	nber	
,		.—	Check	box if t	his indi	vidual i	s unde	r 18 .	··		·		
<u> </u>													
Exemption Code		_	Check								on nun	nber	
ĺ			Check	box if t	his indi	vidual i	s unde	r 18	 i			i —	
Exemption Code			l∟l Check∃	boy if t	 hio indi	الــــا		ro than				lL	
Exemption Code		_	Check								OII Hui	inei	
Ī						l	S unde		iiii.	ı		ii	
Exemption Code			Check	box if t	ı∟ his indi	ı∟∟∟ı vidual l	has mo	re than	one e	xempti	on nun	nber .	
		_	Check							•			
Exemption Code			Check	box if t	his indi	vidual l	nas mo	re thar	n one e	xempti	on nun	nber	
		_	Check	box if t	his indi	vidual i	s unde	r 18 .					