

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name VENKATESWARARAO CHINTA	Social security number 841-87-2925
Spouse's name ANUSHA NAMBURI	Spouse's social security number 876-05-3057

Part I Tax Return Information – Tax Year Ending December 31, (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	152,252.
2 Total tax	2	17,277.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	16,141.
4 Amount you want refunded to you	4	1,038.
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

7	2	9	2	5
---	---	---	---	---

 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	3	0	5	7
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

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 (CHINTA), Your social security number (841-87-2925), Spouse's social security number (876-05-3057), Home address (42522 OXFORD FOREST CIRCLE), City (CHANTILLY), State (VA), ZIP code (20152)

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [X] 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 for Dependents with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents

Main tax calculation table with rows 1-15: 1 Wages, salaries, tips, etc. Attach Form(s) W-2 (155,096); 2a Tax-exempt interest; 3a Qualified dividends (132); 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss) (-3,000); 8 Other income from Schedule 1, line 9 (24); 9 Total income (152,252); 10 Adjustments to income; 11 Adjusted gross income (152,252); 12 Standard deduction or itemized deductions (35,406); 13 Qualified business income deduction; 14 Add lines 12 and 13 (35,406); 15 Taxable income (116,846)

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

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	17,277.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	17,277.
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	17,277.
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	17,277.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	16,141.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	16,141.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	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	2,174.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	2,174.
33	Add lines 25d, 26, and 32. These are your total payments	33	18,315.

• 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	1,038.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,038.
b	Routing number 0 2 1 2 0 0 3 3 9		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 8 1 0 3 9 0 5 8 8 2 3		
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 APPLICATION 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 SOFTWARE ENGINEER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 03/09/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
VENKATESWARARAO CHINTA & ANUSHA NAMBURI

Your social security number
841-87-2925

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ <u>Substitute Payment from 1099-Misc</u> 24.	8	24.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	24.

Part II Adjustments to Income

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

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040 or 1040-SR.

2020

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

VENKATESWARARAO CHINTA & ANUSHA NAMBURI

841-87-2925

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)		1
2	Enter amount from Form 1040 or 1040-SR, line 11	2	
3	Multiply line 2 by 7.5% (0.075)		3
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4

Taxes You Paid

5	State and local taxes.		
a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	7,237.
b	State and local real estate taxes (see instructions)	5b	3,391.
c	State and local personal property taxes	5c	
d	Add lines 5a through 5c	5d	10,628.
e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000.
6	Other taxes. List type and amount ▶	6	
7	Add lines 5e and 6	7	10,000.

Interest You Paid

Caution: Your mortgage interest deduction may be limited (see instructions).

8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	25,106.
b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	8b	
c	Points not reported to you on Form 1098. See instructions for special rules	8c	
d	Mortgage insurance premiums (see instructions)	8d	0.
e	Add lines 8a through 8d	8e	25,106.
9	Investment interest. Attach Form 4952 if required. See instructions.	9	
10	Add lines 8e and 9	10	25,106.

Gifts to Charity

Caution: If you made a gift and got a benefit for it, see instructions.

11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	300.
12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	12	
13	Carryover from prior year	13	
14	Add lines 11 through 13	14	300.

Casualty and Theft Losses

15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15	
-----------	--	-----------	--

Other Itemized Deductions

16	Other—from list in instructions. List type and amount ▶	16	
-----------	---	-----------	--

Total Itemized Deductions

17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17	35,406.
18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

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
VENKATESWARARAO CHINTA & ANUSHA NAMBURI

Your social security number
841-87-2925

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	222,595.	238,374.	552.	-15,227.
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 -15,227.

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

16	Combine lines 7 and 15 and enter the result	16	-15,227.
	<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. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
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 ▶	18	
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 ▶	19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <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. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } 	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <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. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Name(s) shown on return

VENKATESWARARAO CHINTA & ANUSHA NAMBURI

Social security number or taxpayer identification number

841-87-2925

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
						(f) Code(s) from instructions	(g) Amount of adjustment		
	ROBINHOOD SECURITIES LLC	11/13/20	11/27/20	222,595.	238,374.	EW	552.	-15,227.	
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				222,595.	238,374.		552.	-15,227.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

