Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Social accurity number

Submission Identification Number (SID)

Taxpayer's name

| Taxpaye | r's name | Social security number | | | | |
|---------|------------------------------------------------------------------------|---------------------------------|--|--|--|--|
| ARJI | JN AILEENI | 297-83-6659 | | | | |
| Spouse' | s name | Spouse's social security number | | | | |
| SHR | AVYA GANGARAM | 774-38-0035 | | | | |
| Part | Tax Return Information – Tax Year Ending December 31, (Enter | r year you are authorizing.) | | | | |
| Enter | whole dollars only on lines 1 through 5. | | | | | |
| Note: | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | |
| 1 | Adjusted gross income | 1 165,251. | | | | |
| 2 | Total tax | 2 22,479. | | | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 29,859. | | | | |
| 4 | Amount you want refunded to you | . 4 9,199. | | | | |
| 5 | Amount you owe | 5 | | | | |

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

| | | | | FBO firm name | o , | E |
|---|-------------|--------|-------|---------------|-----------------------------|---|
| X | l authorize | GLOBAL | TAXES | LLC | to enter or generate my PIN | |

| 3 | 6 | 6 | 5 | 9 | |
|------------|-------|---|---|---|--|
| Ent dor | as my | | | | |

5

as mv

8 0 0 3

Enter five digits, but don't enter all zeros

signature on the income tax return (original or amended) I am now authorizing.

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

Your signature

Spouse's PIN: check one box only

X lauthorize <u>GLOBAL TAXES LLC</u> ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

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

| Spouse's signature 🕨 | Date 🕨 | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------|--------|-----|----|---|--|--|--|-------------|--|---|----|---|
| Practitioner PIN Method Returns Only—co | ntinue | bel | ow | | | | | | | | | |
| Part III Certification and Authentication – Practitioner PIN Method C | Only | | | | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected F | 'IN. | 5 | 8 | 7 | | | | 6 all ze | | 9 | 89 |) |

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

| ERO's signature > | | |
|-------------------|------------------------------------------------------------------------|--------------------|
| | n This Form — See Instructions to the IRS Unless Requested To Do So | |
| E. D | | E 9970 (D 01 0001) |

Date

to enter or generate my PIN

| E 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | ⁽⁹⁹⁾ urn 20 | 020 | OMB No. 1545 | 5-0074 | IRS Use | e Only | —Do not v | write or staple | e in this space. | |
|------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------|------------------------------|----------|------------|----------|--------------|-------------------|-----------------------|--|
| Filing Status Check only one box. | lf yo | Single X Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependent | ame of | | | S) Head of ecked the HOH c | | | | | | | |
| Your first name | and m | iddle initial | Last na | ime | | | | | | Your so | ocial securi | ity number | |
| ARJUN | | | AILI | CENI | | | | | | 297- | 83-665 | 59 | |
| If joint return, s | pouse's | s first name and middle initial | Last na | ime | | | | | | Spouse | 's social se | curity number | |
| SHRAVYA | | | GAN | GARAM | | | | | | 774- | 38-003 | 35 | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructi | ons. | | | A | Apt. no. | | Preside | ential Electi | ion Campaign | |
| 225 PRA | IRIE | VIEW DR | | | | | 1 | L0234 | | | here if you | · · | |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | mplete s | paces below. | 5 | State | ZIP co | ode | | | | ntly, want \$3 | |
| WEST DES | S MO | INES | | | | IA | 502 | 266 | | | low will not | . Checking a t change | |
| Foreign country | / name | | | Foreign province | e/state/co | unty | Foreig | n postal o | code | | x or refund | • | |
| | | | | | | | | | | | Vou | Spouse | |
| At any time du | ring 20 | 020, did you receive, sell, send, exch | nange, o | or otherwise ad | cquire an | y financial intere | est in a | ıny virtu | al cu | rrency? | Ves | 🗙 No | |
| Standard Deduction | | eone can claim: You as a dep Spouse itemizes on a separate return | n or you | | • | | | | | | | | |
| Age/Blindness | S You: | Were born before January 2, 1 | 956 | _ Are blind | Spou | se: 🗌 Was bo | rn befo | | | | Is b | - | |
| Dependents | s (see | instructions): | | (2) Social s | | (3) Relations | nip | (4) 🖌 | if q | ualifies fo | or (see instru | uctions): | |
| If more | (1) F | irst name Last name | | numb | ber | to you | | Child | tax ci | redit | Credit for of | ther dependents | |
| than four dependents, | | | | | | | | | | | | <u> </u> | |
| see instruction | s —— | | | | | | | | <u> </u> | | | <u> </u> | |
| and check | | | | | | | | | <u> </u> | | | <u> </u> | |
| here 🕨 🔄 | | | | | | | | | | | | | |
| Attach | 1 | Wages, salaries, tips, etc. Attach F | ``` | W-2 | | | | | • | . 1 | | 72,161. | |
| Sch. B if | 2 a | · · | 2a | | b | Taxable interes | st. | | • | . 2 t | | | |
| required. | <u>3a</u> | | 3a | | | Ordinary divide | | | • | . 3k | | | |
| | 4a | | 4a | | b | Taxable amour | nt | | • | . 4t | 2 | | |
| | 5a | | 5a | | | Taxable amour | | | • | . 5k | - | | |
| Standard Deduction for – | 6a | ···· · · · · · · · · · | 6a | | | Taxable amour | nt | | • _ | . <u>6</u> k | | | |
| Single or | 7 | Capital gain or (loss). Attach Scheo | | | • | , | • • | • • | | | | | |
| Married filing separately, | 8 | Other income from Schedule 1, line | | | | | • • | • • | • | . 8 | | -6,660. | |
| \$12,400 | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a | and 8. 1 | This is your tot | al incom | ne | • • | | • | ▶ 9 | 1 | 65,501. | |
| Married filing jointly or | 10 | Adjustments to income: | | | | 1 | 1 | | | | | | |
| Qualifying widow(er), | а | | | | | | | | | _ | | | |
| \$24,800 | b | Charitable contributions if you take | | | | L | b | | 25 | | | | |
| Head of household, | С | Add lines 10a and 10b. These are your total adjustments to income | | | | | | | | | c | 250. | |
| \$18,650 | 11 | Subtract line 10c from line 9. This | - | | | | • • | • • | | ► <u>11</u> | | 65,251. | |
| If you checked any box under | 12 | Standard deduction or itemized | | | | | | | | | | 24,800. | |
| Standard Deduction, | 13 | | Qualified business income deduction. Attach Form 8995 or Form 8995-A <td< td=""><td><u></u></td></td<> | | | | | | | | | <u></u> | |
| see instructions. | 14 | | | | | | | | | | 14 24,800. | | |
| | 15 | Taxable income. Subtract line 14 | trom lir | ne 11. It zero o | r less, er | ter -0 | | | | . 15 | | 40,451. | |

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

Form **1040** (2020)

| Form 1040 (2020 |)) | | | | | | | | | | Page 2 |
|----------------------------------|---------|-------------------------------------------------------------------------------|---------------------------|------------------------|--------------|----------|----------------|----------------|-----------|------------|-----------------------------------------|
| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 🗌 | 4972 | 3 | | | 16 | 22,479. |
| | 17 | Amount from Schedule 2, lin | ie3 | | | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | 22,479. |
| | 19 | Child tax credit or credit for | other dependen | ts | | | | | | 19 | |
| | 20 | Amount from Schedule 3, lin | ie7 | | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | | | 22 | 22,479. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 10 |). | | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | | . 🕨 | 24 | 22,479. |
| | 25 | Federal income tax withheld | from: | | | | | | | | |
| | а | Form(s) W-2 | | | | | 25a | 29 | ,859. | | |
| | b | Form(s) 1099 | | | | | 25b | | | | |
| | с | Other forms (see instructions | s) | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | | 25d | 29,859. |
| If you have a | 26 | 2020 estimated tax payment | ts and amount a | pplied from 20 |)19 return | | | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | ^N | <u>.</u> | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit. A | ttach Schedule | 8812 | | | 28 | | | | |
| nontaxable combat pay, | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | | 29 | | | | |
| see instructions. | 30 | Recovery rebate credit. See | instructions . | | | | 30 | 1 | ,819. | | |
| | 31 | Amount from Schedule 3, lin | ie 13 | | | | 31 | | | | |
| | 32 | Add lines 27 through 31. The | ese are your tot a | al other paym | ents and | refunda | able ci | redits | . 🕨 | 32 | 1,819. |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | | . 🕨 | 33 | 31,678. |
| Refund | 34 | If line 33 is more than line 24 | l, subtract line 2 | 4 from line 33. | This is th | e amoui | nt you | overpaid | | 34 | 9,199. |
| neiuliu | 35a | Amount of line 34 you want | refunded to you | J. If Form 8888 | 3 is attach | ed, cheo | ck here | ə | | 35a | 9,199. |
| Direct deposit? | ►b | Routing number 0 4 4 | 0 0 0 0 | 3 7 | ► c Typ | be: 🗙 | Chec | king | Savings | | |
| See instructions. | ►d | Account number 5 9 8 | 2 5 6 8 | 0 3 | | | | | • | | |
| | 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 amo | ount vou owe | now . | | | | . 🕨 | 37 | |
| You Owe | | Note: Schedule H and Sch | | - | | | | | | | |
| For details on | | 2020. See Schedule 3, line 1 | | | • | | | | 0.110 101 | | |
| how to pay, see instructions. | 38 | Estimated tax penalty (see ir | nstructions) . | | | . 🕨 | 38 | | | | |
| Third Party | Do | you want to allow another | | | | | See | • | | | |
| Designee | | structions | | | | | | Yes. C | omplete | below. | X No |
| | | signee's | | Phone | | | | | | tification | |
| | | me 🕨 | | no. 🕨 | | | | | oer (PIN) | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | | | |
| Here | | · · · | piete. Declaration (| | | | iseu on | an morman | | | , , |
| | YO | ur signature | | Date | Your occu | upation | | | | | nt you an Identity IN, enter it here |
| Joint return? | | | | | SOFTW | IARE I | DEVE | LOPER | | e inst.) 🕨 | |
| See instructions. | Sp | ouse's signature. If a joint return, t | ooth must sign. | Date | Spouse's | | | | lf th | ne IRS se | nt your spouse an |
| Keep a copy for | | | - | | | | | | | | ection PIN, enter it here |
| your records. | | | | VALIDATION | | | ON ENGINEER (s | | | e inst.) 🕨 | |
| | | one no. | | Email address | | | | | | | |
| Paid | Pre | eparer's name | Preparer's signat | | | | Date | | PTIN | | Check if: |
| Preparer | SYAM | | SYAM PRIYA | RAM SAGAR | GUPTA I | TALLAM | 01/ | 28/2021 | P0208 | | Self-employed |
| Use Only | | m's name ► GLOBAL TAX | | | | | | | Pho | one no. (| 678)965-9522 |
| | Fir | m's address ► 2530 Pebb | le Creek I | n Cumming | g GA 3 | 0041 | | | Firr | n's EIN 🕨 | 30-1017196 |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the late | st information. | | BA | Α | RE\ | / 01/25/21 PRO |) | | Form 1040 (2020) |

BAA

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service 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 | | | | | | | | | | |
| 297-83 | -6659 | | | | | | | | | |

ARJUN AILEENI & SHRAVYA GANGARAM

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

| Fai | Additional income | | |
|------------|---------------------------------------------------------------------------------------------|----------|--------------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2 a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -6,660. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ► | | |
| _ | | 0 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | | |
| Par | line 8 | 9 | -6,660. |
| 10 | | 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 | | |
| с | Date of original divorce or separation agreement (see instructions) | | |
| 19 | | 19 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees deduction. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your adjustments to income. Enter here and | | |
| | on Form 1040, 1040-SR, or 1040-NR, line 10a | 22 | |
| For Pa | perwork Reduction Act Notice, see your tax return instructions. BAA REV 01/25/21 PRO | Schedule | 1 (Form 1040) 2020 |

| SCHE | DULE E | | | S | upplementa | l Inc | ome a | and L | OSS | | | OM | B No. 1 | 545-0 | 0074 |
|-----------|----------------------------------|---------|----------|--------------------|--------------------------------------|----------|-----------|---------|---------|----------------|-------------|----------|-------------------|-------|------|
| (Form | 1040) | (From | n renta | al real estate, ro | yalties, partners | hips, S | 6 corpor | ations, | estat | es, trusts, RE | MICs, etc.) | G | <u>)</u> | 20 | 7 |
| Departm | ent of the Treasury | | | ► Att | ach to Form 1040 | 0, 1040 |)-SR, 104 | 40-NR, | or 10 | 41. | | A++c | $\leq \bigcirc$ (| | |
| | Revenue Service (99) | | | Go to www.irs. | gov/ScheduleE f | or inst | ructions | and th | ne late | st informatio | | Seq | uence l | Vo. 1 | |
| Name(s) | shown on return | | | | | | | | | | Your soc | | - | nber | |
| _ | N AILEENI | | | | | | | | | | 297-8 | | | | |
| Part | | | | | Estate and Ro | - | | - | | | • • | | • • | ty, u | ise |
| | | | | - | an individual, rep | | | | | | | | | | |
| | | | | | uld require you to | | | | | | | | | | |
| | | | | | n(s) 1099? | | | | | | | • 🗆 | Yes | | NO |
| <u>1a</u> | | | | | et, city, state, ZIF | - coae | e) | | | | | | | | |
| | MITAPOR H | IDERF | ABAD | I ELANGANA | A IN 500050 | | | | | | | | | | |
| C | | | | | | | | | | | | | | | |
| | Type of Pro | nertv | 2 | Ear aach ront | al real estate pro | nortul | ictod | | F | air Rental | Persona | al Use | | | |
| 10 | (from list be | | _ | above report | the number of fa | iir rent | al and | | · | Days | Day | | | QJV | |
| Α | 3 | | 1 | personal use | days. Check the e requirements to | QJV b | ox only | Α | | 365 | | 0 | - | | |
| B | | | - | qualified joint | venture. See inst | tructio | ns. | B | | | | | - | H | |
| C | + | | - | | | | | C | | | | | - | Ē | |
| | of Property: | | | | | | | | | | | | | | |
| 1 Sing | gle Family Resid | dence | 3 | Vacation/Sho | ort-Term Rental | 5 La | nd | | 7 Se | elf-Rental | | | | | |
| 2 Mul | ti-Family Reside | ence | 4 | Commercial | | 6 Rc | yalties | | 8 Ot | her (describe | e) | | | | |
| Incom | ie: | | | | Properties: | | | Α | | | В | | С | | |
| 3 | Rents received | t | | | | 3 | | | 580 | | | | | | |
| 4 | Royalties rece | ived . | | | | 4 | | | | | | | | | |
| Exper | | | | | | | | | | | | | | | |
| 5 | Advertising . | | | | | 5 | | | 100 | • | | | | | |
| 6 | Auto and trave | | | | | 6 | | | 340 | | | <u> </u> | | | |
| 7 | Cleaning and I | | | | | 7 | | | 150 | • | | <u> </u> | | | |
| 8 | Commissions. | | | | | 8 | | | | | | <u> </u> | | | |
| 9 | Insurance | | | | | 9 | | | | | | <u> </u> | | | |
| 10 | Legal and othe | - | | | | 10 | | | | | | <u> </u> | | | |
| 11 | Management f | | | | | 11 | | | | | | <u> </u> | | | |
| 12 | Mortgage inter | - | | | | 12 | | | | | | <u> </u> | | | |
| 13 | Other interest. | | | | | 13 | | 6 | ,500 | | | | | | |
| 14 | Repairs | | | | | 14 | | | 150 | • | | | | | |
| 15 | Supplies | | | | | 15 | | | | | | <u> </u> | | | |
| 16 | | | | | | 16 | | | | | | + | | | |
| 17 | Utilities | | | | | 17 | | | | | | | | | |
| 18 19 | Depreciation e Other (list) ► | spense | | | | 18 19 | | | | | | | | | |
| 20 | Total expense | e Add | linos | 5 through 19 | | 20 | | 7 | ,240 | | | | | | |
| | - | | | - | | | | / | ,240 | • | | | | | |
| 21 | | | | | r 4 (royalties). If out if you must | | | | | | | | | | |
| | file Form 6198 | | | | - | 21 | | -6 | ,660 | | | | | | |
| 22 | | | | | mitation, if any, | | | - | | | | - | | | |
| ~~ | on Form 8582 | | | | | 22 | (| -6, | 660. |) | |) (| | | |
| 23a | | - | | | r all rental prope | | | | 23 | | 580. | | | | |
| b | | | | | r all royalty prop | | | | 23 | | | | | | |
| c | | | | | or all properties | | | | 23 | | | | | | |
| d | | | | | or all properties | | | | 23 | | | | | | |
| е | | | | | or all properties | | | | 23 | | 7,240. | | | | |
| 24 | | | | | n line 21. Do no | | | | | | 24 | | | | |
| 25 | | - | | | l rental real estate | | - | | | otal losses he | ere. 25 | (| 6 | ,66 | 50. |
| 26 | Total rental re | eal est | ate a | nd royalty inc | ome or (loss). | Comb | oine line | s 24 a | nd 25 | . Enter the re | esult | 1 | | | |
| | | | | | page 2 do not | | | | | | | | | | |

26

-6,660.

_

)

-6,660.

IA 1040ES Iowa Department of Revenue Individual Income Estimated Tax Payment Voucher 206429783665981231216216 8 SSN: 9 3 б 2 7 8 б 5 g ARJUN AILEENI & SHRAVYA GANGARAM Print name: (Last, first MI) Period ending: 2 3 1 2 1 1 225 PRAIRIE VIEW DR, 10234 Address: 3 2 Payment amount: 0 0 City, State, ZIP: WEST DES MOINES IA 50266 Phone: 234-755-3602 Make checks payable to: Mail to: INT lowa Department of Revenue. When you pay by check, you authorize the Department of Iowa Department of Revenue PO Box 10466 Revenue to convert your check to a one-time Des Moines IA 50306-0466 electronic banking transaction. 45-002 (07/23/2020) REV 12/18/20 PRO cut here

IA 1040ES Individual Income Estimated Tax Payment Voucher Iowa Department of Revenue

| Ē | 206429783665981231216216 | 8 |
|---|--------------------------|---|
| | | |

| | | 33N. | 2 | 9 | 7 8 | 3 3 | б | б | 5 | 9 |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---|---|-----|--------|------------------|-----|------|------|
| Print name: | ARJUN AILEENI & SHRAVYA GANGARAN | | | | | | | | | |
| Address: | 225 PRAIRIE VIEW DR, 10234 | Period ending: | | | 1 | . 2 | 3 | 1 | 2 | 1 |
| | : WEST DES MOINES IA 50266 | Payment amount: | | | | 3 | 2 | 0 | 0 | 0 |
| Phone: | 234-755-3602 | | | | | | | | | |
| PO Box 1046 | INT nent of Revenue 6 A 50306-0466 Make checks payable to: Iowa Department of Revenue by check, you authorize the I Revenue to convert your che electronic banking transactio | Department of ck to a one-time n. 45-002 (07/23/2020) | | | | | | | | |
| lowa Departm | ent of Revenue | | | | | / | 1 | 04 | .0F | S |
| 20642 | 9783662981531516516 8 | Individual Inco 2021 INSTALLME | | | | Fax F | ² aym | ent | Vouc | cher |
| Print name: | ARJUN AILEENI & SHRAVYA GANGARAN | SSN: | 2 | 9 | 7 | 8 3 | 6 | 6 | 5 | 9 |
| Address: | 225 PRAIRIE VIEW DR, 10234 | Period ending: | | | 1 | 2 | 3 | 1 | 2 | 1 |
| City, State, ZIP | : WEST DES MOINES IA 50266 | Payment amount: | | | | 3 | 2 | 0 | 0 | 0 |
| Phone: | 234-755-3602 | | | | | | | | | |
| | | | | | | | | | | |

CONI

INT Mail to: PO Box 10466 Des Moines IA 50306-0466 REV 12/18/20 PRO

Make checks payable to:

Iowa Department of Revenue Iowa Department of Revenue. When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 45-002 (07/23/2020)



2021 INSTALLMENT 2 Due Date: June 30, 2021

2021 INSTALLMENT 1 Due Date: April 30, 2021

Iowa Department of Revenue

206429783665981231216216 8

IA 1040ES Individual Income Estimated Tax Payment Voucher 2021 INSTALLMENT 4 Due Date: January 31, 2022

| | | | SSN: | 2 | 2 9 | 7 | 8 | 3 | 6 | б | 5 | 9 |
|--------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---|-----|---|---|---|---|---|---|---|
| Print name: (Last, first MI) Address: | | ENI & SHRAVYA GANGARA E VIEW DR, 10234 | Period ending: | | | | 1 | 2 | 3 | 1 | 2 | 1 |
| City, State, ZIP: | | · | Payment amount: | | | | | 3 | 2 | 0 | 0 | 0 |
| Phone: | 234-755-360 | 02 | | | | | | | | | | |
| Mail to: lowa Departme PO Box 10466 Des Moines IA REV 12/18/20 PRO | | Make checks payable to: lowa Department of Revenue by check, you authorize the Revenue to convert your ch electronic banking transaction | Department of eck to a one-time | | | | | | | | | |

Iowa Department of EVĖNII

6. 7.

2020 IA 8453-IND Iowa Individual Income Tax Declaration for an e-File Return

tax.iowa.gov

| our first name, middle initial | , and last name | ARJUN | AILEENI | |
|--------------------------------|-----------------|-------|---------|--|

Spouse's first name, middle initial, and last name SHRAVYA GANGARAM

Your Social Security number 297-83-6659

| Spouse's Social Security number | 774-38-0035 | |
|---------------------------------|-------------|--|

Home address, City, State, ZIP 225 PRAIRIE VIEW DR, 10234

| e address, City, State, ZIP | 225 PRA | IRIE VI | EW DR, | 10234 | WEST | DES | MOINES | IA 502 | 66 | |
|-----------------------------|------------------|---------------|--------|-------|------|-----|-----------------------|-------------------|------|--------------------|
| Part I Tax Return Inform | nation | | | | | | B. Spo (filing sta | | | A. You or Joint |
| 1. Iowa Net Income (I | A 1040, line 26 | A & B) | | | | 1B | 39 | 9, <u>314</u> .00 |) 1A | .00 <u>125,937</u> |
| 2. Total Tax (IA 1040, | line 42 A & B) | | | | | 2B | | 1,512.00 |) 2A | 6,327.00 |
| 3. Iowa Income Tax V | Vithheld (IA 104 | 40, line 63 A | & B) | | | 3B | | 409.00 |) 3A | 6,849.00 |
| 4. Amount to be Refu | nded (IA 1040, | line 68) | | | | | | | 4 | .00 |
| 5. Total Amount Due | (IA 1040, line 7 | 3) | | | | | | | 5. | 501.00 |

Part II Declaration of Taxpayer (Be sure to keep a copy of the tax return.)

X I do not want direct deposit or direct debit.

I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual lowa taxes owed on this return, and the financial institution to debit the entry to this account on (the payment/settlement date). I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID. Name of financial institution:

| Routing Number | | Th | ne first two digits must be 01 through 12 or 21 through 32. |
|------------------|-----------|------------|-------------------------------------------------------------|
| Account Number | | | |
| Type of Account: | Savings 🗆 | Checking 🗆 |] |

Will this refund go to (or payment come from) an account outside the United States? Yes \Box No \Box

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2020 and certify to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Date

Spouse Signature. If a joint return, both must sign.

Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

| ERO Signature | Date | Check if also paid preparer □ | Check if self- employed □ | ERO PTIN |
|------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------|------------------------------|--------------------------------------------------|
| Firm's name (or yours if GL self-employed) Address, City, State, ZIP ₂₅ | OBAL TAXES LLC 330 PEBBLE CREEK LN CUM | MING GA 30041 | | FEIN 30-1017196 Phone Number (678)965-9522 |
| Paid Preparer | RIYA RAM SAGAR GUPTA TALLAM | Date 01/28/2021 | Check if self- employed □ | Preparer PTIN P02082703 |
| Firm's name (or yours if | GLOBAL TAXES LLC | FEIN 30-1017196 | | |
| self-employed) Address, City, State, ZIP | 2530 PEBBLE CREEK LN C | UMMING GA 30041 | | Phone Number (678)965-9522 |



tax.iowa.gov

Pay electronically using e-File & Pay on the Department's website: tax.iowa.gov

Instructions for Payment Vouchers

- 1. Complete using blue or black ink. Do not use gel pens on checks. **Do not staple.**
- 2. **SSN:** Enter the Social Security Number in the boxes provided below.
- 3. **Period ending:** Enter the date of the calendar or fiscal year end. Use MMDDYY format. MM: two-digit month. DD: two-digit day. YY: last two digits of the tax year. The period ending for December 31, 2020, would be entered as: 123120.
- 4. **Payment amount:** Enter dollars and cents. The two boxes separated to the right on the amount line are for cents. Do not enter any punctuation or symbols (for example ", or \$").
- 5. When paying by check, **make checks payable to** lowa Department of Revenue.
- 6. Mail your payment on or before the due date with this voucher to:

Iowa Department of Revenue PO Box 9187 Des Moines IA 50306-9187

Des Moines IA 50306-9187

Note: Penalties can only be waived under limited circumstances, as described in Iowa Code section 421.27.

Failure to Timely File a Return: A penalty of 10% will be added to the tax due for failure to timely file a return if the return is filed after the original due date of the return and if at least 90% of the correct amount of tax is not paid by the original due date of the return.

Failure to Timely Pay the Tax Due or Penalty for Audit Deficiency: A penalty of 5% will be added to the tax due if the return is filed by the original due date and at least 90% of the correct amount of tax is not paid by the original due date of the return.

When the failure to file penalty and the failure to pay penalty are both applicable, only the failure to file penalty will apply.

Penalty for Willful Failure to File: A penalty of 75% will be added to the tax due for willful failure to file a return or for filing with intent to evade tax.

| | cut here |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Iowa Department of Revenue | |
| 200629783662981531508508 7 | |
| | SSN: 2 9 7 8 3 6 6 5 9 |
| Print name: AILEENI ARJUN | |
| Address: 225 prairie view dr, 10234 | Period ending: 1 2 3 1 2 0 |
| City, state, ZIP: <u>WEST DES MOINES IA 50266</u> | Payment amount: 5 0 1 0 0 |
| Phone: 234-755-3602 | _ |
| Mail to: Iowa Department of Revenue PO Box 9187 Make checks payable Iowa Department of Revenue by check, you authoriz Revenue to convert vo | /enue. When you pay the Department of |

electronic banking transaction. 41-137 (06/18/2020)

2020 IA 1040 Iowa Individual Income Tax Return

| our last na | ame: | spaces. You must fill in your Social Security number (SSN). Your first name/middle initial: | | III III 1775 (A | | <i>thio</i> Birth | egyz, NAE | \$166(N)5(N) |
|--------------------|------------|-------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------|-----------------------------|----------------------------------------------------------------------|---------------------------------|---------------------------------------|
| ILEE | | ARJUN Spouso's first name/middle initial: | | | | | | |
| oouse's la ANGA | | | | i na cor | | | evil de la b | |
| 25 PI | RĂI | ddress (number and street, apartment, lot, or suite number) or PO Box: CRIE VIEW DR , 10234 | | nin de las harden d' | Internet (office in the set | איז ראר השירה יריאניו אוניים איז | | an trade road that an |
| y, State, EST | | S MOINES IA 50266 | | | | | | |
| ouse S | SN: 7 | 774-38-0035 Your SSN: 297-83-6659 | | | | | | |
| ep 2 Filin | g Sta | tus: Mark one box only | | | | | | |
| Sin | gle: V | Vere you claimed as a dependent on another person's lowa return? Yes No | Email A | ddress: | | | | |
| Ма | rried f | filing a joint return. (Two-income families may benefit by using status 3 or 4.) | Check the | nis box if vou | or your spouse were | 65 or older as of 1 | 2/31/20. | |
| | | filing separately on this combined return. Spouse use column B. | | - | 20: County No. 77 | | I District No. 6 | 957 |
| | | | ▲ SSN: | 100 011 12/0 1/1 | | Net Income: | - | 957 |
| | | | | roon'o nomo | and SSN balow | Net income. | Ψ | |
| | | household with qualifying person. If qualifying person is not claimed as a dependent on this re | turn, enter the pe | | and SSN below. | | | |
| | | g widow(er) with dependent child. Name: | | SSN: | | | | |
| ep 3 Exe | • | | B. Spouse (Filing | | , | A. You or Jo | | • 1 |
| | | edit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3 | 1 | X \$ 40 = X \$ 20 = | <u>\$ 40</u> | <u> </u> | <u>1</u> X \$ 40 = X \$ 20 = | <u> </u> |
| | | S: Enter 1 for each dependent | | X \$ 40 = | <u> </u> | <u> </u> | X \$ 20 = X \$ 40 = | - |
| | | ames of dependents here | | • • • • • • • • • • • • • • • • • • • | - | • | | - <u>Ψ</u> tal \$ 4 |
| | | | D. Crass | - | | A | | · · · · · · · · · · · · · · · · · · · |
| ер 4 кер | ortab | le Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet | | use/Status 3 | | | or Joint ▲ | |
| ep 5 | 1 | • | ouse/Status 3 | | | Spouse/Statu | s 3 | A. You or Joi |
| oss | | | <u>39,314</u> .00 | | <u>132,847</u> .00 | | | |
| one | 3. | | .00 | | .00 | | | |
| | | | .00 | | .00 | | | |
| | 4. 5. | | .00 | | .00 | | NOTE: Use | o oply |
| | 5. 6. | Business income/(loss). See instructions | .00 | | .00 | | blue or blac | |
| | 7. | | .00 | | .00 | | ink, no pen or red ink. | cils |
| | 8. | Taxable IRA distributions | .00 | | .00 | | of fed link. | |
| | 9. | Taxable pensions and annuities | .00 | | .00 | | | |
| | 10. | Rents, royalties, partnerships, estates, etc. See instructions | .00 | | .00 -6,660.00 | | | |
| | 11. | Farm income/(loss). See instructions | .00 | | | | | |
| | 12. | Unemployment compensation. See instructions | .00 | | .00 | | | |
| | 13. | | .00 | | .00 .00 | | | |
| | | Other income, bonus depreciation, and section 179 adjustment14. | 00 00. | | | | | |
| | | Gross Income. Add lines 1-14 | | | 00 | 39,314 | .00 | <u>126,187</u> .c |
| ep 6 | 16. | Payments to an IRA, Keogh, or SEP16. | .00 | | | | | |
| ljust- ents to | | Deductible part of self-employment tax | .0000 | | .00 .00 | | | |
| ome | 18. | Health insurance premium | .0000 | | .00 | | | |
| | 19. | Penalty on early withdrawal of savings19. | .0000 | | .00 | | | |
| | 20. | Alimony paid | .00 | | .00 | | | |
| | 21. | Pension/retirement income exclusion | | <u>ــــــــــــــــــــــــــــــــــــ</u> | .00 | | | |
| | 22. | Moving expense deduction from federal form 390322. | .0000 | | .00 | | | |
| | 23. | lowa capital gain deduction; Include corresponding IA 100 | | • | | | | |
| | 24. | 23 Other adjustments24. | .00 | | .00 | | | |
| | 24. 25. | Total adjustments. Add lines 16-24 | .00 | | <u>250.</u> 00 | | | 0 E 0 |
| | | Net Income. Subtract line 25 from line 15 | | | | 39,314 | 00 | <u>. 250 (</u> 125 , 937 |
| ep 7 | | Federal income tax refund/overpayment received in 2020 | | | | | .00 – | <u>,</u> (|
| deral xes | 27. 28. | | .00 .00 | | .00 | | | |
| d lalified | 20. 29. | Addition for federal taxes. Add lines 27 and 28 | .00 | | 00 29. | \cap | .00 | 0. |
| duc- | 30. | Total. Add lines 26 and 29 | | | | | | |
| | | Federal town with bold in 2020, federal estimated town as meants and de | | | | 39,314 | | 125,937 |
| ns | | in 2020, and federal taxes paid in 2020 for 2019 and prior years ^{31.} | 3,643.00 | | 26,216.00 | | | |
| ns | 32. | 32 | | | .00 | | | |
| ns | | amount. See instructions | .00 | | | | | |
| ns | 33. | amount. See instructions | .00 | o ▲ | .00 | | | |
| ns | | amount. See instructions | .00 |) A | .00 34. | <u>3,643</u> 35,671 | | 26,216 99,721 |

| 2020 Step 8 | IA | 1040, page 2 BALANCE. From side 1, line 35 | | Spouse/Status 3 | A. You or Joint | B. Spouse/Status 3 35,671.00 | A. You or م م | Joint ,721.00 |
|------------------|------------|---------------------------------------------------------------------------------------------------------------|-----------------|---------------------|----------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------|
| Taxable | 30. 37. | | | × | | 2,11000 | | |
| Income | 38. | | | | | 33,561.00 | | ,110 _{.00} |
| Step 9 | 39. | | | | | | | ,011.00 |
| Tax, Credits, | 40. | lowa lump-sum tax. See instructions | | <u>1,512</u> .00 ▲ | | | | |
| and Check- | 40. 41. | | | 00 🔺 | | 00 | | |
| off Contri- | 42. | | | 00 | | 00 | C | 207 |
| outions | 43. | Total exemption credit amount(s) from Step 3, side 1. | | | | · · · · · · · · · · · · · · · · · · · | 0, | <u>,327</u> .00 |
| | 44. | | +0. 11 | <u>4 0</u> .00 | 40 | _ | | |
| | 45. | Volunteer firefighter/EMS/reserve peace officer credit | | | | 00 | | |
| | 46. | Total credits. ADD lines 43, 44, and 45. | | <u> </u> | | 00 | | 40.00 |
| - | 47. | | | | | 40.00 | | |
| | 48. | Credit for nonresident or part-year resident. Must include IA 126 a | | | | | ▲ <u> </u> | <u>, 287</u> .00 |
| | 40. 49. | BALANCE. SUBTRACT line 48 from 47. If less than zero, enter ze | | | | .00 | ▲ E | .00 |
| | 49. 50. | Out-of-state tax credit. Must include IA 130 | | | | 1,472.00 | ▲ <u> </u> | <u>, 287</u> .00 |
| | 51. | | | | | .00 | ▲ | .00 |
| | 52. | Other nonrefundable lowa credits. Must include IA 148 Tax Credit | | | | 1,472.00 | | <u>,287</u> .00 |
| | 53. | BALANCE. SUBTRACT line 52 from line 51. If less than zero, ent | | | | .00 | <u>م</u> | .00 |
| | | | | | | <u> </u> | | <u>, 287</u> .00 |
| | 54. 55 | | | | | 0.00 | | 0.00 |
| | 55. 56. | | | | | 1,472.00 | | <u>, 287</u> .00 |
| | 57. | | | | | | /, | <u>,759</u> .00 |
| | | | | | | | | |
| | | Wildlife 57a: ▲ State Fair 57b: ▲ Firefighters/Vetera TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add Ii | | | | | . 7 | .00 759 _{.00} |
| Step 10 | 59. | Iowa fuel tax credit. Include IA 4136 | | | | | ▲ /, | 159_00 |
| redits | 59. 60. | | | 00 | | .00 | | _ |
| | 00. | Early childhood development credit | 60. | | | | | |
| | 61. | | | 00 | | 00 | | _ |
| | 62. | Other refundable credits. Include IA 148 Tax Credits Schedule | | 00 🔺 | 0 | .00 | | |
| | 63. | lowa income tax withheld. | | .00 A 409.00 A | 6,849 | 00 | | |
| | 64. | Estimated and voucher payments made for tax year 2020 | | ▲ 0 <u>9.00</u> | 0,049 | | | |
| | 65. | TOTAL. ADD lines 59 through 64 and enter here | | <u>409.00</u> | 6,849 | 00 | | |
| | 66. | TOTAL CREDITS. ADD columns A and B on line 65 and enter he | | | | | 7 | ,258.00 |
| Step 11 | 67. | If line 66 is more than line 58, subtract line 58 from line 66. This is | s the amount y | ou overpaid | | | | .00 |
| Refund | 68. | Amount of line 67 to be REFUNDED | | | | | Ā | .00 |
| | 68 | 8a. Routing number: | | | o. Type Checkii | | avings | |
| | 0. | | | | | | | |
| | 68 | 8c. Account number: | | | | | | |
| | 69. | Amount of line 67 to be applied to your 2021 estimated tax | 69. | .00 | | 00 | | |
| itep 12 Pay | 70. | If line 66 is less than line 58, subtract line 66 from line 58. This is | the AMOUNT | OF TAX YOU OW | E | | <u>ــــــــــــــــــــــــــــــــــــ</u> | <u>501</u> .00 |
| -, | 71. | Penalty for underpayment of estimated tax from IA 2210, IA 2210 | S, or IA 2210F | Check if annualiz | ed income method | is used. ▲ 71. | A | .00 |
| | 72. | Penalty and interest | ▲ 72b. | Interest | 00 ADD. | Enter total 72. | | .00 |
| | 73. | TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here | | | PAY | THIS AMOUNT 73. | | 501.00 |
| Step 13 | | e undersigned, declare under penalties of perjury or false certificate plete. | , that I have e | xamined this return | , and, to the best o | f my knowledge and b | elief, it is true, cor | rrect, and |
| SIGN HERE | | | | | SYAM PRI | YA RAM SAGAR GUPTA | TALLAM 01/28 | /2021 |
| | Your | r signature Date Check | k if deceased | Date of death | | 's signature | | Date |
| SIGN HERE | | | | | P020 | 82703 | 30-10171 | 96 |
| | Spoι | use's signature Date Check | k if deceased | Date of death | | | Firm's FE | |
| | | (2 | 234)755- | | | 1 1 | 55-9522 | |
| | | | Daytime tele | | NG ADDRESS: Io P(| Daytime telepi 30, 2021. Sign, enclo wa Income Tax Docu D BOX 9187, Des Moi ck payable to Iowa D | ose W-2s, and ve ument Processing ines IA 50306-918 | g, 87 |



REV 12/18/20 PRO

INT 41-001 (11/02/2020)

Form IA 1040 Line 24

Name

Other Adjustments Statement Attach to return

2020 Statement ADJ

ARJUN AILEENI & SHRAVYA GANGARAM

Social Security No. 297-83-6659

| | | Spouse/Status 3 | You or Joint |
|----|----------------------------------------------------------------------|-----------------|--------------|
| _ | | Spouse/Status 3 | |
| | Accrual method | | |
| b | Active duty military pay included in line 15 Gross Income | | |
| | (see detailed IA 1040 instructions online) | | |
| | RESERVED FOR FUTURE USE | | |
| d | Capital gains from installment sales reported on the 2001 lowa | | |
| | return using the accrual method | | |
| е | Capital or ordinary gain from involuntary conversion related to | | |
| | eminent domain | | |
| f | Claim of right deduction may be taken on line 24, or you can | | |
| | calculate the tax reduction as a credit claimed on line 62, but | | |
| | not both | | |
| a | College Savings Iowa or Iowa Advisor 529 Plan contributions, | | |
| 9 | up to \$3,439 per beneficiary | | |
| h | Disability income exclusion - Include Form IA 2440. | | |
| ï | Domestic production activities deduction resulting from a tax | | |
| • | year beginning prior to January 1, 2019 | | |
| i | First-time homebuyer savings account qualifying contributions | | |
| J | up to \$2,137 per account holder. For joint account holders | | |
| | filing married filing jointly you may claim up to \$4,274 | | |
| k | Employer social security credit from federal return | | |
| ī | Federal alcohol and cellulosic biofuel fuels credit from | | |
| | federal return | | |
| | | | |
| m | Foreign-earned income exclusion and/or foreign housing | | |
| | deduction from federal return | | |
| | Gains or losses from distressed sale transactions | | |
| 0 | Health savings account deduction from federal form 1040, | | |
| | Schedule 1 | | |
| | Injured veterans program, contributions to (do not put on IA Sch. A) | | |
| q | Injured veterans program, (only grants from) | | |
| r | In-home health care | | |
| S | Iowa Veterans Trust Fund | | |
| t | Military exemptions, not already excluded (see detailed | | |
| | IA 1040 instructions online) | | |
| u | Net operating loss, lowa | | |
| v | | | |
| w | Partnership income and/or S corporation income: Modifications | | |
| | that decreased the income | | |
| х | Segal Americorps Education Award Payments | | |
| | Speculative shell buildings | | |
| z | Student loan interest deduction from federal 1040, | | |
| | Schedule 1, line 20 | | |
| aa | Victim compensation awards | | |
| bb | Wages paid certain individuals | | |
| | Work Opportunity Credit from federal return | | |
| do | Other federal adjustments prior to calculation of federal 1040 | | |
| | line 8b (federal adjusted gross income) not already taken on | | |
| | IA 1040: | | |
| | 1 Jury duty pay given to employer | | |
| | 2 Other: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ee | Educator expenses | | |
| | Tuition and Fees Deduction | | |
| gg | Nonresident Electric Utility Worker Training and Emergency | | |
| | Response Work Reciprocity (see detailed IA 1040 instructions | | |
| | online) | | |
| hł | Rapid Response to State Disasters | | |
| | Iowa ABLE savings plan trust, up to \$3,439 per beneficiary | | |
| | Charitable contribution for non-itemizers from Form 1040 In 10b | | 250. |
| | Federal, state or local grant to communications service provider | | |
| | Economic Development Authority Grant provided under the | | |
| | Iowa Small Business Grant Program (if included in Sch C, In 1) | | |
| | Totals | | 250. |
| | | | |

| Deduction for- 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Single or Married filing separately, \$12,400 8 Other income from Schedule 1, line 9 8 -6,660 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 165,501 • Married filing jointy or Qualifying widow(er), \$24,800 10 Adjustments to income: 9 165,501 • Head of household, \$18,650 • Add lines 10a and 10b. These are your total adjustments to income 10b 250. 11 165,251. | E 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Tax | | ⁽⁹⁹⁾ 20 | 20 | OMB No. 1545 | -0074 | IRS Use Only | y−Do not v | write or staple | e in this space. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------|----------------------------------------------------------------------------|------------------|----------------------------|----------|------------------|-------------|----------------|--------------|-----------------|------------------|
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| Home address (number and street). If you have a P.O. box, see instructions. Apt. no 10234 225 PRATRIE VIEW DR Ital 10234 City, town, or post office. If you have a foreign address, also complete spaces below. Ital ZIP code WEST DES MOINES Foreign country name Foreign province/state/country Foreign postal code you its cor refund. You is space a coll and its indication of the space and street is the space | lf joint return, s | pouse's | s first name and middle initial | Last na | me | | | | | Spouse | 's social se | curity number |
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

| Form 1040 (2020 |)) | | | | | | | | | | Page 2 |
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| | 16 | Tax (see instructions). Check | if any from Form | (s): 1 🗌 881 | 4 2 🗌 | 4972 | 3 | | | 16 | 22,479. |
| | 17 | Amount from Schedule 2, lin | ie3 | | | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | 22,479. |
| | 19 | Child tax credit or credit for | other dependen | ts | | | | | | 19 | |
| | 20 | Amount from Schedule 3, lin | ie7 | | | | | | | 20 | |
| | 21 | Add lines 19 and 20 | | | | | | | | 21 | |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | | | 22 | 22,479. |
| | 23 | Other taxes, including self-e | mployment tax, | from Schedule | e 2, line 10 |). | | | | 23 | 0. |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | | . 🕨 | 24 | 22,479. |
| | 25 | Federal income tax withheld | from: | | | | | | | | |
| | а | Form(s) W-2 | | | | | 25a | 29 | ,859. | | |
| | b | Form(s) 1099 | | | | | 25b | | | | |
| | с | Other forms (see instructions | s) | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | | 25d | 29,859. |
| If you have a | 26 | 2020 estimated tax payment | ts and amount a | pplied from 20 |)19 return | | | | | 26 | |
| qualifying child, | 27 | Earned income credit (EIC) | | | ^N | <u>.</u> | 27 | | | | |
| attach Sch. EIC. | 28 | Additional child tax credit. A | ttach Schedule | 8812 | | | 28 | | | | |
| nontaxable combat pay, | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | | 29 | | | | |
| see instructions. | 30 | Recovery rebate credit. See | instructions . | | | | 30 | 1 | ,819. | | |
| | 31 | Amount from Schedule 3, lin | ie 13 | | | | 31 | | | | |
| | 32 | Add lines 27 through 31. The | ese are your tot a | al other paym | ents and | refunda | able ci | redits | . 🕨 | 32 | 1,819. |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | | . 🕨 | 33 | 31,678. |
| Refund | 34 | If line 33 is more than line 24 | l, subtract line 2 | 4 from line 33. | This is th | e amoui | nt you | overpaid | | 34 | 9,199. |
| neiuliu | 35a | Amount of line 34 you want | refunded to you | J. If Form 8888 | 3 is attach | ed, cheo | ck here | ə | | 35a | 9,199. |
| Direct deposit? | ►b | Routing number 0 4 4 | 0 0 0 0 | 3 7 | ► c Typ | be: 🗙 | Chec | king | Savings | | |
| See instructions. | ►d | Account number 5 9 8 | 2 5 6 8 | 0 3 | | | | | • | | |
| | 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 amo | ount vou owe | now . | | | | . 🕨 | 37 | |
| You Owe | | Note: Schedule H and Sch | | - | | | | | | | |
| For details on | | 2020. See Schedule 3, line 1 | | | • | | | | 0.110 101 | | |
| how to pay, see instructions. | 38 | Estimated tax penalty (see ir | nstructions) . | | | . 🕨 | 38 | | | | |
| Third Party | Do | you want to allow another | | | | | See | • | | | |
| Designee | | structions | | | | | | Yes. C | omplete | below. | X No |
| | | signee's | | Phone | | | | | | tification | |
| | | me 🕨 | | no. 🕨 | | | | | oer (PIN) | | |
| Sign | | der penalties of perjury, I declare t ief, they are true, correct, and com | | | | | | | | | |
| Here | | · · · | piete. Declaration (| | . · | | iseu on | an morman | | | , , |
| | YO | ur signature | | Date | Your occu | upation | | | | | nt you an Identity IN, enter it here |
| Joint return? | | | | | SOFTW | IARE I | DEVE | LOPER | | e inst.) 🕨 | |
| See instructions. | Sp | ouse's signature. If a joint return, t | ooth must sign. | Date | Spouse's | | | | lf th | ne IRS se | nt your spouse an |
| Keep a copy for | | | - | | | | | | | | ection PIN, enter it here |
| your records. | | | | | VALID | ATION | I EN | GINEER | (se | e inst.) 🕨 | |
| | | one no. | | Email address | | | | | | | |
| Paid | Pre | eparer's name | Preparer's signat | | | | Date | | PTIN | | Check if: |
| Preparer | SYAM | | SYAM PRIYA | RAM SAGAR | GUPTA I | TALLAM | 01/ | 28/2021 | P0208 | | Self-employed |
| Use Only | | m's name ► GLOBAL TAX | | | | | | | Pho | one no. (| 678)965-9522 |
| | Fir | m's address ► 2530 Pebb | le Creek I | n Cumming | g GA 3 | 0041 | | | Firr | n's EIN 🕨 | 30-1017196 |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the late | st information. | | BA | Α | RE\ | / 01/25/21 PRO |) | | Form 1040 (2020) |

BAA

| SCHEDULE | 1 |
|-------------|---|
| (Form 1040) | |

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service 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 | | | | | | | |
| 297-83-6659 | | | | | | | |

ARJUN AILEENI & SHRAVYA GANGARAM Part I Additional Income

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

| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------|
| 2 a | Alimony received | 2 a | |
| b | Date of original divorce or separation agreement (see instructions) | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -6,660. |
| 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 | -6,660. |
| Par | line 8 <th>5</th> <th>-0,000.</th> | 5 | -0,000. |
| 10 | | 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 | | |
| 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 | |
| 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 | |
| For Pa | | Schedul | e 1 (Form 1040) 2020 |

| SCHE | DULE E | Supplemental Income and Loss | | | | | | | OMB No. 1545-0074 | | | | | | |
|--------------------|----------------------|------------------------------|---------|---------------------------------------|------------------------------------|-------------------------------------------------------|-----------|--------|-------------------|----------------|-----------|----------|--------------------------|-------------------|----|
| (Form ⁻ | 1040) | (From | n renta | al real estate, rog | alties, partners | ships, S corporations, estates, trusts, REMICs, etc.) | | | | | | 2020 | | | |
| Departm | ent of the Treasury | | | ► Atta | ch to Form 1040 |), 1040 |)-SR, 104 | 40-NR, | or 1041 | | | <u>(</u> | ⊆ () ∠ Ichment | | |
| | Revenue Service (99) | | | Go to www.irs.g | ov/ScheduleE f | or inst | ructions | and th | ne latest | information. | | Seq | uence l | No. 13 | } |
| . , | shown on return | | | | | | | | | | Your soci | | | nber | |
| | N AILEENI | | - | | | | | | | | 297-8 | | | | |
| Part | | | | m Rental Real | | | | | | | | | | ty, use | Э |
| | | | | ctions. If you are | | | | | | | | | | bd b s | _ |
| | d you make any | | | | | | . , | | | | | | | | |
| | Yes," did you d | | | | | | | | | | | . 🗆 | Yes | <u>N</u> | 0 |
| <u>1a</u> | | | | property (street TELANGANA | | - code | e) | | | | | | | | |
| | MITAPOR H | IIDERA | ABAD | I ELANGANA | IN 500050 | | | | | | | | | | |
| C | | | | | | | | | | | | | | | |
| | Type of Pro | nerty | 2 | For oach ronta | roal actata pro | norty | ictod | | Fai | r Rental | Persona | Use | 1 | | |
| 10 | (from list be | | 2 | above report t | real estate pro he number of fa | ir rent | al and | | | Days | Day | | | QJV | |
| Α | 3 | | 1 | personal use d | ays. Check the requirements to | QJV b | ox only | Α | | 365 | | 0 | + | | |
| B | | | - | qualified joint v | enture. See ins | tructio | ns. | B | | 505 | | 0 | + | $\overline{\Box}$ | |
| C | + | | - | | | | | C | | | | | + | $\overline{\Box}$ | |
| | of Property: | | | | | | | | | | | | | | _ |
| 1 Sing | gle Family Resid | dence | 3 | Vacation/Shor | t-Term Rental | 5 La | nd | | 7 Self | -Rental | | | | | |
| 2 Mul | ti-Family Reside | ence | 4 | Commercial | | 6 Rc | yalties | | 8 Oth | er (describe) | | | | | |
| Incom | ie: | | | | Properties: | | | Α | | B | } | | С | | |
| 3 | Rents received | d | | | | 3 | | | 580. | | | | | | |
| 4 | Royalties rece | ived . | | | | 4 | | | | | | | | | |
| Exper | | | | | | | | | | | | | | | |
| 5 | | | | | | 5 | | | 100. | | | | | | |
| 6 | | - | | ctions) | | 6 | | | 340. | | | | | | |
| 7 | - | | | | | 7 | | | 150. | | | | | | |
| 8 | | | | | | 8 | | | | | | | | | |
| 9 | | | | | | 9 | | | | | | | | | |
| 10 | - | - | | al fees | | 10 | | | | | | | | | |
| 11 | - | | | | | 11 | | | | | | | | | |
| 12 | | - | | banks, etc. (see | | 12 | | | | | | | | | |
| 13 | | | | | | 13 | | 6 | ,500. | | | | | | |
| 14 | | | | | | 14 | | | 150. | | | | | | |
| 15 | - | | | | | 15 | | | | | | | | | |
| 16 | | | | | | 16 | | | | | | | | | |
| 17 | | | | | | 17 | | | | | | | | | |
| 18 | | expense | e or a | epletion | | 18 19 | | | | | | | | | |
| 19 20 | Other (list) ► | o Add | lincol | 5 through 19 . | | 20 | | | 240 | | | | | | |
| | - | | | - | | 20 | | / | ,240. | | | | | | |
| 21 | | | | 3 (rents) and/or actions to find c | | | | | | | | | | | |
| | | | | | - | 21 | | -6 | ,660. | | | | | | |
| 22 | | | | te loss after lin | | | | | , | | | | | | |
| 22 | on Form 8582 | | | | | 22 | (| -6. | 660. | |) | (| | | |
| 23a | | | | ed on line 3 for | | | | | 23a | | 580. | (| | | |
| b | | | | ed on line 4 for | | | | | 23b | - | | | | | |
| c | | | | ed on line 12 fo | | | | | 23c | | | | | | |
| d | | | | ed on line 18 fo | | | | | 23d | | | | | | |
| e | | | | ed on line 20 fo | | | | | 23e | | 7,240. | | | | |
| 24 | | | | ounts shown or | | | | | | · | . 24 | | | | |
| 25 | | | | from line 21 and | | | - | | | tal losses her | e. 25 | (| б | ,660 |). |
| 26 | | | | nd royalty inco | | | | | | | | | - | | |
| | | | | d line 40 on p | | | | | | | | | | | |

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-6,660.

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-6,660.



Payment by Credit Card

You may pay your 2020 New Jersey income taxes or make payment of estimated tax for 2021 by credit card by visiting the Division's website at <u>www.njtaxation.org</u> and selecting "Make a Payment".

Payment by E-Check

You may pay your 2020 New Jersey income taxes or make a payment of estimated tax for 2021 by e-check. This option is available on the Division's Website at: <u>www.njtaxation.org</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.**

Payment by Check

If you are paying your 2020 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 244, Trenton, NJ 08646-0244.

If you are paying your 2020 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2021, use separate checks or money orders for each payment. Send your 2021 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

DO NOT CUT THIS PAGE

New Jersey Gross Income Tax Nonresident Payment Voucher NJ-1040NR-V 297-83-6659 AILE 774-38-0035 AILEENI, ARJUN & GANGARAM, SHRAVYA 225 PRAIRIE VIEW DR, Apt. 10234 WEST DES MOINES, IA 50266

1555 2020

Make your check payable to 'State of New Jersey - TGI'. Write your social security # and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 643 Trenton, NJ 08646-0643

Enter amount of payment here:

260.00



| NJ-1040NR 2020 Page 1 | 040NV01200 | | | t Income Tax Return | 1555 | |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------|----------|--|
| Your Social Security N 297836659 | umber | | | Enter spouse/CU partner last name only if different.) | | |
| 297836659 AILEENI ARJUN & GANGARAM SHRAVYA Spouse's/CU Partner's Social Security Number 774380035 | | | | | | |
| State of Residency (out IOWA | side NJ) | Home Address (Number and Street, i 225 PRAIRIE VII | 1 |)234 | | |
| Driver's License # (Vol | untary) State | City, Town, Post Office WEST DES MOINES | | tate ZIP Code IA 50266 | | |
| The address abc Your address ha Death certificate | on application attached or enter co we is a foreign address as changed e for deceased taxpayer is attache | onfirmation number d (See instructions page 9) y return and enclosures with my prepare | | | | |
| NJ Residency Status | If you were a New Jersey resid give the period of New Jersey | ent for ANY part of the tax year, residency. | From: | To: | | |
| Gubernatorial Elections Fund | return, does your spouse/CU pa | f your taxes for this fund? If joint artner wish to designate \$1? Note: , it will not increase your tax or | Yes Yes | | No No | |





Page 2



Name(s) as shown on Form NJ-1040NR AILEENI ARJUN & GANGARAM SHRAVYA

Your Social Security Number 297836659

1555

Filing Status (Check only ONE box)

| 1. 2. X | Single Married/CU Couple, filing joint return | |
|------------|-----------------------------------------------------------------|-----------------------------------|
| 3. 4. | Married/CU Partner, filing separate return 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 | 6. | 2 | | |
|-----|---------------------------------------------------------------------------------------------------------|---------------------|-------------------|----------|------|---|------|------|
| 7. | Age 65 or over | Self | Spouse/CU Partner | 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 – Ad For line 13c – Enter amount from line 9. | ld lines 10 and 11. | | | 13a. | 2 | 13b. | 13c. |
| | | | | | | | | |

Dependent Information

| 14. Deper | ndent's Last Name, First Name, Middle Initial | Dependent's Social Security Number | Birth Year |
|-----------|-----------------------------------------------|------------------------------------|------------|
| a. | | | |
| b. | | | |
| с. | | | |
| d. | | | |

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

| 15. | Wages, salaries, tips, and other employee compensation | 15. | 172161 | | 15. | 10620 . | |
|------|---------------------------------------------------------------------------------------------------------|------|--------|-----|-----|---------|--|
| | Check box if you completed lines 66 through 72 | | _/ | | | | |
| 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. | 172161 | • | 27. | 10620 . | |
| 28a. | Pension Exclusion (See Instructions) | 28a. | | • | | | |
| 28b. | Other Retirement Income Exclusion (See Worksheet and Instructions) | 28b. | | . 2 | 8b. | | |
| 28c. | Total Exclusion Amount (Add line 28a and line 28b) | 28c. | | . 2 | 8c. | | |
| 29. | Gross Income (Subtract line 28c from line 27) | 29. | 172161 | • | 29. | 10620 · | |
| 30. | Total Exemption Amount (See Instructions) | 30. | 2000 | • | | | |
| 31. | Medical Expenses (See Worksheet and Instructions) | 31. | | • | | | |
| 32. | Alimony and separate maintenance payments | 32. | | • | | | |
| 33. | Qualified Conservation Contribution | 33. | | • | | | |
| 34. | Health Enterprise Zone Deduction | 34. | | • | | | |
| 35. | Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11) | 35. | 0 | • | | | |



2020

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Page 3



Name(s) as shown on Form NJ-1040NR AILEENI ARJUN & GANGARAM SHRAVYA

Your Social Security Number 297836659

Organ/Bone Marrow Donation Deduction (See instructions) 36 2000 Total Exemptions and Deductions (Add lines 30 through 36) 37. . 170161 TAXABLE INCOME (Subtract line 37 from line 29, column A) 38. . 6797 Tax on amount on line 38 (From Tax Table page 34) 39 6.17% Income Percentage B. (line 29) / A. (line 29) = ____ 419 NEW JERSEY TAX (Multiply amount from line 39 by income percentage from line 40) 41. Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions) 42. Gold Star Family Counseling Credit (See Instructions) 43. Credit for Employer of Organ/Bone Marrow Donor (See instructions) 44 Total credits (Add lines 42, 43, and 44) 45 419 Balance of Tax After Credits (Subtract line 45 from line 41) 46. Penalty for Underpayment of Estimated Tax. 47 Check box if Form NJ-2210NR is enclosed 419 Total Tax and Penalty (Add line 46 and line 47) 48 159 Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099) 49 Also enter on line 50: New Jersey Estimated Tax Payments/Credit from 2019 return 50. · Payments made in connection with sale of NJ real property Tax paid on your behalf by Partnership(s) 51. • Payments by S corporation for EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450) 52. nonresident shareholder EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450) 53. EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450) 54. Pass-Through Business Alternative Income Tax Credit (See instructions) 55 159 . Total Payments/Credits (Add lines 49 through 55) 56. 260 . If line 56 is LESS THAN line 48, enter AMOUNT YOU OWE 57 If line 56 is MORE THAN line 48, enter OVERPAYMENT 58. 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 line 59A, B, C, D, E, F, or G will reduce your tax refund (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 Total Deductions From Overpayment (Add lines 59A through 59G) 60. REFUND (Amount to be sent to you. Subtract line 60 from line 58) 61

| Under penalties of perjury, I declare that I have ex my knowledge and belief, it is true, correct, and c 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 ar make payable to: | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| >Your Signature Date | | >Spouse's/Cl | U Partner's Signature (if filing jointly, BOTH must sign) | 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 | Trenton, NJ 08040-0244 |
| | | | | You may also pay by e-check or credit card. |
| SYAM PRIYA RAM SAG | AR GUPTA | TALLAM | P02082703 | |
| Firm's Name | | | Firm's Federal Employer Identification Number | |
| GLOBAL TAXES LLC | | | 30-1017196 | |
| | | | | REV 01/26/21 PRO |
| | | | | |

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Division Use: 1

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| | | | | | | | NJ- | 1040NR (2020) P | age 4 |
|----------------|------------------------------------------------------------------------------|----------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------|-------------------------------|-----------------------------|-------|
| | own on Form NJ-1040NR | | | | | | | Social Security Nu | Imber |
| AILEENI A | ARJUN & GANGARAM S | | | | | | <u>.</u> | 36659 | |
| PART I | Net Gains or Income Fron Disposition of Property | | • | income, less net l rty including real o | | | - | 0 | |
| (a) Kind of | f property and description | (b) Date aquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Gross sales price (e) Cost or othe basis as adjust (see instruction and expense of the context of the conte | | | ions) (f) Gain or (d) less of | | , |
| 62. | | | | | | | 1 | | Τ |
| | | | | | | | | | 1 |
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| | | | | | | | | | |
| 63. Capital Ga | ains Distribution | | | | | | 63. | | |
| 64. Other Net | 64. Other Net Gains | | | | | | | | |
| 65. Net Gains | (Add lines 62, 63, and 64) (E | nter here and or | n line 19) (If loss | s, enter zero) | | | 65. | | |
| PART II | Allocation of Wage and Sa Income Earned Partly Insi Outside New Jersey | ide and | | if compensation de her basis of alloca | | | ume of b | ousiness | |
| 66. Amount re | eported on line 15 in column A | required to be a | allocated | | | | 66. | | Τ |
| 67. Total days | in taxable year | | | | | | 67. | | |
| 68. Deduct no | onworking days (Sundays, Sat | urdays, holidays | s, sick leave, va | cation, etc.) | | | 68. | | |
| 69. Total days | worked in taxable year (subtr | act line 68 from | ı line 67) | | | | 69. | | |
| 70. Deduct da | ays worked outside New Jerse | y | | | | | 70. | | |
| 71. Days work | ked in New Jersey (subtract lir | ne 70 from line 6 | 39) | | | | 71. | | |
| 72. ALLOCAT | ION FORMULA (Line (Line | | er amount from lin | = ne 66) (Salar | y earne | ed inside N.J.) | (Include line 15, | e this amount on col. B) | |
| PART III | Allocation of Business Income to New Jersey | (S | ee instructions | if other than Form | ula Ba | isis of allocation | is used. |) | |
| | cation Percentage (From Sche | , | | | | | | | |
| | ne line number and amount of centage to determine amount | | | | n A tha | at is required to b | e alloca | ated and multiply | by |
| Fror | m Line No \$ | | _ X | % = \$ | | | - | | |
| Fror | m Line No \$ | | _ x | % = \$ | | | - | | |
| Fror | m Line No \$ | | _ x | % = \$ | | | - | | |

| Name(s) as shown on Form NJ-1040NR | Social Security Numbe | | | | |
|------------------------------------|-----------------------|--|--|--|--|
| AILEENI, ARJUN & GANGARAM, SHRAVYA | 297-83-6659 | | | | |

Schedule NJ-BUS-1

(Form NJ-1040NR)

New Jersey Gross Income Tax Business Income Summary Schedule

2020

| Pa | 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) (line 18, column A. If loss, enter ZERO on lin | | | | 4. | | | | |
| Pa | Art 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 | | | | | | ie |
| | Source of Income or Loss. If rental real esta enter physical address of property. | ate, | Social Security N Federal El | | | Type – Enter number from list above | | | |
| 1. | MIYAPUR | | 297836659 | | | 1 | | -6,660. | |
| 2. | | | | | | | | | |
| 3. | | | | | | <u>.</u> | | | |
| 4. | Net Income or (Loss). (Add lines 1, 2, and 3 (Enter here and on line 20, column A. If loss | | er ZERO on line 20 |), colum | ın A.) |) 4 | | -6,660. | |
| Pa | art III Distributive Share of Partr | ners | ship Income | | | | ive share of inco o(s). See instruct | | |
| | Partnership Name F | | | | | artnership or (Loss) | Share of tax paid on your be by Partnerships | | half |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | Distributive Share of Partnership Income or (Add lines 1, 2, and 3.) (Enter here and on I If loss, enter ZERO on line 23, column A.) | | | | | | | | |
| 5. | 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. | | | | | | | | |
| Pa | 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 Incom (Add lines 1, 2, and 3.) (Enter here and on I If loss, enter ZERO on line 24, column A.) | | | | 4. | | | | |

| Name(s) as shown on Form NJ-1040NR | Social Security Number |
|------------------------------------|------------------------|
| AILEENI, ARJUN & GANGARAM, SHRAVYA | 297-83-6659 |

Schedule NJ-BUS-2

(Form NJ-1040NR)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment

2020

| | | Column A | | | | Column B | | | | |
|----------------------|----------------------------------------------------------------------|----------|---------------------------------------|------|-----|---------------------------------------|---|--|--|--|
| PART 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. | -6,660. | | | | |
| 3. | Distributive Share of Partnership Income | За. | 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. | -6,660. | | | | |
| PA | 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. | | | | | | | |
| PA | RT III Loss Carryforward to Tax Year 20 | 21 | | | | | | | | |
| 12. | 12. Loss Carryforward to Tax Year 2021 | | | | 12. | (6,660. |) | | | |

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.