

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 ABHINAV | Last name VELUVARTHY | Your social security number 060-23-6006 |
| 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. 4640 HEDGCOXE RD | | Apt. no. 411 |
| City, town, or post office. If you have a foreign address, also complete spaces below. PLANO | | State TX |
| | | ZIP code 75024 |
| Foreign country name | Foreign province/state/county | Foreign postal code |

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.
 You Spouse

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

| Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> | (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 | |
|--|--------------------------|--|----------------------------|-------------------------|--|--------------------------|
| | | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--|---|------------|-----------|---------|
| Attach Sch. B if required. 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. | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 | 69,115. |
| | 2a | Tax-exempt interest | 2a | 2b | |
| | 3a | Qualified dividends | 3a | 3b | |
| | 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 | |
| | 8 | Other income from Schedule 1, line 9 | | 8 | -4,460. |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | | 9 | 64,655. |
| | 10 | Adjustments to income: | | | |
| | a | From Schedule 1, line 22 | 10a | 4,000. | |
| | 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 | 4,000. | |
| | 11 | Subtract line 10c from line 9. This is your adjusted gross income ▶ | 11 | 60,655. | |
| | 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 | 48,255. | | |

| | | | |
|-----------|---|------------|---------|
| 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 | 6,411. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 6,411. |
| 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 | 6,411. |
| 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 | 6,411. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 10,159. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 10,159. |
| 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 | 1,800. |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 1,800. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 11,959. |

• 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 | 5,548. |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 5,548. |
| b | Routing number 041000124 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number 4283392267 | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | |

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

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

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

Sign Here

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

| | | | |
|---|----------------------|----------------------|--|
| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/> |
| <input type="text"/> | <input type="text"/> | SOFTWARE ENGINEER | |
| 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.) <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Phone no. | Email address | | |
| <input type="text"/> | <input type="text"/> | | |

Paid Preparer Use Only

| | | | | |
|-----------------------------------|---------------------------------------|------------|----------------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 03/06/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | Phone no. | |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | (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
ABHINAV VELUVARTHY

Your social security number
060-23-6006

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 | -4,460. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ _____ _____ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -4,460. |

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 | 4,000. |
| 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 | 4,000. |

SCHEDULE E
(Form 1040)

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**
▶ **Go to www.irs.gov/ScheduleE for instructions and the latest information.**

Name(s) shown on return

ABHINAV VELUVARTHY

Your social security number

060-23-6006

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 | DOOR NO - 10-293/2 ABHINAV APTS VISALAKSHI NAGAR, VISHAKAPATNAM IN 530043 |
| B | |
| C | |

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

Type of Property:

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

| Income: | Properties: | A | B | C |
|---|--------------------|-------------|----------|----------|
| 3 Rents received | 3 | 390. | | |
| 4 Royalties received | 4 | | | |
| Expenses: | | | | |
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see instructions) | 6 | | | |
| 7 Cleaning and maintenance | 7 | 800. | | |
| 8 Commissions | 8 | | | |
| 9 Insurance | 9 | | | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | 900. | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 Other interest | 13 | | | |
| 14 Repairs | 14 | 1,000. | | |
| 15 Supplies | 15 | 1,200. | | |
| 16 Taxes | 16 | | | |
| 17 Utilities | 17 | 950. | | |
| 18 Depreciation expense or depletion | 18 | | | |
| 19 Other (list) ▶ | 19 | | | |
| 20 Total expenses. Add lines 5 through 19 | 20 | 4,850. | | |
| 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 | -4,460. | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (-4,460.) | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | | 390. | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | | |
| e Total of all amounts reported on line 20 for all properties | 23e | | 4,850. | |
| 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 | (4,460.) | | |
| 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 | -4,460. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Tuition and Fees Deduction

OMB No. 1545-0074

▶ **Attach to Form 1040 or 1040-SR.**
 ▶ **Go to www.irs.gov/Form8917 for the latest information.**

Attachment
 Sequence No. **60**

| | |
|---|--|
| Name(s) shown on return ABHINAV VELUVARTHY | Your social security number 060-23-6006 |
|---|--|



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

- Before you begin:**
- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
 - ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
 - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
 - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

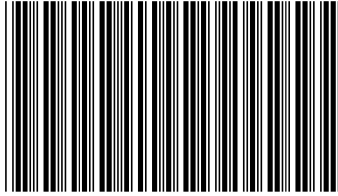
| 1 | (a) Student's name (as shown on page 1 of your tax return) | (b) Student's social security number (as shown on page 1 of your tax return) | (c) Adjusted qualified expenses (see instructions) |
|--|---|--|--|
| | First name: ABHINAV Last name: VELUVARTHY | 060-23-6006 | 11,042. |
| 2 Add the amounts on line 1, column (c), and enter the total | | | 2 11,042. |
| 3 | Enter the amount from your "total income" line of Form 1040 or 1040-SR | 3 64,655. | |
| 4 | <ul style="list-style-type: none"> • For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36. • For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22. • For later years: See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed | 4 | |
| 5 | Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), stop ; you can't take the deduction for tuition and fees * If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5. | | 5 64,655. |
| 6 | Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <input type="checkbox"/> Yes. Enter the smaller of line 2, or \$2,000. <input checked="" type="checkbox"/> No. Enter the smaller of line 2, or \$4,000. | | 6 4,000. |

Also enter this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed.

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
060236006

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

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)
Texas

Home Address (Number and Street, incl. apt. # or rural route)
4640 HEDGCOXE RD, Apt. 411

Driver's License # (Voluntary)
Y2280274

State
CA

City, Town, Post Office
PLANO

State ZIP Code
TX 75024

This is an amended return

Federal extension application attached or enter confirmation number _____

The address above is a foreign address

Your address has changed

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

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

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

From:

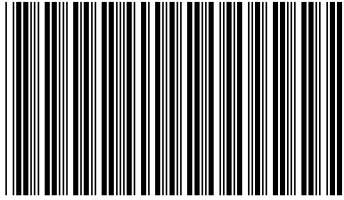
To:

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

Yes
Yes

No
No





040NV02200

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

Your Social Security Number
060236006

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

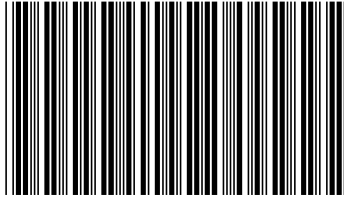
| | | | | | | | |
|---|------|-------------------|------------------|------|---|------|------|
| 6. Regular | Self | Spouse/CU Partner | Domestic Partner | 6. | 1 | | |
| 7. Age 65 or over | Self | Spouse/CU Partner | | 7. | | | |
| 8. Blind or Disabled | Self | Spouse/CU Partner | | 8. | | | |
| 9. 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. | 1 | 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. | 5000 . | 15. | 5000 . |
| 16. Interest | 16. | . . | 16. | . . |
| 17. Dividends | 17. | . . | 17. | . . |
| 18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) | 18. | . . | 18. | . . |
| 19. Net gains or income from disposition of property (From line 65) | 19. | . . | 19. | . . |
| 20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4) | 20. | 0 . | 20. | 0 . |
| 21. Net gambling winnings (See Instructions) | 21. | . . | 21. | . . |
| 22. Pensions, Annuities, and IRA Withdrawals | 22. | . . | | |
| 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 _____ | 26. | . . | 26. | . . |
| 27. TOTAL INCOME (Add lines 15 through 26) | 27. | 5000 . | 27. | 5000 . |
| 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. | 5000 . | 29. | 5000 . |
| 30. Total Exemption Amount (See Instructions) | 30. | 1000 . | | |
| 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
VELUVARTHY ABHINAV

Your Social Security Number
060236006

1555

| | | | |
|---|------|------|---|
| 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, column A) | 38. | 4000 | . |
| 39. Tax on amount on line 38 (From Tax Table page 34) | 39. | . | . |
| 40. Income Percentage B. (line 29) / A. (line 29) = <u>100.00</u> % | | | |
| 41. NEW JERSEY TAX (Multiply amount from line 39 by income percentage from line 40) | 41. | . | . |
| 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. | 0 | . |
| 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. | 0 | . |
| 49. Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) | 49. | 168 | . |
| 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. | 168 | . |
| 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. | 168 | . |
| 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. | 168 | . |

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.

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.

> _____
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

Name(s) as shown on Form NJ-1040NR: **VELUVARTHY ABHINAV** Your Social Security Number: **060236006**

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

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

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

| | |
|---|-----|
| 66. Amount reported on line 15 in column A required to be allocated | |
| 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 $\frac{\text{(Line 71)}}{\text{(Line 69)}} \times \frac{\text{(Enter amount from line 66)}}{\text{(Salary earned inside N.J.)}} =$ (Include this amount on line 15, col. B)

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

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

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

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

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

| | |
|---|---------------------------------------|
| Name(s) as shown on Form NJ-1040NR VELUVARTHY, ABHINAV | Social Security Number 060-23-6006 |
|---|---------------------------------------|

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

New Jersey Gross Income Tax
Business Income Summary Schedule

2020

| Part I Net Profits From Business | | List the net profit (loss) from business(es). See instructions. | | |
|---|--|--|---|--|
| | Business Name | Social Security Number/ Federal EIN | Profit or (Loss) | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter ZERO on line 18, column A.) | | 4. | |
| Part II Net Gains or Income From Rents, Royalties, Patents, and Copyrights | | List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights | | |
| | Source of Income or Loss. If rental real estate, enter physical address of property. | Social Security Number/ Federal EIN | Type – Enter number from list above | Income or (Loss) |
| 1. | DOOR NO - 10-293/2 | 060236006 | 1 | -4,460. |
| 2. | | | | |
| 3. | | | | |
| 4. | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter ZERO on line 20, column A.) | | 4. | -4,460. |
| Part III Distributive Share of Partnership Income | | List the distributive share of income (loss) from partnership(s). See instructions. | | |
| | Partnership Name | Federal EIN | Share of Partnership Income or (Loss) | Share of tax paid on your behalf by Partnerships |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter ZERO on line 23, column A.) | | | |
| 5. | Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 51. | | | |
| Part IV Net Pro Rata Share of S Corporation Income | | List the pro rata share of income (usable loss) from S corporation(s). See instructions. | | |
| | S Corporation Name | Federal EIN | Pro Rata Share of S Corporation Income or (Usable Loss) | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter ZERO on line 24, column A.) | | 4. | |

Keep a copy of this schedule for your records

| | |
|---|---------------------------------------|
| Name(s) as shown on Form NJ-1040NR VELUVARTHY, ABHINAV | Social Security Number 060-23-6006 |
|---|---------------------------------------|

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

New Jersey Gross Income Tax
Alternative Business Calculation Adjustment

2020

| PART I Income (Loss) | | Column A | | Column B | |
|--|---|------------------------------------|------|------------------------------------|---------|
| | | Reportable Regular Business Income | | Alternative Business Income (Loss) | |
| 1. | Net Profits From Business | 1a. | 0. | 1b. | 0. |
| 2. | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 2a. | 0. | 2b. | -4,460. |
| 3. | Distributive Share of Partnership Income | 3a. | 0. | 3b. | 0. |
| 4. | Net Pro Rata Share of S Corporation Income | 4a. | 0. | 4b. | 0. |
| 5. | Loss Carryforward From Tax Year 2019 | | | 5b. | () |
| 6. | Totals | 6a. | 0. | 6b. | -4,460. |
| PART II Adjustment Calculation | | | | | |
| 7. | Total Regular Business Income | 7. | 0. | | |
| 8. | Total Alternative Business Income/(Loss). (If loss, enter zero) | 8. | 0. | | |
| 9. | Business Increment (line 7 minus line 8) | 9. | 0. | | |
| 10. | Adjustment Percentage | 10. | 0.50 | | |
| 11. | Alternative Business Calculation Adjustment (line 9 x 0.50) | 11. | 0. | | |
| PART III Loss Carryforward to Tax Year 2021 | | | | | |
| 12. | Loss Carryforward to Tax Year 2021 | 12. | | (| 4,460.) |

Instructions

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2019 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2020 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records