

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

| | | | |
|--|-------------------------------|---|---------------------|
| Your first name and middle initial SPANDANA | Last name ARIBANDI | Your social security number 708-30-2934 | |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number | |
| Home address (number and street). If you have a P.O. box, see instructions. 107 MARGARET COURT | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse | |
| City, town, or post office. If you have a foreign address, also complete spaces below. SOUTH PLAINFIELD | State NJ | | ZIP code 07080 |
| Foreign country name | Foreign province/state/county | | Foreign postal code |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

| | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|---|-----|----|-----|---------|
| | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | | 1 | 11,520. |
| Attach Sch. B if required. | 2a Tax-exempt interest | 2a | | 2b | |
| | 3a Qualified dividends | 3a | 1. | 3b | 1. |
| | 4a IRA distributions | 4a | | 4b | |
| | 5a Pensions and annuities | 5a | | 5b | |
| | 6a Social security benefits | 6a | | 6b | |
| | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | | | 7 | 13,478. |
| | 8 Other income from Schedule 1, line 9 | | | 8 | |
| | 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | | 9 | 24,999. |
| Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions. | 10 Adjustments to income: | | | | |
| | a From Schedule 1, line 22 | 10a | | | |
| | b Charitable contributions if you take the standard deduction. See instructions | 10b | | | |
| | c Add lines 10a and 10b. These are your total adjustments to income ▶ | | | 10c | |
| | 11 Subtract line 10c from line 9. This is your adjusted gross income ▶ | | | 11 | 24,999. |
| | 12 Standard deduction or itemized deductions (from Schedule A) | | | 12 | 12,400. |
| | 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A | | | 13 | |
| | 14 Add lines 12 and 13 | | | 14 | 12,400. |
| | 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | | | 15 | 12,599. |

| | | | |
|----|---|-----|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 1,312. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 1,312. |
| 19 | Child tax credit or credit for other dependents | 19 | |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 1,312. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 1,312. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 1,536. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 1,536. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | 600. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 600. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 2,136. |

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

Refund

| | | | |
|-----|---|-----|---|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 824. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 824. |
| b | Routing number 021200339 | c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number 381047161809 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

For details on how to pay, see instructions.

| | | | |
|--|--|----|--|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. | | | |
| 38 | Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

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

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

Sign Here

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

| | | | |
|---|------|--------------------------------------|---|
| Your signature | Date | Your occupation SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |

Joint return? See instructions. Keep a copy for your records.

Phone no. (601) 287-1437 Email address SPANDANA.ARIBANDI@GMAIL.COM

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 09/15/2021 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | | Phone no. (678) 965-9522 |
| Firm's EIN | | | | 30-1017196 |

SCHEDULE 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 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
SPANDANA ARIBANDI

Your social security number
708-30-2934

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. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a 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 . | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 1,437,333. | 1,459,884. | 36,029. | 13,478. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss). 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 | | | | 7 13,478. |

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. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a 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 . | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 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 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 |
| 13 Capital gain distributions. See the instructions | | | | 13 |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back | | | | 15 |

Part III Summary

| | | |
|---|---------------|---------|
| <p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. | 16 | 13,478. |
| <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p> | 18 | |
| <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p> | 19 | |
| <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> | | |
| <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | 21 () | |
| <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p> | | |



040MP01200

For Privacy Act Notification, See Instructions

Your Social Security Number (required)
708302934

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.)
ARIBANDI SPANDANA

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

County/Municipality Code (See Table page 50)
1212

Home Address (Number and Street, including apartment number)
107 MARGARET COURT

City, Town, Post Office State ZIP Code
SOUTH PLAINFIELD NJ 07080

Driver's License Number (Voluntary) (See instructions)
A615-7809-1769

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

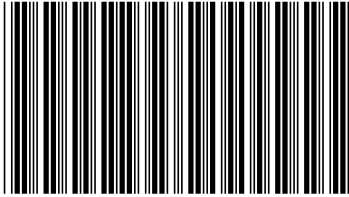
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

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

Direct Deposit Information

| | | | |
|--|------|---|--------------|
| dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit) | dd1. | 1 | |
| dd2. Account type (C for checking, S for savings) | dd2. | C | |
| dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States | dd3. | | |
| dd4. Routing number | dd4. | | 021200339 |
| dd5. Account number | dd5. | | 381047161809 |





