## **£1040**

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single  Married filing jointly  uchecked the MFS box, enter the son is a child but not your dependent	name of									
Your first name	and m	iddle initial	Last na	me					You	ır so	cial securit	y number
SAI SANI	KAR		CHIM	MIRI					36	9-5	59-331	7
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spo	use's	s social sec	curity number
	•	er and street). If you have a P.O. box, se	e instructi	ons.				Apt. no.	- 1			on Campaign
		SHIRE LN						203	- 1		iere if you, if filing ioin	or your tly, want \$3
		ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code			0,	Checking a
FARMING'					M			8335			ow will not	
Foreign country	y name			Foreign province/stat	e/coun	ty	Fo	reign postal cod	de you	ır tax	or refund.	Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquir	e any	financial i	nterest i	n any virtual	curren	cy?	Yes	X No
Standard Deduction		eone can claim:				•	ent					
Age/Blindness	You	Were born before January 2,	1956	Are blind S	pouse	e: Wa	s born b	efore Januar	γ2, 19	56	☐ Is bli	ind
Dependents	-			(2) Social secur		(3) Relat					(see instruc	ctions):
If more	•	irst name Last name		number	,	to y		Child tax		- 1		ner dependents
than four												
dependents,												
see instructions and check	s —											
here ▶ □									]			
	1_	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	7	78,769.
Attach	2a	Tax-exempt interest	2a		b T	axable int	erest		. [	2b		33.
Sch. B if required.	3a	Qualified dividends	3a		<b>b</b> (	Ordinary di	vidends			3b		
	4a	IRA distributions	4a		b T	axable an	nount .		.	4b		
	5a	Pensions and annuities	5a		b T	axable an	nount .		.	5b		
Standard	6a	Social security benefits	6a		b T	axable an	nount .		.	6b		
Deduction for— Single or	7	Capital gain or (loss). Attach Scho	edule D it	f required. If not re	quired	l, check he	ere .	•	· 🗆	7		39.
Married filing	8	Other income from Schedule 1, li	ne 9 .						.	8		-5,050.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your <b>total in</b>	come				▶	9	7	73,791.
Married filing	10	Adjustments to income:										
jointly or Qualifying	а	From Schedule 1, line 22					10a	2,0	00.			
widow(er), \$24,800	b	Charitable contributions if you take	e the star	ndard deduction. Se	ee inst	ructions	10b					
Head of	С	Add lines 10a and 10b. These are	your <b>to</b> t	al adjustments to	inco	me			•	10c	;	2,000.
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross in	come				<b>•</b>	11	7	71,791.
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedu	le A)				.	12	]	12,400.
any box under Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	3995-A .			.	13	$\perp$	
Deduction, see instructions.	14	Add lines 12 and 13							.	14		L2,400.
	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	s, ente	er -0			.	15	5	59,391.

Form 1040 (2020	))									Page <b>2</b>
	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	8,853.
	17	Amount from Schedule 2, lin	ie 3						17	
	18	Add lines 16 and 17							18	8,853.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie 7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18							22	8,853.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10 .				23	0.
	24	Add lines 22 and 23. This is							24	8,853.
	25	Federal income tax withheld	•							
	а	Form(s) W-2				25a	12.	283.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions				25c				
	d	Add lines 25a through 25c	,						25d	12,283.
	26	2020 estimated tax payment							26	12/2031
<ul> <li>If you have a L qualifying child,</li> </ul>	27	Earned income credit (EIC)				27			20	
attach Sch. EIC.	28	Additional child tax credit. A				28			+	
If you have nontaxable	29	American opportunity credit				29				
combat pay, see instructions.	30	Recovery rebate credit. See		•		30	1	800.	-	
see instructions.	31	Amount from Schedule 3, lir				31	т,	800.	+	
		Add lines 27 through 31. The					ndito.	. ▶	20	1 000
	32								32	1,800.
	33	Add lines 25d, 26, and 32. T	•					. •	33	
Refund	34	If line 33 is more than line 24				-	-		34	5,230.
D: 1.1 '10	35a	Amount of line 34 you want						▶ □	35a	5,230.
Direct deposit? See instructions.	▶b	Routing number 1 1 1				Check	ing ∐S	avings		
	►d	Account number 5 8 6				+ 1	_			
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax ►	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe	now			. ▶	37	
You Owe For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.								
instructions.	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•				¬.,			
Designee		structions				. •	Yes. Co	•		<b>⊠</b> No
		signee's me ▶		Phone no. ▶				nal ident er (PIN) l		
Cian		der penalties of perjury, I declare t	hat I have examine		t accompanying sch	nedules a				et of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If the	e IRS sei	nt you an Identity
	k.	Ü								N, enter it here
Joint return?	<b>L</b>				SOFTWARE :		IEER	<u> </u>	inst.) 🕨	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion				nt your spouse an ection PIN, enter it here
your records.	,								inst.)	
		one no (E12)767 466	າ	Email address		ri orm	nail gor		- /-	
		one no. (512)767-466 eparer's name	Z Preparer's signat		saichimmi:	ri@gm Date	all.COT	n PTIN		Check if:
Paid		•			רווריה תיתווי∧		25/2021		2702	Self-employed
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM		NAUNG INAN	GUPIA IALLAM	1   09/2	.J/ZUZI .	20208		
Use Only		m's name ► GLOBAL TA		n (1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	~ (7) 20041					678)965-9522
		m's address ► 2530 Pebb		ii Cummin				Firm	's EIN ▶	
Go to www.irs.go	ov/Forr	n1040 for instructions and the late	st information.		BAA	REV	08/30/21 PRO			Form <b>1040</b> (2020)

## SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2020
Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

SAI SANKAR CHIMMIRI

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

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

Attachment Sequence No. 01 Your social security number

369-59-3317

ı aı	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	-5,050.
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	-5,050.
Par	t II Adjustments to Income	<u> </u>	-5,050.
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government	10	
••	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		
С	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	2,000.
22	Add lines 10 through 21. These are your <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	2,000.

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

#### **Capital Gains and Losses**

► Attach to Form 1040, 1040-SR, or 1040-NR.

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

OMB No. 1545-0074

Attachment Sequence No. **12** 

Department of the Treasury Internal Revenue Service (99)

SAI SANKAR CHIMMIRI

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Name(s) shown on return

Your social security number 369-59-3317

	ou dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona					
Pai	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year o	or Less (se	e ins	tructions)
lines This	nstructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, line 2, colum	from Part I,	(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 <b>Box A</b> checked	718.	679.			39.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
	Net short-term gain or (loss) from partnerships,		estates, and tr		5	
6	Short-term capital loss carryover. Enter the amount, if ar	ny, from line 8 of y	_		6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis			e any long-	7	39.
Par		<del></del>			_	
See i	ts from	(h) Gain or (loss) Subtract column (e) from column (d) and				
	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	Part II,	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 <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824				11	
12	Net long-term gain or (loss) from partnerships, S corporat	tions, estates, and	trusts from Scheo	dule(s) K-1	12	
	Capital gain distributions. See the instructions				13	
	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions				14	( )
15	Net long-term capital gain or (loss). Combine lines 8a	a through 14 in co	olumn (h). Then, go	to Part III		

BAA

Schedule D (Form 1040) 2020 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 39. • 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 • 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? ☐ **Yes.** Go to line 18. 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? ☐ 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. □ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

## Form **8949**

#### **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2020
Attachment
Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

369-59-3317

SAI SANKAR CHIMMIRI

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.

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.

X (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 F	orm 1099-B				
(a) Description of property	<b>(b)</b> Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Ćo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/20	12/02/20	718.	679.			39.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	I here and inc is checked), <b>lir</b>	ude on your le 2 (if Box B	718.	679.			39.

**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.

#### **SCHEDULE E**

(Form 1040)

#### **Supplemental Income and Loss**

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

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment Sequence No. **13** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

SAI SANKAR CHIMMIRI

Your social security number 369-59-3317

	SANKAK CHIMMIKI				16					-3317	
Part		s From Rental Real Estate and R instructions. If you are an individual, re	•		•				<b>.</b>		
A Dia		ents in 2020 that would require you	<u> </u>								
		rou file required Form(s) 1099? .									es 🗌 No
1a		each property (street, city, state, Z			· · ·	• •		•	· · ·		62   NO
<u> Та</u>	-	dal, Prakasam dist Andr			TNT	E 2 3 2 0	າ				
_ <u></u>	Ulavapadu Manc	dai, Piakasaii dist Alidi	II a PI	auesi	I IIV .	34349					
	Type of Property	2 For each rental real estate pro	aporty lie	etod		Fair	Rental	Per	sonal	Use	
110	(from list below)	above, report the number of t	air renta	al and			ays	. 0.	Days		QJV
Α	3	personal use days. Check the if you meet the requirements	e <b>QJV</b> bo	ox only	Α		365			0	
В	<u> </u>	qualified joint venture. See in	struction	ns.	В		303				П
C	<del> </del>	-			C						
	of Property:										
	gle Family Residence	3 Vacation/Short-Term Rental	5 Lan	nd	-	7 Self-	Rental				
	ti-Family Residence	4 Commercial	6 Rov	yalties			r (describe	)			
Incom		Properties		·	Α		E				С
3	Rents received		3			650.					
4			4								
Exper											
5	Advertising		5						İ		
6	Auto and travel (see i	instructions)	6								
7	Cleaning and mainter	nance	7		1,	000.					
8	Commissions		8								
9	Insurance		9								
10	Legal and other profe	essional fees	10								
11	Management fees .		11								
12	Mortgage interest pai	id to banks, etc. (see instructions)	12								
13	Other interest		13								
14	Repairs		14		1,	200.					
15	Supplies		15		1,	000.					
16	Taxes		16								
17	Utilities		17		2,	500.					
18	Depreciation expense	e or depletion	18								
19											
20	Total expenses. Add	lines 5 through 19	20		5,	700.					
21		n line 3 (rents) and/or 4 (royalties). I									
		instructions to find out if you must			_						
			21		-5,	050.					
22		al estate loss after limitation, if any		,		F.C. \	,				
	· · · · · · · · · · · · · · · · · · ·	nstructions)	22	(	-5,0	50.)	(		)(		
23a		reported on line 3 for all rental prop				23a		6	50.		
b		reported on line 4 for all royalty pro	•			23b					
C		reported on line 12 for all properties				23c					
d		reported on line 18 for all properties				23d					
e		reported on line 20 for all properties		ا ، ا		23e		5,7			
24	•	e amounts shown on line 21. <b>Do n</b>		-		ntor tot			24		F 050
25		osses from line 21 and rental real esta							25 (		5,050.
26		tate and royalty income or (loss).									
		IV, and line 40 on page 2 do not							26		-5 050
		(40), line 5. Otherwise, include this							26		-5,050.

## Form **8917**(Rev. January 2020)

**Tuition and Fees Deduction** 

► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8917 for the latest information.

OMB No. 1545-0074

Attachment Sequence No. **60** 

Internal Revenue Service
Name(s) shown on return

Department of the Treasury

SAI SANKAR CHIMMIRI

Your social security number 369-59-3317



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.

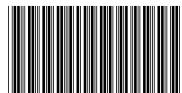
	the Instructions for Forms 1040 and 1040-SR.		
1	(a) Student's name (as shown on page 1 of your tax return)  First name  Last name	(b) Student's social securit number (as shown on page 1 of your tax return)	
	SAI SANKAR CHIMMIRI	369-59-3317	6,975.
2	Add the amounts on line 1, column (c), and enter the total		<b>2</b> 6,975.
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR	<b>3</b> 73,791.	
4	• 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 (\$160,00 stop; you can't take the deduction for tuition and fees		<b>5</b> 73,791.
	* If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding incore Effect of the Amount of Your Income on the Amount of Your Deduction amount to enter on line 5.		
6	<b>Tuition and fees deduction.</b> Is the amount on line 5 more than \$65, filing jointly)?	000 (\$130,000 if married	
	Yes. Enter the smaller of line 2, or \$2,000.		6 2,000.
	No. Enter the smaller of line 2, or \$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.

# NJ-1040NR

2020

Page 1



#### 2020 NJ-1040NR

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

New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

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Your Social Security Number 369593317

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

CHIMMIRI SAI SANKAR

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)

Home Address (Number and Street, incl. apt. # or rural route)

Arizona

35000 DRAKESHIRE LN, Apt. 203

Driver's License # (Voluntary)
C560758758610

State MI City, Town, Post Office FARMINGTON

 $\begin{array}{ccc} \text{State} & \text{ZIP Code} \\ \text{MI} & 48335 \end{array}$ 

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.

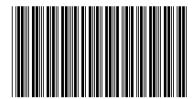
Yes Yes No

No



# **NJ-1040NR** 2020

Page 2



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

#### CHIMMIRI SAI SANKAR

Your Social Security Number

369593317

1555

Filing Status (Check only ONE box)

1. 2.	×	Single Married/CU Couple, filing joint return								
3.		Married/CU Partner, filing separate return								
4.		Head of Household	Name a	nd SSN of Spouse/	CU Partner					
5.		Qualifying Widow(er)/Surviving CU Partner								
Exe	mptions									
	Regular		Self	Spouse/CU Partner		Domestic	6.	1		
	Age 65 or	over		Spouse/CU Partner		Partner	7.			
	Blind or D			Spouse/CU Partner			8.			
9.	Veteran Ex	remption	Self	Spouse/CU Partner						9.
10.	Number of	your qualified dependent children							10.	
11.	Number of	other dependents							11.	
		s attending colleges (See Instructions)					12.			
	-	a – Add lines 6, 7, 8, and 12. For line 13b – Add	l lines 10 and 11.				13a.	1	13b.	13c.
		c – Enter amount from line 9.								
Dep	endent Inf	ormation								
14.	Dependent	's Last Name, First Name, Middle Initial		Dependent'	s Social Secu	ırity Number		Birth	Year	
	a									
	b									
	c									
	d									
				C	OL. A - AMOUN	Γ OF GROSS INC	OME (EVERYW	HERE) C	COL. B - AMOUN	Γ FROM NEW JERSEY SOURCES
15.	Wages, s	alaries, tips, and other employee compensation			15.	7	8769		15.	78769 .
	-	ox if you completed lines 66 through 72				,	0,02			
16.	Interest	3 1			16.		33		16.	0 -
17.	Dividend	ls			17.		33		17.	
18.		ts from business (Schedule NJ-BUS-1, Part I, lin	ne 4)		18.				18.	
19.	-	s or income from disposition of property (From l			19.		39		19.	0 -
20.	-	s or income from rents, royalties, patents, and co		-BUS-1, Part II, line 4)	20.		0		20.	0 .
21.	-	oling winnings (See Instructions)			21.		_		21.	
22.	-	, Annuities, and IRA Withdrawals			22.					
23.		ive Share of Partnership Income (Schedule NJ-B	SUS-1, Part III, line	e 4)	23.				23.	
24.		ata share of S Corporation Income (Schedule NJ			24.				24.	
25.	-	and separate maintenance payments received			25.					
26.	-	State Nature and Source			26.				26.	
27.		INCOME (Add lines 15 through 26)			27.	7	8841		27.	78769 .
28a.		Exclusion (See Instructions)		2	28a.	,	0011			
28b.		tirement Income Exclusion (See Worksheet and	Instructions)		28b.			. :	28b.	
28c.		clusion Amount (Add line 28a and line 28b)	,		28c.				28c.	
29.		come (Subtract line 28c from line 27)			29.	7	8841		29.	78769
30.		emption Amount (See Instructions)			30.	,	1000			70703
31.		Expenses (See Worksheet and Instructions)			31.					
32.		and separate maintenance payments			32.					
33.	-	Conservation Contribution			33.					
34.	-	nterprise Zone Deduction			34.					
35		ve Business Calculation Adjustment (Schedule N	JI BIIS 2 line 11		35		Ο			

#### **NJ-1040NR** 2020 Page 3



V----C--i-1 C----i+- N----k--

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

Your Social Security Number 369593317

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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.	77841 .		
39.	Tax on amount on line 38 (From Tax Table page 34)	39.	2831 .		
40.	Income Percentage B. (line 29) / A. (line 29) = 99.91%				
41.	NEW JERSEY TAX (Multiply amount from line 39 by income percentage from line 40)			41.	2828 .
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.	2828 .
47.	Penalty for Underpayment of Estimated Tax.			47.	
	Check box if Form NJ-2210NR is enclosed				
48.	Total Tax and Penalty (Add line 46 and line 47)			48.	2828 .
49.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	49.	3210 .	41	1' 50
50.	New Jersey Estimated Tax Payments/Credit from 2019 return	50.		Also enter on  • Paymen	nts made in connection
51.	Tax paid on your behalf by Partnership(s)	51.			le of NJ real property  ts by S corporation for
52.	EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.			dent shareholder
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.	3210 .
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.	382 .
59.	Deductions from Overpayment on line 58 that you elect to credit to:				
	(A) Your 2021 Tax	59A.	•	NOTE:	
	(B) N.J. Endangered Wildlife Fund	59B.	•	An entry on li	ne 59A, B, C, D, E, F, or
	(C) N.J. Children's Trust Fund	59C.		G will reduce	your tax refund
	(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.	382 .

Under penalties of perjury, I declare that I have examined this return, i my knowledge and belief, it is true, correct, and complete. If prepared information of which the preparer has any knowledge.		
>Your Signature Date	>Spouse's/CU Partner's Signature (if filing jointly, BOTH m	State of New Jersey - TGI Division of Taxation Revenue Processing Center PO Box 244 Trenton, NJ 08646-0244
Paid Preparer's Signature	Federal Identification Number	110Holl, 143 000 10 02 11
		You may also pay by e-check or credit card.
SYAM PRIYA RAM SAGAR GUPTA	TALLAM P02082703	
Firm's Name	Firm's Federal Employer Identification N	Number
GLOBAL TAXES LLC	30-1017196	

Division Use: 1	2	3	4	5	6	7	8	

Name(s) as shown on Form NJ-1040NR							Social Security Nur	nber	
CHIMMIRI SAI SANKAR		593317							
PART I  Net Gains or Income From Disposition of Property			income, less net l rty including real c						
(a) Kind of property and description	(b) Date aquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price (e) Cost or other basis as adjusted (see instruction and expense of see		ner sted ns)	(f) Gain or (los (d less e)	ss)		
62. Robinhood Securiti	01/01/2020	12/02/2020	718 679				39		
63. Capital Gains Distribution						63.			
64. Other Net Gains						64.			
65. Net Gains (Add lines 62, 63, and 64) (E	nter here and or	n line 19) (If loss	s, enter zero)			65.	39		
Allocation of Wage and Sample PART II Income Earned Partly Institute New Jersey	(5		if compensation d			me of b	ousiness		
66. Amount reported on line 15 in column A	•					66.			
67. Total days in taxable year						67.			
68. Deduct nonworking days (Sundays, Sat	urdays, holidays	s, sick leave, va	cation, etc.)			68.			
69. Total days worked in taxable year (subtr	act line 68 from	line 67)				69.			
70. Deduct days worked outside New Jerse	y					70.			
71. Days worked in New Jersey (subtract lir	ne 70 from line 6	69)				71.			
72. ALLOCATION FORMULA (Line (Line		er amount from lin	= (Salar	y earne	ed inside N.J.)	`	e this amount on , col. B)		
PART III Allocation of Business Income to New Jersey	(See instructions it 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-1040	Social Security Number
CHIMMIRI, SAI SANKAR	369-59-3317

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

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2020

		Column A				Column B					
PAR	TI Income (Loss)		Reportable Regular Business Income		Alternative Business Income (Loss)						
1.	Net Profits From Business	1a.	0.		1b.	0.					
2.	Distributive Share of Partnership Income	2a.	0.		2b.	0.					
3.	Net Pro Rata Share of S Corporation Income	3a.	0.		3b.	0.					
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	0.					
5.	Loss Carryforward From Tax Year 2019				5b.	( 2,626.	)				
6.	Totals	6a.	0.		6b.	-2,626.					
PAR	T 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.								
PAR	T III Loss Carryforward to Tax Year 202	21									
12.	Loss Carryforward to Tax Year 2021				12.	( 2,626.	)				

#### Instructions

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- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2019 Schedule NJ-BUS-2 (Form NJ-1040).
- 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 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-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Schedule NJ-BUS-1 (Form NJ-1040NR) New Jersey Gross Income Tax Business Income Summary Schedule

2020

Pa	art   Net Profits From Business	L ist the	net profit	(loss) from hus	siness(es). See Instructions.	٦	
	Net i fonts i font business		<u> </u>	, , , , , , , , , , , , , , , , , , ,			
	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 line 18, column A. If loss, enter ZERO on line 18		4	i.			
Pā	Net Gains or Income  art II 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 N Federal E		Type – Enter number from list above			
1.	KUKATPALLY	369593317		1	-5,050.		
2.							
3.							
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, en	ter ZERO on line 20	), column /	۹.) 4	-5,050.		
Pa	art III Distributive Share of Partners	ship Income			ive share of income (loss) o(s). See instructions.		
	Partnership Name F	ederal EIN		Partnership e or (Loss)	Share of tax paid on your behal by Partnerships	f	
1.							
2.							
3.							
4.	Distributive Share of Partnership Income or (Los (Add lines 1, 2, and 3.) (Enter here and on line 2 If loss, enter ZERO on line 23, column A.)						
5.	Total Share of tax paid on your behalf by Partne 1, 2, and 3.) Enter total here and include on line						
Pa	art IV Net Pro Rata Share of S Cor	poration Incom			share of income (usable poration(s). See instructions.		
	S Corporation Name	Federal I	ΞIN		tata Share of S Corporation acome or (Usable Loss)		
1.							
2.						٦	
3.						٦	
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.						

Name(s) as shown on Form NJ-1040NR	Social Security Number
CHIMMIRI, SAI SANKAR	369-59-3317

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

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2020

			Column A	Column B						
PAF	RT I Income (Loss)		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.	-5,050.				
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.	-5,050.				
PAF	RT 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.	C	).50						
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.	0.							
PAF	RT III Loss Carryforward to Tax Year 202	21								
12.	Loss Carryforward to Tax Year 2021				12.	( 5,050.	)			

#### 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.

If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Line 12.

Arizona Form AZ-8879

#### **E-file Signature Authorization**

2020

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number\* **Enter** SAI SANKAR CHIMMIRI 59 ı 3317 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.\* SSN(s). \*Do Not Truncate PART 1 - PURPOSE • To certify the truthfulness, correctness, and completeness of the taxpaver's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 71,791 00 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax ..... 0 00 ROUTING NUMBER 00 ☐ Checking ■ Savings 3 Arizona Income Tax Withheld ... ACCOUNT NUMBER Check box 4 or box 5: 00 **4** ■ **REFUND**: Enter the amount of refund...... olon DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT **5** ■ **AMOUNT YOU OWE:** Enter the amount owed....... 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2020, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2020 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** X I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. 6c I authorize the Arizona Department of Revenue (ADOR) and its I authorize GLOBAL TAXES LLC designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2020. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2021, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE SPOUSE'S PEN AND INK SIGNATURE DATE

Arizona Form Resident Personal I			ersonal Inc	come Tax I	Return	FO	2020			
RET	82F		Check box 82F filing under extension	OR FISCAL YEAR BEGIN	NING L	12,0,2,0	AND ENDING			66F
O THE			First Name and Middle Initial		Last Name		Entor	Your	Social Security Nur	nber
<b>⊢</b> 0	1		I SANKAR		CHIMMIRI		Enter your	369		
	1	Spous	se's First Name and Middle Initia	al (if box 4 or 6 checked)	Last Name		SSN(s	Spous s).	se's Social Security	No.
TEMS	_	Curre	nt Home Address - number and	street, rural route		Apt. No.	Daytir	ne Phone	(with area code)	
<u></u>	2	350	000 DRAKESHIRE LN			203	94 ( 5	512)767	7-4662	
AN		-	Town or Post Office	State	ZIP Cod		Last Names Used	in Last Four	Prior Year(s) (if diffe	_
DO NOT STAPLE	3	FAF	RMINGTON	MI	48335					97
¥	STATUS	4	Married filing joint return	4a Injured Spouse P		Overpayment	REVENUE USE O	NLY. DO NO	OT MARK IN THIS AR	REA.
2	STA	5	Head of household. Enter	name of qualifying child or dep	pendent on next line:					
2	N S	6	Married filing separate ret	urn. Enter spouse's name and	d Social Socurity Nur	nhor obovo				
0	FILING	7	Single	urri. Enter spouse's name and	d Social Security Nur	libel above.				
				d. Do not put a check ma	ark.					
	_	8	Age 65 or over (you and/o		es 8, 9, and 11a, also co				E BCVD	
	100	9	Blind (you and/or spouse)		nes 10a and 10b, also d		81 PM		80 RCVD	
	and	10a 11a	Dependents: Under age o  Qualifying parents and gra		endents: Age 17 ar	nd over.				
	and 11a - Dependents 10a and 10b	IIa		•	otions <b>Formers</b>	anasa ahasir ti	ha hay $\square$ and a	omplete n	acre 4 Port 4	
	lents		(Box 10a and 10b): Depende	ent information. See instru	(b)	(c)	(d)	(e)	(f)	
	oeuc		FIRST AND LAS (Do not list yourself		SOCIAL SECURITY NO	. RELATIONSHIP	NO. OF MONTHS	<ul><li>Dependent included i</li></ul>	Age n: if you did not this person on	t claim your
	- De		(Do not list yourself	or spouse.)			HOME IN 2020	1 (Box 10a) (Bo	2 federal return d	ue to
	11a	10c								
	and	10d								
	, 9,	10e								
o.	suo		(Box 11a): Qualifying parents	and grandparents. See ir						
nts after Form 140	Exemptions		(a) FIRST AND LAS	ST NAME S	(b) SOCIAL SECURITY NO	(c) . RELATIONSHIF		(e) ✓ IF AGE 65		IN
Srm	Exe		(Do not list yourself	or spouse.)			HOME IN 2020	OVEF	R 2020	
ĭ		446								
afte		11b 11c						<u>_</u>	H	
ts			Federal adjusted gross incon	ne (from your federal retu	ırn)			12	71,791	00
			Non-Arizona municipal interest							00
gnu	ons		Partnership Income adjustment							00
ğ	Additions		Total federal depreciation							00
her	⋖		Net capital (loss) derived from to Other Additions to Income: Con	• •						00
<u></u> 5			Subtotal: Add lines 12 through 1				-		71,791	
S 01			Total net capital gain or (loss).					39 00		
<u>ë</u>			Total net short-term capital gair					39 00		
ed		l	Total net long-term capital gain					00		
sch		22	Net long-term capital gain from Multiply line 22 by 25% (.25) ar					0 00	0	00
ĄŽ		23	Net capital gain derived from in	vestment in qualified small	husiness			24	0	00
g		This b	box may be blank or may contain a r	printed barcode of data from yo	pur return.	t capital gain exc	change of legal te	nder <b>25</b>		00
<u></u>	ons	l III Y			<b>26</b> Re	calculated Arizo	na depreciation	26		00
era	Subtractions		Net capital gain derived from in box may be blank or may contain a r		<b>27</b> Pa	rtnership Income	e adjustment	27		00
<u>e</u> d	Subt		Aleriko errebero er		28 Int	erest on U.S. ob	ligations	28		00
Place any required federal and AZ schedules or other docume	37				29a Exc	usion for fed., AZ st	ate or local govt. pen	sions. 29a		00
Ħ				Lugar, Alugar, br>Alugar, Alugar, Alugar	29b Pen	Social Security of	rvices retired/retainer	rpay 29b_ nt Δct 30		00
<u> </u>					31 Cei	rtain wages of A	merican Indians .	31		00
ž					32 Pay	received for being	an active service me	mber . <b>32</b>		00
ध्र			MARKAT KISTO KADISTON YARDI DILA TURBANINEN	AKYMATRANI BIRKAY ZEPATENI ENT	Net	t operating loss a	adjustment	33		00
<u> a</u>							College Savings Plan		71.791	00

ADOR 10413 (20) 1555

	Your I	Name (as shown on page 1)	Your Social Security N	Number	r	
		SANKAR CHIMMIRI	369-59-331			
	DAI	SANKAK CHIPHTIKI	307 37 331	,		$\overline{}$
	36	Other Subtractions from Income. Complete Adjustments to Arizona Gross Income schedule on p	page 5	36		00
	37	Subtract line 36 from line 35 and enter the difference			71,791	
Exemptions	38	Age 65 or over: Multiply the number in box 8 by \$2,100				00
	39	Blind: Multiply the number in box 9 by \$1,500				00
	40	Other Exemptions. See instructions40E Multiply the number in box 40E by \$2,300				00
ш	41	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000		41		00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37. If less than zero, enter "0".			71,791	
	43	Deductions: Check box and enter amount. See instructions			12,400	
	44	If you checked box 43S and claim charitable deductions, check 44C Complete page 3. See instru			00	
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"		45	59,391	
Тах	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables		46	1,820	
ō	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 31				00
Balance of Tax	48	Subtotal of tax: Add lines 46 and 47 and enter the total		48	1,820	
3ala	49	Dependent Tax Credit. See instructions		49		00
-	50	Family income tax credit (from the worksheet - see instructions)		50		00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 61		51	1,820	00
	52	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines 49, 50 and 51 is greater than	line 48, enter "0"	52	(	00
	53	2020 AZ income tax withheld	<del></del>	53		00
Total Payments and Refundable Credits	54	2020 AZ estimated tax payments 54a 00 Claim of Right 54b	00 Add 54a and 54b			00
Cre	55	2020 AZ extension payment (Form 204)		55		00
yme	56	Increased Excise Tax Credit (from the worksheet - see instructions)		56		00
al Pa	57	Property Tax Credit from Arizona Form 140PTC		57		00
Ref	58	Other refundable credits: Check the box(es) and enter the total amount	<b>□</b> 308-I <b>582 □</b> 34	9 <b>58</b>		00
	59	Total payments and refundable credits: Add lines 53 through 58 and enter the total		59		00
Tax Due or Overpayment	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip line	es 61, 62 and 63	60	C	00
	61	<b>OVERPAYMENT:</b> If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpay	ment	61		00
Tax   verp	62	Amount of line 61 to be applied to 2021 estimated tax		62		00
. 0	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference		63		00
Gifts	64	- 74 Voluntary Gifts to: Solutions Teams Assigned to Schools64 00 Arizona Wildlife	65	0		
Ö >		Child Abuse Prevention	68	0		
ntar		Neighbors Helping Neighbors <b>69</b> 00 Special Olympics <b>70</b> 00 Veterans' Donations F				
Voluntary		I Didn't Pay Enough Fund72 00 Sustainable State Parks and Road Fund73 00 Spay/Neuter of Anima	ıls <b>74</b> 0	0		
>	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Libertarian	753 Republican			
nalty	76	Estimated payment penalty		76		00
Pen	77	771 ☐ Annualized/Other 772 ☐ Farmer or Fisherman 773 ☐ Form 221 included				
-	78	Add lines 64 through 74 and 76; enter the total		78		00
ъ	79	<b>REFUND:</b> Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		79		00
Refund or Amount Owed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see  ROUTING NUMBER ACCOUNT NUMBER	e instructions. <b>79A</b>	J		
in fi		98 S Savings				
Red mou	00		201			<u> </u>
⋖	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y and include with your return				00
		Jnder penalties of perjury, I declare that I have read this return and any documents with it, and to rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information				are
l	١ '	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	on or willon prepar	CI IIas	s arry knowledge.	
SIGN HERE	<b>→</b>	gr	FTWARE ENG	TNFF	ים	
甲	7		CUPATION	T 141515	111	
🗦						
5	<b>→</b>					
	3	POUSE'S SIGNATURE DATE SP	OUSE'S OCCUPATION			
PLEASE		SYAM PRIYA RAM SAGAR GUPTA TALLAM 09252021 GLOBAL TAXES LI				
×		PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	SELF-EMPLOYED)			
		2530 Pebble Creek Ln	30-101			
4		PAID PREPARER'S STREET ADDRESS	PAID PREPA			
		Cumming GA 30041	(678)9		9522	

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Arizona Form 301

#### Nonrefundable Individual Tax Credits and Recapture

2020

Include with your return.

For the calendar year 2020 or fiscal year beginningand endi	ng 🔝 👢	
Your Name as shown on Form 140, 140PY, 140NR or 140X	Your Social Se	ecurity Number
SAI SANKAR CHIMMIRI	369	59   3317

Spouse's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint return)

Part 1 Nonrefundable Individual Tax Credits Available: Enter total available tax credits.

Spouse's Social Security Number

	Nomerandable marvidual fax ofedits Avail	uoioi Eine		(a) Current Year Credit	(b) Available Carryover	(c) Total Available Credit (a) + (b)
1	Military Reuse Zone Credit	Form 306 ▶	1			00
2	Credit for Increased Research Activities – Individuals F	Form 308-I ►	2			00
3	Credit for Taxes Paid to Another State or Country	Form 309 ►	3	1,820		1,820 00
4	Credit for Solar Energy Devices	Form 310 ►	4			00
5	Agricultural Water Conservation System Credit	Form 312 ►	5			00
6	Pollution Control Credit	Form 315 ►	6			00
7	Credit for Solar Hot Water Heater Plumbing Stub Outs and					
	Electric Vehicle Recharge Outlets	Form 319 ►	7			00
8	Credit for Employment of TANF Recipients	Form 320 ►	8			00
9	Credit for Contributions to Qualifying Charitable Organizations	Form 321 ▶	9			00
10	Credit for Contributions Made or Fees Paid to Public Schools	Form 322 ▶	10			00
11	Credit for Contributions to Private School Tuition Organizations	Form 323 ▶	11			00
12	Agricultural Pollution Control Equipment Credit	Form 325 ▶	12			00
13	Credit for Donation of School Site	Form 331 ▶	13			00
14	Credit for Employment by Healthy Forest Enterprises	Form 332 ▶	14			00
15	Credit for Employing National Guard Members	Form 333 ▶	15			00
16	Credit for Business Contributions by an S Corporation to					
	School Tuition Organization - Individual	Form 335-I ▶	16			00
17	Credit for Solar Energy Devices – Commercial and					
	Industrial Applications	Form 336 ▶	17			00
18	Credit for Investment in Qualified Small Businesses	Form 338 ▶	18			00
19	Credit for Donations to the Military Family Relief Fund	Form 340 ▶	19			00
20	Credit for Business Contributions by an S Corporation to School	I				
	Tuition Organizations for Displaced Students or Students with					
	Disabilities - Individual	Form 341-I ▶	20			00
21	Renewable Energy Production Tax Credit	Form 343 ▶	21			00
22	Credit for New Employment	Form 345 ▶	22			00
23	Additional Credit for Increased Research Activities for					
	Basic Research Payments	Form 346 ►	23			00
24	Credit for Contributions to Certified School Tuition Organization					
	(for contributions that exceed the allowable credit on Arizona Form 323).	Form 348 ▶	24			00
25	Credit for Contributions to Qualifying Foster Care Charitable					
	Organizations	Form 352 ▶	25			00
26	Reserved for future use		26			
27	Total available nonrefundable tax credits: Add lines 1 throug	jh 25			27	1,820 00
2/	iotal available nonretundable tax credits: Add lines 1 throug	Jn 25			<u>  27</u>	Continued on page

IMPORTANT

You must include Form 301 and the corresponding credit form(s) for which you computed your credit(s) with your individual income tax return.

ADOR 10127 (20) 1555 REV 04/09/21 PRO

Your Social Security Number Your Name (as shown on page 1) 369-59-3317 SAI SANKAR CHIMMIRI Part 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, and tax credits used this taxable year. 1,820 00 Tax from Form 140, line 46; or Form 140PY, line 56; or Form 140NR, line 56; or Form 140X, line 35...... 28 Tax from recapture of Credits for Healthy Forest Enterprises from 00 00 30 31 Recapture Total: Add lines 29 and 30. Enter here and on Form 140, line 47; or Form 140PY, line 57; or 00 Form 140NR, line 57;or Form 140X, line 36..... 31 1,820 00 32 Subtotal: Add lines 28 and 31 33 Family Income Tax Credit from Form 140, line 50; or Form 140PY, line 60; or Form 140X, line 38a; plus Dependent 00 Tax Credit from Form 140, line 49; or Form 140PY, line 59; or Form 140NR, line 59; or Form 140X, box 38b ...... 33 1,820 00 Subtract line 33 from line 32. Enter the difference. If less than zero, enter "0" ...... Nonrefundable Tax Credits Used This Taxable Year: Enter amounts actually used from Part 1. 00 00 1,820 00 Credit for Taxes Paid to Another State or Country......Form 309 ▶ 37 00 00 00 Credit for Solar Hot Water Heater Plumbing Stub Outs and 00 00 42 Credit for Employment of TANF Recipients.....Form 320 ▶ Credit for Contributions to Qualifying Charitable Organizations .................Form 321 ▶ 00 44 Credit for Contributions Made or Fees Paid to Public Schools..................................Form 322 ▶ 44 00 00 Credit for Contributions to Private School Tuition Organizations.........................Form 323 ▶ 45 00 Agricultural Pollution Control Equipment Credit ......Form 325 ▶ 00 Credit for Employment by Healthy Forest Enterprises ........................Form 332 ▶ 48 00 Credit for Employing National Guard Members......Form 333 ▶ 49 00 Credit for Business Contribution by an S Corporation to 00 00 51 Credit for Solar Energy Devices – Commercial and Industrial Applications .......Form 336 ▶ 51 00 53 Credit for Donations to the Military Family Relief Fund: Enter the smaller of 00 54 Credit for Business Contributions by an S Corporation to School Tuition 00 Organizations for Displaced Students or Students with Disabilities - Individual.. Form 341-I ▶ 54 00 00 00 57 Additional Credit for Increased Research Activities for Basic Research Payments..Form 346 ▶ 57 Credit for Contributions to Certified School Tuition Organization 00 (for contributions that exceed the maximum allowable credit on Arizona Form 323) ..Form 348 ▶ 59 Credit for Contributions to Qualifying Foster Care Charitable Organizations......Form 352 ▶ 59 00

ADOR 10127 (20) 1555 AZ Form 301 (2020) REV 04/09/21 PRO Page 2 of 2

1,820 00

Enter this amount on Form 140, line 51; or Form 140PY, line 61; or Form 140NR, line 60; or Form 140X, line 39........ 61

Arizona Form 309

#### **Credit for Taxes Paid to Another State or Country**

2020

Include with your return. A separate form must be filed for each state or country for which a credit is claimed. For the calendar year 2020 or fiscal year beginning \_\_\_\_\_\_\_. and ending \_\_\_\_\_\_\_. Your Name as shown on Form 140, 140NR, 140PY or 140X Your Social Security Number 59 SAI SANKAR CHIMMIRI 3317 Spouse's Name as shown on Form 140, 140NR, 140PY or 140X (if joint return) Spouse's Social Security Number Part 1 Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2020 A. Other State: If claiming a credit for taxes paid to another state, enter the two-letter abbreviation for that state. **B.** Other Country: If claiming a credit for taxes paid to another country, enter the country name If claiming a credit for taxes paid to more than one country, see instructions. (a) (c) 1 Description of income WAGES item(s). List each income item separately. (a) (b) (c) 2 Amount of income from item listed on line 1 reportable to both Arizona 78,769 00 2 \$ 00 00 and the other state or country...... 3 Portion of income on line 2 included in Arizona adjusted 3 \$ 78,769 00 00 gross income ..... 00 4 Portion of income on line 2 included in the other state or country's equivalent of Arizona 4 \$ adjusted gross income..... 78,769 00 \$ 00 \$ 00 5 Income subject to tax by both Arizona and the other state or country. Enter the smaller of the amount entered on line 3 or line 4 5 \$ 78,769 00 \$ 00 6 Total income subject to tax in both Arizona and the other state or country. Add line 5, columns (a), (b), and (c). Include total from additional schedules. If less than zero, enter "0". See instructions. . 78,769 00 Part 2 Computation of Other State or Country Tax Credit (Read specific line instructions for Part 2 before completing this part.) 7 Arizona tax liability less any credits (except other state tax credit)...... 1,820 00 8 Amount from Part 1, line 6..... 78,769 00 9 Entire income upon which Arizona tax is imposed. See instructions...... 71,791 00 **10** Divide the amount on line 8 by the amount on line 9 (cannot be greater than one)..... 10 1.0000 11 Multiply the amount on line 7 by the decimal on line 10...... 1,820 00 12 Income tax paid to: Name of other state or country. See Instructions. 12a NEW JERSEY 12b 2,828 00 78,769 00 13 Amount from Part 1, line 6..... 14 Entire income upon which other state or country's income tax is imposed. See instructions...... 78,769 00 15 Divide the amount on line 13 by the amount on line 14 (cannot be greater than one)..... 1.0000 16 Multiply the amount on line 12 by the decimal on line 15..... 2,828 00 17 Allowable credit for taxes paid to the above named other state or country: If claiming a credit from more than one state or country, see instructions. Enter the smaller of line 11 or line 16, and on

Arizona Form 301, Part 1, line 3, column (a).....

1,820 00

Your Name (as shown on page 1)	Your Social Security Number
SAI SANKAR CHIMMIRI	369-59-3317

#### **Schedule of Income Allocation**

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise skip this schedule. See pages 2 and 9 of the instructions.

		(a)		(b)		(c)		(d)	
		Amount reported on your 2020 federal return		Amount entered in column (a) reported on your 2020 Form 140		Amount entered in column (a) reported on your 2020 return filed to your statutory state of residence		Amount entered in column (c) that would be sourced to your statutory state of residence as income of a nonresident of that state	
1	Wages, salaries, tips, etc	\$	00	\$	00	\$	00	\$	00
2	Interest	\$	00	\$	00	\$	00	\$	00
3	Dividends	\$	00	\$	00	\$	00	\$	00
4	Business income or (loss) from federal Schedule C	\$	00	\$	00	\$	00	\$	00
5	Gains or (losses) from federal Schedule D	\$	00	\$	00	\$	00	\$	00
6	Rents, royalties, partnerships,								
	estates, trusts, small business corporations from federal Schedule E	\$	00	\$	00	\$	00	\$	00
7	Other income reported on								
	your federal return	\$	00	\$	00	\$	00	\$	00
8	Total Income: Add lines 1 through 7.	\$	00	\$	00	\$	00	\$	00
9	Other federal adjustments: List on line	es 9a through 9c:							
9a		\$	00	\$	00	\$	00	\$	00
		_							
9b		\$	00	<u>\$</u>	00	\$	00	\$	00
9с		\$	00	\$	00	\$	00	\$	00
9d	Total adjustments: Add lines 9a through 9c for each column	\$	00	\$	00	\$	00	\$	00
	Adjusted Gross Income: Subtract line 9d from line 8 for each column	\$	00	\$	00	\$	00	\$	00

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