2020 NJ-1040NR
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR
2020
Page 1



040NV01200

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

1555

Your Social Security Number
841872925

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

Spouse's/CU Partner's Social Security Number
876053057

State of Residency (outside NJ)
Virginia

Home Address (Number and Street, incl. apt. # or rural route)
42522 OXFORD FOREST CIRCLE

Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
C62475665	VA	CHANTILLY	VA	20152

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

Your address has changed

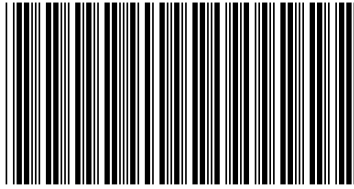
Death certificate for deceased taxpayer is attached (See instructions page 9)

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

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

Gubernatorial Elections Fund	Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No





040NV02200

Name(s) as shown on Form NJ-1040NR

CHINTA VENKATESWARARAO & NAMBURI

Your Social Security Number

841872925

1555

Filing Status

(Check only ONE box)

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

Exemptions

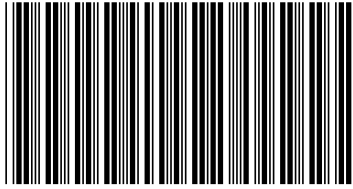
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	2		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner				9.	
10. Number of your qualified dependent children						10.	
11. Number of other dependents				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

Dependent Information

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

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

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 66 through 72	15.	33429 .	15.	33429 .
16. Interest	16.	.	16.	.
17. Dividends	17.	132 .	17.	0 .
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.	.	18.	.
19. Net gains or income from disposition of property (From line 65)	19.	0 .	19.	0 .
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	.	20.	0 .
21. Net gambling winnings (See Instructions)	21.	.	21.	.
22. Pensions, Annuities, and IRA Withdrawals	22.	.		
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.	.	23.	.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.	.	24.	.
25. Alimony and separate maintenance payments received	25.	.		
26. Other – State Nature and Source <u>See Other Income St</u>	26.	24 .	26.	0 .
27. TOTAL INCOME (Add lines 15 through 26)	27.	33585 .	27.	33429 .
28a. Pension Exclusion (See Instructions)	28a.	.		
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.	.	28b.	.
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.	.	28c.	.
29. Gross Income (Subtract line 28c from line 27)	29.	33585 .	29.	33429 .
30. Total Exemption Amount (See Instructions)	30.	2000 .		
31. Medical Expenses (See Worksheet and Instructions)	31.	.		
32. Alimony and separate maintenance payments	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 .		



040NV03200

Name(s) as shown on Form NJ-1040NR
CHINTA VENKATESWARARAO & NAMBURI ANUSHA

Your Social Security Number
841872925

1555

36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	2000	.
38. TAXABLE INCOME (Subtract line 37 from line 29, column A)	38.	31585	.
39. Tax on amount on line 38 (From Tax Table page 34)	39.	483	.
40. Income Percentage B. (line 29) / A. (line 29) = <u>99.54</u> %			
41. NEW JERSEY TAX (Multiply amount from line 39 by income percentage from line 40)	41.		481 .
42. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	42.		.
43. Gold Star Family Counseling Credit (See Instructions)	43.		.
44. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	44.		.
45. Total credits (Add lines 42, 43, and 44)	45.		.
46. Balance of Tax After Credits (Subtract line 45 from line 41)	46.		481 .
47. Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	47.		.
48. Total Tax and Penalty (Add line 46 and line 47)	48.		481 .
49. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	49.	825	.
50. New Jersey Estimated Tax Payments/Credit from 2019 return	50.		.
51. Tax paid on your behalf by Partnership(s)	51.		.
52. EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.		.
53. EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.		.
54. EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.		.
55. Pass-Through Business Alternative Income Tax Credit (See instructions)	55.		.
56. Total Payments/Credits (Add lines 49 through 55)	56.		825 .
57. If line 56 is LESS THAN line 48, enter AMOUNT YOU OWE	57.		.
58. If line 56 is MORE THAN line 48, enter OVERPAYMENT	58.		344 .
59. Deductions from Overpayment on line 58 that you elect to credit to:			
(A) Your 2021 Tax	59A.		.
(B) N.J. Endangered Wildlife Fund	59B.		.
(C) N.J. Children's Trust Fund	59C.		.
(D) N.J. Vietnam Veterans' Memorial Fund	59D.		.
(E) N.J. Breast Cancer Research Fund	59E.		.
(F) U.S.S. N.J. Educational Museum Fund	59F.		.
(G) Designated Contribution Code	59G.		.
60. Total Deductions From Overpayment (Add lines 59A through 59G)	60.		.
61. REFUND (Amount to be sent to you. Subtract line 60 from line 58)	61.		344 .

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

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

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

> _____
Your Signature Date

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

Paid Preparer's Signature

Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM

P02082703

Firm's Name

Firm's Federal Employer Identification Number

GLOBAL TAXES LLC

30-1017196

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

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

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

Name(s) as shown on Form NJ-1040NR
 CHINTA VENKATESWARARAO & NAMBURI ANUSHA

Your Social Security Number
 841872925

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

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
62. ROBINHOOD SECURITI	11/13/2020	11/27/2020	222595	237822	-15227

63. Capital Gains Distribution	63.	
64. Other Net Gains.....	64.	
65. Net Gains (Add lines 62, 63, and 64) (Enter here and on line 19) (If loss, enter zero)	65.	0

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

66. Amount reported on line 15 in column A required to be allocated	66.	
67. Total days in taxable year	67.	
68. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.)	68.	
69. Total days worked in taxable year (subtract line 68 from line 67)	69.	
70. Deduct days worked outside New Jersey.....	70.	
71. Days worked in New Jersey (subtract line 70 from line 69).....	71.	

72. ALLOCATION FORMULA
$$\frac{\text{(Line 71)}}{\text{(Line 69)}} \times \frac{\text{(Enter amount from line 66)}}{\text{(Salary earned inside N.J.)}} = \text{(Include this amount on line 15, col. B)}$$

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

Business Allocation Percentage (From Schedule NJ-NR-A)
 Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

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

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

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

Other Income Statement

2019

Name <u>CHINTA , VENKATESWARARAO & NAMBURI, ANUSHA</u>	Social Security No. <u>841-87-2925</u>
---	---

	Income from all sources	Income attributed to New Jersey (part-year resident or non-resident only)
1 Prizes and awards (enter source): _____ _____ _____		
2 Income in respect of a decedent (Enter name and social security number of the deceased): _____ _____ _____		
3 Income from estates and trusts: _____ _____ _____		
4 Scholarships and fellowships (Enter name and identification number of grantor): _____ _____ _____		
5 Alternative Trade Adjustment Assistance payments: _____ _____ _____		
6 Residential rental value or allowance paid by employer (enter name and identification number): _____ _____ _____		
7 Jury duty pay		
8 Bartering income		
9 Reserved		
10 Substitute payments	24.	0.
11 Income from REMICS		
12 Reimbursement for deducted medical expenses		
13 Recoveries of bad debts		
14 Income from the rental of personal property		
15 Income from "not for profit" activities (hobbies):		
16 Other: _____ _____ _____		
17 Total	24.	0.



VENKATESWARA CHINTA
 ANUSHA NAMBURI
 42522 OXFORD FOREST CIRCLE

CHANTILLY VA 20152

SSN - You CHIN 841872925 Vendor ID 1555 XXXXX

SSN - Spouse NAMB 876053057

Fed Adj Gross Income (FAGI)	1.	152252.	Withholding (VA) - You	19A.	5457.
Additions	2.		Withholding (VA) - Spouse	19B.	915.
Subtotal	3.	152252.	Estimated Payments	20.	
Age Deduction - You	4A.		2019 Overpayment	21.	
Age Deduction - Spouse	4B.		Extension Payments	22.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	481.
Subtractions	7.		Credits - Schedule CR	25.	
Subtotal Subtractions	8.		Total Payments / Credits	26.	6853.
Total VA Adj Gross Income (VAGI)	9.	152252.	Tax You Owe	27.	
Itemized Deductions - VA Sch A	10.	28797.	Tax Overpayment	28.	378.
Standard Deduction	11.		Overpayment Credited to Next Year	29.	
Exemptions	12.	1860.	VAC - Virginia 529 / ABLEnow	30.	
Deductions	13.		VAC - Other Contributions	31.	
Subtotal (Deductions & Exemptions)	14.	30657.	Addition to Tax, Penalty & Interest	32.	
VA Taxable Income	15.	121595.	Sales and Use Tax	33.	
Amount of Tax	16.	6734.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.	259.	Will Pay by Credit/Debit Card	IN	
VAGI - Spouse	17A.	37734.	Your Refund		378.
Net Amount of Tax	18.	6475.	Bank Routing #	C 021200339	
			Bank Account #	381039058823	





Filing Status, Age & License Information

Additional Filing Information

Filing Status 2
 Federal Head of Household
 DOB - You 02011987
 VA Driver's License ID - You C62475665
 VA Driver's License - Iss. Date - You 11062020
 Spouse Name (Filing Status 3 Only)
 DOB - Spouse 03181988
 VA Driver's License ID - Spouse
 VA Driver's License - Iss. Date - Spouse

Locality 107
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman
 Amended
 Reason Code
 Overseas on Due Date
 Federal EIC & Amount
 Deceased Indicator
 No Sales & Use Tax Due Indicator X
 Obtain Electronic 1099G
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You
 Spouse 1 65 & Over - Spouse
 Dependents Blind - You
 Total (A) 2 Blind - Spouse
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date _____ Phone - You 4847560540
 Signature - Spouse _____ Date _____ Phone - Spouse
 Signature - Preparer SYAM PRIYA RAM SAGAR GUPTA TALLAM Date 030921 Phone - Preparer 6789659522
 The Tax Department may discuss my/our return with my/our preparer. Preparer Information 7 P02082703

File by May 1, 2021

Include Page 1, Page 2 and all supporting 760CG documents.

GLOBAL TAXES LLC

2530 PEBBLE CREEK LN
 CUMMING

GA 30041

2020 Schedule INC/CG

841872925

Report all W-2s, 1099s & VK-1s with VA Withholding



VENKATESWARA CHINTA

ANUSHA NAMBURI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
841872925	W	5457.	204328013	30204328013F001	104425.
876053057	W	88.	320606649	320606649F001	4000.
876053057	W	827.	223093525	3022309355F001	15734.

Total VA Withholding	SSN	VA Withholding
You	841872925	5457.
Spouse	876053057	915.

Total # of W-2s, 1099s & VK-1s 03

To avoid delays - be sure to enter all information, including the Employer's FEIN.

2020 Schedule OSC/CG

Enclose other state tax returns when filing



841872925

Credit Computation State 1

If Claiming border state

1. Filing Status - other state's return	2	6. Other State Abbreviation	NJ
2. Person Claiming the Credit	3	7. Virginia Income Tax	6475.
3. Qualifying Taxable Income - other state	31440.	8. Income percentage	25.9
4. Virginia Taxable Income	121595.	9. Virginia Ratio of Income Tax	1677.
5. Qualifying Tax Liability - other state	481.	10. Credit Allowed	481.

Credit Computation State 2

11. Filing Status - other state's return	16. Other State Abbreviation
12. Person Claiming the Credit	17. Virginia Income Tax
13. Qualifying Taxable Income - other state	18. Income percentage
14. Virginia Taxable Income	19. Virginia Ratio of Income Tax
15. Qualifying Tax Liability - other state	20. Credit Allowed

Credit Computation State 3

21. Filing Status - other state's return	26. Other State Abbreviation	
22. Person Claiming the Credit	27. Virginia Income Tax	
23. Qualifying Taxable Income - other state	28. Income percentage	
24. Virginia Taxable Income	29. Virginia Ratio of Income Tax	
25. Qualifying Tax Liability - other state	30. Credit Allowed	
	31. Total Credit Claimed	481.

Enclose other state tax returns when filing your Virginia tax return.

**DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your Name	B Your Social Security Number	
VENKATESWARARAO CHINTA	841-87-2925	
Spouse's Name	A Spouse's Social Security Number	
ANUSHA NAMBURI	876-05-3057	
Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		152252.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		152252.
3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)		121595.
4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763 Line 18)		6475.
5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)		6372.
6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)		
7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)		378.

Part II Declaration of Taxpayer and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Taxpayer's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN

7	2	9	2	5
---	---	---	---	---

 as my signature on my 2020 e-filed Virginia individual income tax return.
Do not enter all zeros

GLOBAL TAXES LLC

ERO Firm Name

I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature _____ Date _____

Spouse's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN

5	3	0	5	7
---	---	---	---	---

 as my signature on my 2020 e-filed Virginia individual income tax return.
Do not enter all zeros

GLOBAL TAXES LLC

ERO Firm Name

I will enter my e-File PIN as my signature on my 2020 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's Signature _____ Date _____

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
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature _____ Date 03-09-21