040MP02200

Name(s) as shown on Form NJ-1040

ARIBANDI SPANDANA

Your Social Security Number

708302934

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

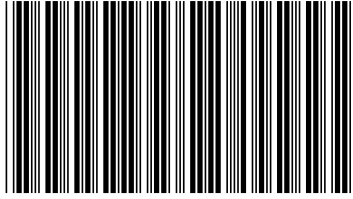
Exemptions

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



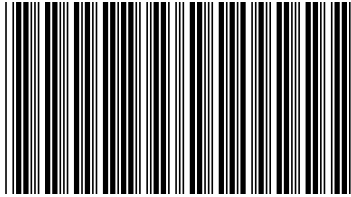
040MP03200

Name(s) as shown on Form NJ-1040
ARIBANDI SPANDANA

Your Social Security Number
708302934

1555

| | | | |
|--|-----------|--------|--------------------------------------|
| 15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions) | 15. | 11520 | . |
| 16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions) | 16a. | . | . |
| 16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a | 16b. | . | . |
| 17. Dividends | 17. | 1 | . |
| 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. | 13478 | . |
| 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 NJ-K-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. | 24999 | . |
| 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. | 24999 | . |
| 30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.) | 30. | 1000 | . |
| 31. Medical Expenses (See Worksheet F and instructions) | 31. | . | . |
| 32. Alimony and Separate Maintenance Payments (See instructions) | 32. | . | . |
| 33. Qualified Conservation Contribution | 33. | . | . |
| 34. Health Enterprise Zone Deduction | 34. | . | . |
| 35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) | 35. | 0 | . |
| 36. Organ/Bone Marrow Donation Deduction (See instructions) | 36. | . | . |
| 37. Total Exemptions and Deductions (Add lines 30 through 36) | 37. | 1000 | . |
| 38. Taxable Income (Subtract line 37 from line 29) | 38. | 23999 | . |
| 39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23) | 39a. | 2160 | . |
| 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. | 23999 | . |
| 42. Tax on Amount on line 41 (Tax Table page 52) | 42. | 350 | . |
| 43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) | 43. | . | . |
| Enter Code | | | |
| 44. Balance of Tax (Subtract line 43 from line 42) | 44. | 350 | . |
| 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. | 350 | . |
| 51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0 | 51. | 0 | . |
| 52. Interest on Underpayment of Estimated Tax | 52. | . | . |
| Fill in if Form NJ-2210 is enclosed | | | |



040MP04200

Name(s) as shown on Form NJ-1040
ARIBANDI SPANDANA

Your Social Security Number
708302934

1555

| | | | |
|---|-----|-----|---|
| 53. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in X | 53. | 0 | . |
| 54. Total Tax Due (Add lines 50 through 53) | 54. | 350 | . |
| 55. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099) | 55. | 429 | . |
| 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) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit | 58. | . | . |
| 59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions) | 59. | . | . |
| 60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions) | 60. | . | . |
| 61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions) | 61. | . | . |
| 62. Wounded Warrior Caregivers Credit (See instructions) | 62. | . | . |
| 63. Pass-Through Business Alternative Income Tax Credit (See instructions) | 63. | . | . |
| 64. Total Withholdings, Credits, and Payments (Add lines 55 through 63) | 64. | 479 | . |
| 65. If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 68 through 75. | 65. | . | . |
| 66. If the total on line 64 is more than line 54, you have an overpayment. Subtract line 54 from line 64 and enter the overpayment | 66. | 129 | . |
| 67. Amount from line 66 you want to credit to your 2021 tax | 67. | . | . |
| 68. Contribution to N.J. Endangered Wildlife Fund \$10 \$20 Other | 68. | . | . |
| 69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse \$10 \$20 Other | 69. | . | . |
| 70. Contribution to N.J. Vietnam Veterans' Memorial Fund \$10 \$20 Other | 70. | . | . |
| 71. Contribution to N.J. Breast Cancer Research Fund \$10 \$20 Other | 71. | . | . |
| 72. Contribution to U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other | 72. | . | . |
| 73. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code | 73. | . | . |
| 74. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code | 74. | . | . |
| 75. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code | 75. | . | . |
| 76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75) | 76. | . | . |
| 77. Balance due (If line 65 is more than zero, add line 65 and line 76) | 77. | . | . |
| 78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66) | 78. | 129 | . |

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.

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

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2020

| List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible. | | | | | | |
|---|---|----------------------------|------------------------|-------------------|--|----------------------------|
| | (a) | (b) | (c) | (d) | (e) | (f) |
| 1. | Kind of property and description | Date acquired (mm/dd/yyyy) | Date sold (mm/dd/yyyy) | Gross sales price | Cost or other basis as adjusted (see instructions) and expense of sale | Gain or (loss) (d minus e) |
| | Robinhood Securities LLC | 05/14/2020 | 12/15/2020 | 1,437,333. | 1,423,855. | 13,478. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2. | Capital Gains Distributions | | | | | |
| 3. | Other Net Gains..... | | | | | |
| 4. | Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter ZERO here and make no entry on line 19.)..... | | | | | 13,478. |

Schedule NJ-WWC

Wounded Warrior Caregivers Credit

2020

| | | | |
|---|----|-----|----|
| <p>Did you provide care for a relative who was a qualifying armed services member (see instructions)? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If "Yes," enter the name and Social Security number of the qualifying service member.</p> <p style="text-align: center;">- -</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">Last Name, First Name, InitialSocial Security number</p> <p>Enter your relationship to the qualifying service member.</p> <p>_____</p> <p>If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 62, NJ-1040.</p> | | | |
| 1. Enter the federal disability compensation of the armed services member | 1. | | |
| 2. Maximum credit allowed | 2. | 675 | 00 |
| 3. Enter the lesser of line 1 or line 2 | 3. | | |
| 4. Were you the only caregiver for this service member during the tax year? <input type="radio"/> Yes <input type="radio"/> No If "No," enter your share (percentage) of the total care expenses for the year. | 4. | | % |
| 5. If you answered "Yes" at line 4, enter the amount from line 3 here and on line 62, NJ-1040. If you answered "No" at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040 | 5. | | |

Keep a copy of this schedule for your records

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

| | |
|---|------------------------------------|
| Name as Shown on Return ARIBANDI, SPANDANA | Social Security No. 708-30-2934 |
|---|------------------------------------|

Part I

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

- Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.
- No. Continue to Part II.

Part II

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

QuickZoom to Shared Responsibility Payment Calculation Worksheet ➔ _____

| Name | SSN | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--------------------|-------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exemption Code . . | _____ | Check box if this individual has more than one exemption number . | | | | | | | | | | | |
| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | Check box if this individual is under 18 | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |