

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|                                           |                                                |
|-------------------------------------------|------------------------------------------------|
| Taxpayer's name<br>VENKATESWARARAO UMMIDI | Social security number<br>699-11-6206          |
| Spouse's name<br>NEELIMA JYOTHULA         | Spouse's social security number<br>035-78-3612 |

## 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 | 114,924. |
| 2 Total tax . . . . .                                                     | 2 | 9,408.   |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 16,398.  |
| 4 Amount you want refunded to you . . . . .                               | 4 | 10,490.  |
| 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 6 | 2 | 0 | 6 |
|---|---|---|---|---|

 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.

Your signature ▶ Venkat Ummidi Date ▶ 07/06/2021

### Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 8 | 3 | 6 | 1 | 2 |
|---|---|---|---|---|

 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 ▶ Neelima Jyothula Date ▶ 07/06/2021

### 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 [X] 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

Form fields for personal information: Your first name and middle initial (VENKATESWARARAO), Last name (UMMIDI), Your social security number (699-11-6206), Spouse's social security number (035-78-3612), Home address (507 GREENLAND SQ), City (HIGHLAND PARK), State (NJ), ZIP code (08904).

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Row 1: VIAAN ANWIT UMMIDI, 813-67-9650, Son, [X], [ ]

Main income table with 15 rows. Line 1: 122,118. Line 2a: Tax-exempt interest. Line 3a: Qualified dividends. Line 4a: IRA distributions. Line 5a: Pensions and annuities. Line 6a: Social security benefits. Line 7: 1,945. Line 8: -9,220. Line 9: 114,924. Line 10c: Adjustments to income. Line 11: 114,924. Line 12: 24,800. Line 14: 24,800. Line 15: 90,124.

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

|           |                                                                                                                                                            |            |         |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b>  | 11,408. |
| <b>17</b> | Amount from Schedule 2, line 3                                                                                                                             | <b>17</b>  |         |
| <b>18</b> | Add lines 16 and 17                                                                                                                                        | <b>18</b>  | 11,408. |
| <b>19</b> | Child tax credit or credit for other dependents                                                                                                            | <b>19</b>  | 2,000.  |
| <b>20</b> | Amount from Schedule 3, line 7                                                                                                                             | <b>20</b>  |         |
| <b>21</b> | Add lines 19 and 20                                                                                                                                        | <b>21</b>  | 2,000.  |
| <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0-                                                                                                  | <b>22</b>  | 9,408.  |
| <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 10                                                                                       | <b>23</b>  | 0.      |
| <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b>                                                                                                         | <b>24</b>  | 9,408.  |
| <b>25</b> | Federal income tax withheld from:                                                                                                                          |            |         |
| <b>a</b>  | Form(s) W-2                                                                                                                                                | <b>25a</b> | 16,398. |
| <b>b</b>  | Form(s) 1099                                                                                                                                               | <b>25b</b> |         |
| <b>c</b>  | Other forms (see instructions)                                                                                                                             | <b>25c</b> |         |
| <b>d</b>  | Add lines 25a through 25c                                                                                                                                  | <b>25d</b> | 16,398. |
| <b>26</b> | 2020 estimated tax payments and amount applied from 2019 return                                                                                            | <b>26</b>  |         |
| <b>27</b> | Earned income credit (EIC) <b>No</b>                                                                                                                       | <b>27</b>  |         |
| <b>28</b> | Additional child tax credit. Attach Schedule 8812                                                                                                          | <b>28</b>  |         |
| <b>29</b> | American opportunity credit from Form 8863, line 8                                                                                                         | <b>29</b>  |         |
| <b>30</b> | Recovery rebate credit. See instructions                                                                                                                   | <b>30</b>  | 3,500.  |
| <b>31</b> | Amount from Schedule 3, line 13                                                                                                                            | <b>31</b>  |         |
| <b>32</b> | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>                                                                 | <b>32</b>  | 3,500.  |
| <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                                                                            | <b>33</b>  | 19,898. |

**Refund**

|            |                                                                                                                   |            |                                                                                     |
|------------|-------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------|
| <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | <b>34</b>  | 10,490.                                                                             |
| <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b> | 10,490.                                                                             |
| <b>b</b>   | Routing number 052001633                                                                                          | <b>c</b>   | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <b>d</b>   | Account number 446031895990                                                                                       |            |                                                                                     |
| <b>36</b>  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b>                                              | <b>36</b>  |                                                                                     |

**Amount You Owe**

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

**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<br><i>Venkat Ummidi</i>                                                   | Date<br>07/06/2021 | Your occupation<br>ENGINEER       | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign.<br><i>Neelima Jyothula</i> | Date<br>07/06/2021 | Spouse's occupation<br>HOME MAKER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Phone no. (248) 675-5510 Email address VENKATESH.UMMIDI@GMAIL.COM

**Paid Preparer Use Only**

|                                                      |                                                           |                             |                          |                                                     |
|------------------------------------------------------|-----------------------------------------------------------|-----------------------------|--------------------------|-----------------------------------------------------|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>07/06/2021          | PTIN<br>P02082703        | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>2530 Pebble Creek Ln Cumming GA 30041   | Phone no.<br>(678) 965-9522 | Firm's EIN<br>30-1017196 |                                                     |

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

**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](http://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  
VENKATESWARARAO UMMIDI & NEELIMA JYOTHULA

**Your social security number**  
699-11-6206

**Part I Additional Income**

|           |                                                                                               |           |         |
|-----------|-----------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .                                                                    | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____                   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .                                        | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .                                           | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E   | <b>5</b>  | -9,220. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .                                            | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .                                                           | <b>7</b>  |         |
| <b>8</b>  | Other income. List type and amount ▶ _____                                                    | <b>8</b>  |         |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . | <b>9</b>  | -9,220. |

**Part II Adjustments to Income**

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

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return  
VENKATESWARARAO UMMIDI & NEELIMA JYOTHULA

Your social security number  
699-11-6206

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.                                                                                                                                | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . |                                  |                                 |                                                                                           |                                                                                                           |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .                                                                                                                                                                                         | 18,005.                          | 16,060.                         |                                                                                           | 1,945.                                                                                                    |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .                                                                                                                                                                                          |                                  |                                 |                                                                                           |                                                                                                           |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .                                                                                                                                                                                          |                                  |                                 |                                                                                           |                                                                                                           |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .                                                                                                                                                                            |                                  |                                 |                                                                                           | <b>4</b>                                                                                                  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                               |                                  |                                 |                                                                                           | <b>5</b>                                                                                                  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                            |                                  |                                 |                                                                                           | <b>6</b> ( )                                                                                              |
| <b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .                                                                          |                                  |                                 |                                                                                           | <b>7</b> 1,945.                                                                                           |

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.                                                                                                                               | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . |                                  |                                 |                                                                                            |                                                                                                           |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .                                                                                                                                                                                        |                                  |                                 |                                                                                            |                                                                                                           |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .                                                                                                                                                                                         |                                  |                                 |                                                                                            |                                                                                                           |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .                                                                                                                                                                                        |                                  |                                 |                                                                                            |                                                                                                           |
| <b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .                                                                                                                                    |                                  |                                 |                                                                                            | <b>11</b>                                                                                                 |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .                                                                                                                                                              |                                  |                                 |                                                                                            | <b>12</b>                                                                                                 |
| <b>13</b> Capital gain distributions. See the instructions . . . . .                                                                                                                                                                                                                      |                                  |                                 |                                                                                            | <b>13</b>                                                                                                 |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .                                                                                                                          |                                  |                                 |                                                                                            | <b>14</b> ( )                                                                                             |
| <b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .                                                                                                                                                     |                                  |                                 |                                                                                            | <b>15</b>                                                                                                 |

**Part III Summary**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |        |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>16</b> | Combine lines 7 and 15 and enter the result . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>16</b> | 1,945. |
|           | <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul> |           |        |
| <b>17</b> | Are lines 15 and 16 <b>both</b> gains?<br><input type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.                                                                                                                                                                                                                                                                           |           |        |
| <b>18</b> | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶                                                                                                                                                                                                                                                                                                             | <b>18</b> |        |
| <b>19</b> | If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶                                                                                                                                                                                                                                                                                           | <b>19</b> |        |
| <b>20</b> | Are lines 18 and 19 both zero or blank and are you not filing Form 4952?<br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.                |           |        |
| <b>21</b> | If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of:<br><ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>                                                                                                  | <b>21</b> | ( )    |
| <b>22</b> | Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.<br><br><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.                                                                                                     |           |        |





**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.**

Name(s) shown on return

Your social security number

VENKATESWARARAO UMMIDI & NEELIMA JYOTHULA

699-11-6206

**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** DR NO: 3-1-84A MANAGAYAMMARAO PETA PITHAPURAM, EAST GODAVARI DISTRICT, AP IN 533450  
**B**  
**C**

| <b>1b</b> | Type of Property (from list below) | <b>2</b>                                                                                                                                                                                                                      | Fair Rental Days | Personal Use Days | QJV                      |
|-----------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|--------------------------|
| <b>A</b>  | 3                                  | For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | <b>A</b> 365     | 0                 | <input type="checkbox"/> |
| <b>B</b>  |                                    |                                                                                                                                                                                                                               | <b>B</b>         |                   | <input type="checkbox"/> |
| <b>C</b>  |                                    |                                                                                                                                                                                                                               | <b>C</b>         |                   | <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 |
|---------------------------------------|-------------|------|---|---|
| <b>3</b> Rents received . . . . .     | <b>3</b>    | 650. |   |   |
| <b>4</b> Royalties received . . . . . | <b>4</b>    |      |   |   |

**Expenses:**

|                                                                    |           |        |  |  |
|--------------------------------------------------------------------|-----------|--------|--|--|
| <b>5</b> Advertising . . . . .                                     | <b>5</b>  |        |  |  |
| <b>6</b> Auto and travel (see instructions) . . . . .              | <b>6</b>  |        |  |  |
| <b>7</b> Cleaning and maintenance . . . . .                        | <b>7</b>  | 1,470. |  |  |
| <b>8</b> Commissions. . . . .                                      | <b>8</b>  |        |  |  |
| <b>9</b> Insurance . . . . .                                       | <b>9</b>  |        |  |  |
| <b>10</b> Legal and other professional fees . . . . .              | <b>10</b> |        |  |  |
| <b>11</b> Management fees . . . . .                                | <b>11</b> | 1,050. |  |  |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions) | <b>12</b> |        |  |  |
| <b>13</b> Other interest. . . . .                                  | <b>13</b> |        |  |  |
| <b>14</b> Repairs. . . . .                                         | <b>14</b> | 2,400. |  |  |
| <b>15</b> Supplies . . . . .                                       | <b>15</b> | 2,150. |  |  |
| <b>16</b> Taxes . . . . .                                          | <b>16</b> |        |  |  |
| <b>17</b> Utilities . . . . .                                      | <b>17</b> | 2,800. |  |  |
| <b>18</b> Depreciation expense or depletion . . . . .              | <b>18</b> |        |  |  |
| <b>19</b> Other (list) ▶ . . . . .                                 | <b>19</b> |        |  |  |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .         | <b>20</b> | 9,870. |  |  |

**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** -9,220.

**22** Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) . . . . . **22** ( -9,220. ) ( ) ( )

|                                                                                        |            |        |  |
|----------------------------------------------------------------------------------------|------------|--------|--|
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . . | <b>23a</b> | 650.   |  |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b> |        |  |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .         | <b>23c</b> |        |  |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .         | <b>23d</b> |        |  |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .         | <b>23e</b> | 9,870. |  |

**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** ( 9,220. )

**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** -9,220.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020





Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

For the year January 1, 2020, through December 31, 2020, or fiscal year beginning .....

20

and ending .....

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

|                                                                                               |  |                                                                                  |                   |                                               |                               |                                              |                             |
|-----------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|-------------------|-----------------------------------------------|-------------------------------|----------------------------------------------|-----------------------------|
| Your first name and middle initial<br>VENKATESWARARAO                                         |  | Your last name (for a joint return, enter spouse's name on line below)<br>UMMIDI |                   | Your date of birth (mmddyyyy)<br>06111988     |                               | Your Social Security number<br>699116206     |                             |
| Spouse's first name and middle initial<br>NEELIMA                                             |  | Spouse's last name<br>JYOTHULA                                                   |                   | Spouse's date of birth (mmddyyyy)<br>05251991 |                               | Spouse's Social Security number<br>035783612 |                             |
| Mailing address (see instructions, page 14) (number and street or PO box)<br>507 GREENLAND SQ |  |                                                                                  |                   | Apartment number                              |                               | New York State county of residence<br>NR     |                             |
| City, village, or post office<br>HIGHLAND PARK                                                |  | State<br>NJ                                                                      | ZIP code<br>08904 | Country (if not United States)                |                               | School district name<br>NR                   |                             |
| Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)        |  |                                                                                  |                   | Apartment no.                                 | City, village, or post office |                                              | School district code number |
| State                                                                                         |  | ZIP code                                                                         |                   | Country (if not United States)                |                               | Decedent information                         | Taxpayer's date of death    |
|                                                                                               |  |                                                                                  |                   |                                               |                               |                                              | Spouse's date of death      |

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

- ①  Single
- ②  Married filing joint return (enter both spouses' Social Security numbers above)
- ③  Married filing separate return (enter both spouses' Social Security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er)

**B Did you itemize** your deductions on your 2020 federal income tax return? ..... es  No

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

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

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

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

- (1) Number of months you lived in NY City in 2020 .....
- (2) Number of months your spouse lived in NY City in 2020 .....

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

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

- Enter the date you moved into or out of NYS (mmddyyyy) .....
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS .....
  - 2) Lived outside NYS; received income from NYS sources during nonresident period .....
  - 3) Lived outside NYS; received no income from NYS sources during nonresident period .....

**H New York State nonresidents** (see page 16)

Did you or your spouse maintain living quarters in NYS in 2020? ..... es  No   
(if Yes, complete Form IT-203-B)



**I Dependent information** (see page 16)

| First name and middle initial | Last name | Relationship | Social Security number | Date of birth (mmddyyyy) |
|-------------------------------|-----------|--------------|------------------------|--------------------------|
| VIAAN ANWIT                   | UMMIDI    | SON          | 813679650              | 08082019                 |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |
|                               |           |              |                        |                          |

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



203001203555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your Social Security number  
699116206

**Federal income and adjustments** (see page 18)

**Federal amount**  
Whole dollars only

**New York State amount**  
Whole dollars only

|     |                                                                                                                                     |     |            |     |            |
|-----|-------------------------------------------------------------------------------------------------------------------------------------|-----|------------|-----|------------|
| 1   | Wages, salaries, tips, etc. ....                                                                                                    | 1   | 122118 .00 | 1   | 122118 .00 |
| 2   | Taxable interest income .....                                                                                                       | 2   | 81 .00     | 2   | .00        |
| 3   | Ordinary dividends .....                                                                                                            | 3   | .00        | 3   | .00        |
| 4   | Taxable refunds, credits, or offsets of state and local<br>income taxes (also enter on line 24) .....                               | 4   | .00        | 4   | .00        |
| 5   | Alimony received .....                                                                                                              | 5   | .00        | 5   | .00        |
| 6   | Business income or loss (submit a copy of federal Sch. C, Form 1040) .....                                                          | 6   | .00        | 6   | .00        |
| 7   | Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....                                                | 7   | 1945 .00   | 7   | .00        |
| 8   | Other gains or losses (submit a copy of federal Form 4797) .....                                                                    | 8   | .00        | 8   | .00        |
| 9   | Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....                             | 9   | .00        | 9   | .00        |
| 10  | Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/> .....                            | 10  | .00        | 10  | .00        |
| 11  | Rental real estate, royalties, partnerships, S corporations,<br>trusts, etc. (submit a copy of federal Schedule E, Form 1040) ..... | 11  | -9220 .00  | 11  | .00        |
| 12  | Rental real estate included<br>in line 11 (federal amount) <b>12.</b> -9220 .00                                                     |     |            |     |            |
| 13  | Farm income or loss (submit a copy of federal Sch. F, Form 1040) .....                                                              | 13  | .00        | 13  | .00        |
| 14  | Unemployment compensation.....                                                                                                      | 14  | .00        | 14  | .00        |
| 15  | Taxable amount of Social Security benefits (also enter on line 26) .....                                                            | 15  | .00        | 15  | .00        |
| 16  | Other income (see page 24) Identify: .....                                                                                          | 16  | .00        | 16  | .00        |
| 17  | Add lines <b>1 through 11</b> and <b>13 through 16</b> .....                                                                        | 17  | 114924 .00 | 17  | 122118 .00 |
| 18  | Total federal adjustments to income (see page 24)<br>Identify: .....                                                                | 18  | .00        | 18  | .00        |
| 19  | Federal adjusted gross income (subtract line 18 from line 17) ..                                                                    | 19  | 114924 .00 | 19  | 122118 .00 |
| 19a | Recomputed federal adjusted gross income (see page 25, Line 19a worksheet)                                                          | 19a | 114924 .00 | 19a | 122118 .00 |

**New York additions** (see page 26)

|    |                                                                                                                       |    |            |    |            |
|----|-----------------------------------------------------------------------------------------------------------------------|----|------------|----|------------|
| 20 | Interest income on state and local bonds and obligations<br>(but not those of New York State or its localities) ..... | 20 | .00        | 20 | .00        |
| 21 | Public employee 414(h) retirement contributions .....                                                                 | 21 | .00        | 21 | .00        |
| 22 | Other (Form IT-225, line 9) .....                                                                                     | 22 | .00        | 22 | .00        |
| 23 | Add lines <b>19a through 22</b> .....                                                                                 | 23 | 114924 .00 | 23 | 122118 .00 |

**New York subtractions** (see page 27)

|    |                                                                                             |    |            |    |            |
|----|---------------------------------------------------------------------------------------------|----|------------|----|------------|
| 24 | Taxable refunds, credits, or offsets of state and<br>local income taxes (from line 4) ..... | 24 | .00        | 24 | .00        |
| 25 | Pensions of NYS and local governments and the<br>federal government (see page 27) .....     | 25 | .00        | 2  | .00        |
| 26 | Taxable amount of Social Security benefits (from line 15) .....                             | 26 | .00        | 26 | .00        |
| 27 | Interest income on U.S. government bonds .....                                              | 27 | .00        | 27 | .00        |
| 28 | Pension and annuity income exclusion .....                                                  | 28 | .00        | 28 | .00        |
| 29 | Other (Form IT-225, line 18) .....                                                          | 29 | .00        | 29 | .00        |
| 30 | Add lines 24 through 29 .....                                                               | 30 | .00        | 30 | .00        |
| 31 | <b>New York adjusted gross income</b> (subtract line 30 from line 23)                       | 31 | 114924 .00 | 31 | 122118 .00 |

32 Enter the amount from line 31, **Federal amount** column ..... **32** 114924 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203002203555



**Standard deduction or itemized deduction** (see page 29)

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

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

|                                                                                              |          |
|----------------------------------------------------------------------------------------------|----------|
| 33                                                                                           | 16050.00 |
| 34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) .....        | 98874.00 |
| 35 Dependent exemptions (enter the number of dependents listed in Item I; see page 29) ..... | 10.00    |
| 36 <b>New York taxable income</b> (subtract line 35 from line 34) .....                      | 97874.00 |

**Tax computation, credits, and other taxes**

|                                                                                      |          |
|--------------------------------------------------------------------------------------|----------|
| 37 <b>New York taxable income</b> (from line 36).....                                | 97874.00 |
| 38 New York State tax on line 37 amount (see page 30) .....                          | 5512.00  |
| 39 New York State household credit (page 30, table 1, 2, or 3).....                  | .00      |
| 40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)..... | 5512.00  |
| 41 New York State child and dependent care credit (see page 31) .....                | .00      |
| 42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)..... | 5512.00  |
| 43 New York State earned income credit (see page 31) .....                           | .00      |

|                                                                                                 |         |
|-------------------------------------------------------------------------------------------------|---------|
| 44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) ..... | 5512.00 |
|-------------------------------------------------------------------------------------------------|---------|

|                                    |  |                                    |           |   |                             |           |   |                                  |           |
|------------------------------------|--|------------------------------------|-----------|---|-----------------------------|-----------|---|----------------------------------|-----------|
| 45 Income percentage (see page 31) |  | New York State amount from line 31 | 122118.00 | ÷ | Federal amount from line 31 | 114924.00 | = | Round result to 4 decimal places | 45 1.0626 |
|------------------------------------|--|------------------------------------|-----------|---|-----------------------------|-----------|---|----------------------------------|-----------|

|                                                                                       |         |
|---------------------------------------------------------------------------------------|---------|
| 46 Allocated New York State tax (multiply line 44 by the decimal on line 45) .....    | 5857.00 |
| 47 New York State nonrefundable credits (Form IT-203-ATT, line 8) .....               | .00     |
| 48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) ..... | 5857.00 |
| 49 Net other New York State taxes (Form IT-203-ATT, line 33) .....                    | .00     |
| 50 <b>Total New York State taxes</b> (add lines 48 and 49) .....                      | 5857.00 |

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

|                                                                                                                                                         |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 51 Part-year New York City resident tax (Form IT-360.1) .....                                                                                           | 51 .00     |
| 52 Part-year resident nonrefundable New York City child and dependent care credit .....                                                                 | 52 .00     |
| 52a Subtract line 52 from line 51 .....                                                                                                                 | 52a .00    |
| 52b MCTMT net earnings base ....                                                                                                                        | 52b .00    |
| 52c MCTMT .....                                                                                                                                         | 52c .00    |
| 53 Yonkers nonresident earnings tax (Form Y-203) .....                                                                                                  | 53 .00     |
| 54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....                                                                                | 54 .00     |
| 55 <b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 52a, and 52c through 54) .....                                        | 55 .00     |
| 56 <b>Sales or use tax</b> (See the instructions on page 33. Do not leave line 56 blank.) .....                                                         | 56 0.00    |
| 57 <b>Voluntary contributions</b> (Form IT-227, Part 2, line 1) .....                                                                                   | 57 .00     |
| 58 <b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 50, 55, 56, and 57) ..... | 58 5857.00 |

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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your Social Security number  
699116206

59 Enter amount from line 58 ..... **59** 5857 .00

**Payments and refundable credits** (see page 34)

|                                                                              |            |          |                                                                                                                                                                               |
|------------------------------------------------------------------------------|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 60 Part-year NYC school tax credit (fixed amount) (also complete E on front) | <b>60</b>  | .00      | If applicable, complete <b>Form(s) IT-2 and/or IT-1099-R</b> and submit them with your return (see pages 12 and 13).<br><b>Do not send federal Form W-2 with your return.</b> |
| 60a NYC school tax credit (rate reduction amount)                            | <b>60a</b> | .00      |                                                                                                                                                                               |
| 61 Other refundable credits (Form IT-203-ATT, line 17)                       | <b>61</b>  | .00      |                                                                                                                                                                               |
| 6 Total New York State tax withheld                                          | <b>62</b>  | 7007 .00 |                                                                                                                                                                               |
| 63 Total New York City tax withheld                                          | <b>63</b>  | .00      |                                                                                                                                                                               |
| 64 Total Yonkers tax withheld                                                | <b>64</b>  | .00      |                                                                                                                                                                               |
| 65 Total estimated tax payments/amount paid with Form IT-37                  | <b>65</b>  | .00      |                                                                                                                                                                               |
| <b>66 Total payments and refundable credits</b> (add lines 60 through 65)    | <b>66</b>  | 7007 .00 |                                                                                                                                                                               |

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

|                                                                                                                       |            |          |
|-----------------------------------------------------------------------------------------------------------------------|------------|----------|
| 67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66; see page 36)                      | <b>67</b>  | 1150 .00 |
| 68 Amount of line 67 available for refund (subtract line 69 from line 67)                                             | <b>68</b>  | 1150 .00 |
| 68a Amount of line 68 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) | <b>68a</b> | .00      |
| 68b Total refund after NYS 529 account deposit (subtract line 68a from line 68)                                       | <b>68b</b> | 1150 .00 |

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

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

|                                                                                                                                                                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| 69 Amount of line 67 that you want applied to your 2021 estimated tax (see instructions)                                                                                                                                                                                                               | <b>69</b> | .00 |
| 70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. | <b>70</b> | .00 |
| 71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 37)                                                                                                                                                                                           | <b>71</b> | .00 |
| 72 Other penalties and interest (see page 37)                                                                                                                                                                                                                                                          | <b>72</b> | .00 |

See page 40 for the proper assembly of your return.

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

73a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

73b Routing number 052001633 73c Account number 446031895990

74 Electronic funds withdrawal (see page 38) ..... ate ..... Amount .....00

|                                                                                                                  |                       |                                |                                      |
|------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------|--------------------------------------|
| <b>Third-party designee?</b> (see instr.)<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Print designee's name | Designee's phone number<br>( ) | Personal identification number (PIN) |
|                                                                                                                  | Email:                |                                |                                      |

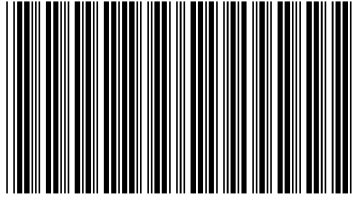
|                                                              |  |                                                     |                               |
|--------------------------------------------------------------|--|-----------------------------------------------------|-------------------------------|
| <b>▼ Paid preparer must complete ▼</b><br>(see instructions) |  | Preparer's NYTPRIN                                  | NYTPRIN<br>excl. code   0   9 |
| Preparer's signature<br>SYAM PRIYA RAM SAGAR GUP             |  | Preparer's printed name<br>SYAM PRIYA RAM SAGAR GUP |                               |
| Firm's name (or yours, if self-employed)<br>GLOBAL TAXES LLC |  | Preparer's PTIN or SSN<br>P02082703                 |                               |
| Address<br>2530 PEBBLE CREEK LN<br>CUMMING GA 30041          |  | Employer identification number<br>301017196         |                               |
| Email: SYAM@GTAXFILE.COM                                     |  | Date<br>07062021                                    |                               |

|                                                                   |                                       |
|-------------------------------------------------------------------|---------------------------------------|
| <b>▼ Taxpayer(s) must sign here ▼</b>                             |                                       |
| Your signature                                                    |                                       |
| Your occupation<br>ENGINEER                                       |                                       |
| Spouse's signature and occupation (if joint return)<br>HOME MAKER |                                       |
| Date                                                              | Daytime phone number<br>(240)675 5510 |
| Email: VENKATESH.UMMIDI@GMAIL.COM                                 |                                       |

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





040MP01200

For Privacy Act Notification, See Instructions

Your Social Security Number (required)  
699116206

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)  
UMMIDI VENKATESWARARAO & JYOTHULA NEELIMA

Spouse's/CU Partner's SSN (if filing jointly)  
035783612

County/Municipality Code (See Table page 50)  
1207

Home Address (Number and Street, including apartment number)  
507 GREENLAND SQ

City, Town, Post Office State ZIP Code  
HIGHLAND PARK NJ 08904

Driver's License Number (Voluntary) (See instructions)  
U5802 76300 068

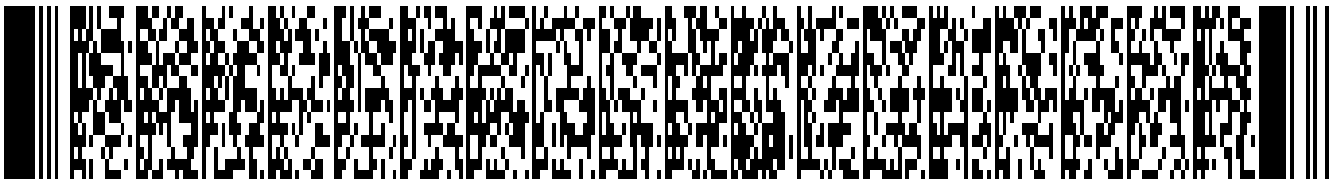
- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

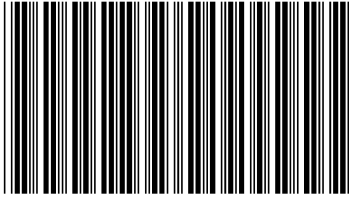
**Gubernatorial Elections Fund** Note: This does not reduce your refund or increase your balance due.

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

**Direct Deposit Information**

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





040MP02200

Name(s) as shown on Form NJ-1040

UMMIDI VENKATESWARARAO & JYOTHULA NEELIM

Your Social Security Number

699116206

1555

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

From: To:

Fiscal year filers only:

Enter month of your year end 2 0 2 1

**Filing Status**

Fill in only one.

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

**Exemptions**

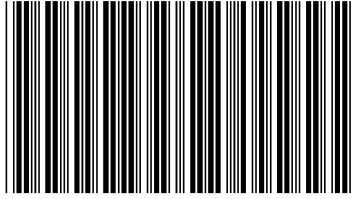
Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

|                                                                        |                                     |      |                                     |                   |                  |   |             |               |
|------------------------------------------------------------------------|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|---------------|
| 6. Regular                                                             | <input checked="" type="checkbox"/> | Self | <input checked="" type="checkbox"/> | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | <u>2000</u>   |
| 7. Senior 65+ (Born in 1955 or earlier)                                |                                     | Self |                                     | Spouse/CU Partner |                  |   | x \$1,000 = | _____         |
| 8. Blind/Disabled                                                      |                                     | Self |                                     | Spouse/CU Partner |                  |   | x \$1,000 = | _____         |
| 9. Veteran                                                             |                                     | Self |                                     | Spouse/CU Partner |                  |   | x \$6,000 = | _____         |
| 10. Qualified Dependent Children                                       |                                     |      |                                     |                   |                  | 1 | x \$1,500 = | <u>1500</u>   |
| 11. Other Dependents                                                   |                                     |      |                                     |                   |                  |   | x \$1,500 = | _____         |
| 12. Dependents Attending Colleges (See instructions)                   |                                     |      |                                     |                   |                  |   | x \$1,000 = | _____         |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) |                                     |      |                                     |                   |                  |   | 13.         | <u>3500</u> . |

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

|    |                                       |                        |             |                     |
|----|---------------------------------------|------------------------|-------------|---------------------|
|    | Last Name, First Name, Middle Initial | Social Security Number | Birth Year  | No Health Insurance |
| a. | <u>UMMIDI, VIAAN ANWIT</u>            | <u>813679650</u>       | <u>2019</u> |                     |
| b. | _____                                 |                        |             |                     |
| c. | _____                                 |                        |             |                     |
| d. | _____                                 |                        |             |                     |





040MP03200

Name(s) as shown on Form NJ-1040

UMMIDI VENKATESWARARAO & JYOTHULA NEELIMA

Your Social Security Number

699116206

1555

|                                                                                                                                        |           |        |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|--------------------------------------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)             | 15.       | 122118 | .                                    |
| 16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)                                           | 16a.      | 81     | .                                    |
| 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.       | 1945   | .                                    |
| 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.       | 124144 | .                                    |
| 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.       | 124144 | .                                    |
| 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.       | 120644 | .                                    |
| 39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)                                                                | 39a.      | 1728   | .                                    |
| 39b. Block                                                                                                                             | .         | .      | .                                    |
| 39b. Lot                                                                                                                               | .         | .      | .                                    |
| 39b. Qualifier                                                                                                                         |           |        | Fill in if you completed Worksheet G |
| 39c. County/Municipality Code                                                                                                          |           |        |                                      |
| 39d. Indicate your residency status during 2020 (fill in only one)                                                                     | Homeowner | Tenant | Both                                 |
| 40. Property Tax Deduction (From Worksheet H) (See instructions)                                                                       |           |        | 40.                                  |
| 41. New Jersey Taxable Income (Subtract line 40 from line 38)                                                                          |           |        | 41. 120644                           |
| 42. Tax on Amount on line 41 (Tax Table page 52)                                                                                       |           |        | 42. 3891                             |
| 43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)                                   |           |        | 43. 3827                             |
| Enter Code                                                                                                                             |           |        | 32                                   |
| 44. Balance of Tax (Subtract line 43 from line 42)                                                                                     |           |        | 44. 64                               |
| 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. 64                               |
| 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                                                                                                    |           |        |                                      |



Name(s) as shown on Form NJ-1040  
UMMIDI VENKATESWARARAO & JYOTHULA NEELIMA

Your Social Security Number  
699116206

1555

|                                                                                                                                                                                                                 |     |    |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---|
| 53. Shared Responsibility Payment (See instructions) <b>REQUIRED</b> Enclose Schedule HCC and fill in <input checked="" type="checkbox"/>                                                                       | 53. | 0  | . |
| 54. Total Tax Due (Add lines 50 through 53)                                                                                                                                                                     | 54. | 64 | . |
| 55. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)                                                                                                                                           | 55. | .  | . |
| 56. Property Tax Credit (See instructions page 23)                                                                                                                                                              | 56. | 50 | . |
| 57. New Jersey Estimated Tax Payments/Credit from 2019 tax return                                                                                                                                               | 57. | .  | . |
| 58. New Jersey Earned Income Tax Credit (See instructions)<br>Fill in if you had the IRS calculate your federal earned income credit<br>Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit | 58. | .  | . |
| 59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)                                                                                                                              | 59. | .  | . |
| 60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)                                                                                                                   | 60. | .  | . |
| 61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)                                                                                                                 | 61. | .  | . |
| 62. Wounded Warrior Caregivers Credit (See instructions)                                                                                                                                                        | 62. | .  | . |
| 63. Pass-Through Business Alternative Income Tax Credit (See instructions)                                                                                                                                      | 63. | .  | . |
| 64. Total Withholdings, Credits, and Payments (Add lines 55 through 63)                                                                                                                                         | 64. | 50 | . |
| 65. If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 and enter the amount you owe<br>If you owe tax, you can still make a donation on lines 68 through 75.                      | 65. | 14 | . |
| 66. If the total on line 64 is more than line 54, you have an overpayment. Subtract line 54 from line 64 and enter the overpayment                                                                              | 66. | .  | . |
| 67. Amount from line 66 you want to credit to your 2021 tax                                                                                                                                                     | 67. | .  | . |
| 68. Contribution to N.J. Endangered Wildlife Fund \$10 \$20 Other                                                                                                                                               | 68. | .  | . |
| 69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse \$10 \$20 Other                                                                                                                           | 69. | .  | . |
| 70. Contribution to N.J. Vietnam Veterans' Memorial Fund \$10 \$20 Other                                                                                                                                        | 70. | .  | . |
| 71. Contribution to N.J. Breast Cancer Research Fund \$10 \$20 Other                                                                                                                                            | 71. | .  | . |
| 72. Contribution to U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other                                                                                                                                   | 72. | .  | . |
| 73. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code                                                                                                                                 | 73. | .  | . |
| 74. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code                                                                                                                                 | 74. | .  | . |
| 75. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code                                                                                                                                 | 75. | .  | . |
| 76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)                                                                                                                                   | 76. | .  | . |
| 77. Balance due (If line 65 is more than zero, add line 65 and line 76)                                                                                                                                         | 77. | 14 | . |
| 78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66)                                                                                                                                 | 78. | .  | . |

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

Venkat Ummidi 07/06/2021 Neelima Jyothula 07/06/2021  
Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

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

GLOBAL TAXES LLC 30-1017196

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

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