

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

Your first name and middle initial: SANYASI NAIDU
Last name: DADI
Your social security number: 578-53-1792
If joint return, spouse's first name and middle initial: UMA DEVI
Last name: DADI
Spouse's social security number: 966-98-5515
Home address (number and street): 2203 SUNNY SLOPE ROAD
Apt. no.:
City, town, or post office: BRIDGEWATER
State: NJ
ZIP code: 08807
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

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

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

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

Table with 5 columns: (1) First name Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Row 1: YASHASWIN NAIDU DADI, 972-90-6844, Son, [], [X]

Main income table with 15 rows. Row 1: 1 Wages, salaries, tips, etc. Attach Form(s) W-2 66,049. Row 8: 8 Other income from Schedule 1, line 9 -6,000. Row 9: 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 60,049. Row 11: 11 Subtract line 10c from line 9. This is your adjusted gross income 60,049. Row 12: 12 Standard deduction or itemized deductions (from Schedule A) 24,800. Row 15: 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- 35,249.

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	3,832.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	3,832.
19	Child tax credit or credit for other dependents	19	500.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	500.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,332.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	3,332.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	4,234.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	4,234.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,200.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,200.
33	Add lines 25d, 26, and 32. These are your total payments	33	5,434.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,102.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,102.
b	Routing number 081000032	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 355010064875		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

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

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

Sign Here

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

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

Phone no. (732) 322-6560 Email address SANY2016D@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 09/10/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SANYASI NAIDU & UMA DEVI DADI

Your social security number
578-53-1792

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,000.
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	-6,000.

Part II Adjustments to Income

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

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

2020

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

SANYASI NAIDU & UMA DEVI DADI

578-53-1792

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	KUKATPALLY HYDERABAD TELANGANA IN 500072				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		650.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6		250.		
7	Cleaning and maintenance	7		250.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13		4,500.		
14	Repairs.	14		300.		
15	Supplies	15		350.		
16	Taxes	16				
17	Utilities.	17		1,000.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		6,650.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-6,000.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-6,000.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		650.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		6,650.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(6,000.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		-6,000.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

2020

Department of the Treasury
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to www.irs.gov/Form8867 for instructions and the latest information.**

Attachment Sequence No. **70**

Taxpayer name(s) shown on return SANYASI NAIDU & UMA DEVI DADI	Taxpayer identification number 578-53-1792
Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM P02082703	

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

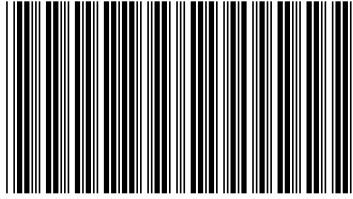
	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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040MP01200

For Privacy Act Notification, See Instructions

Your Social Security Number (required)
578531792

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
DADI SANYASI NAIDU & UMA DEVI

Spouse's/CU Partner's SSN (if filing jointly)
966985515

County/Municipality Code (See Table page 50)
1212

Home Address (Number and Street, including apartment number)
2203 SUNNY SLOPE ROAD

City, Town, Post Office State ZIP Code
BRIDGEWATER NJ 08807

Driver's License Number (Voluntary) (See instructions)
D0102 69100 067

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

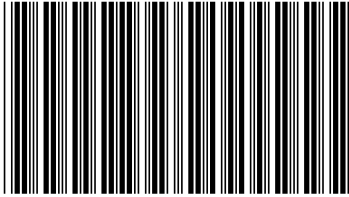
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

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

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1
dd2. Account type (C for checking, S for savings)	dd2.	C
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Routing number	dd4.	081000032
dd5. Account number	dd5.	355010064875





040MP02200

Name(s) as shown on Form NJ-1040

DADI SANYASI NAIDU & UMA DEVI

Your Social Security Number

578531792

1555

Part-year residents, provide months/days you were a New Jersey resident during 2020:

From: To:

Fiscal year filers only:

Enter month of your year end 2 0 2 1

Filing Status

Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2018 2019

Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

- | | | | | | | | | |
|--|-------------------------------------|------|-------------------------------------|-------------------|------------------|---|-------------|-------------|
| 6. Regular | <input checked="" type="checkbox"/> | Self | <input checked="" type="checkbox"/> | Spouse/CU Partner | Domestic Partner | 2 | x \$1,000 = | <u>2000</u> |
| 7. Senior 65+ (Born in 1955 or earlier) | | Self | | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 8. Blind/Disabled | | Self | | Spouse/CU Partner | | | x \$1,000 = | _____ |
| 9. Veteran | | Self | | Spouse/CU Partner | | | x \$6,000 = | _____ |
| 10. Qualified Dependent Children | | | | | | 1 | x \$1,500 = | <u>1500</u> |
| 11. Other Dependents | | | | | | | x \$1,500 = | _____ |
| 12. Dependents Attending Colleges (See instructions) | | | | | | | x \$1,000 = | _____ |
| 13. Total Exemption Amount (Add totals from the lines at 6 through 12) | | | | | | | 13. | <u>3500</u> |

14. Dependent Information. Provide the following information for each dependent.

Last Name, First Name, Middle Initial

- a. DADI, YASHASWIN NAIDU
- b. _____
- c. _____
- d. _____

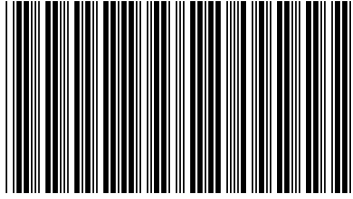
Social Security Number

972906844

Birth Year

2013

No Health Insurance



040MP03200

Name(s) as shown on Form NJ-1040

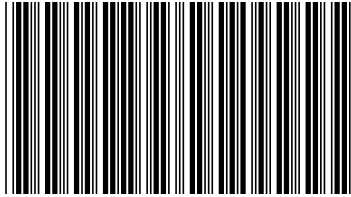
DADI SANYASI NAIDU & UMA DEVI

Your Social Security Number

578531792

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	67842	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	.
17. Dividends	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	.	.
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	.	.
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	.	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	.
24. Net Gambling Winnings (See instructions)	24.	.	.
25. Alimony and Separate Maintenance Payments received	25.	.	.
26. Other (Enclose documents) (See instructions)	26.	.	.
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	67842	.
28a. Retirement/Pension Exclusion (See instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet D and instructions page 19)	28b.	.	.
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	.	.
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	67842	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	3500	.
31. Medical Expenses (See Worksheet F and instructions)	31.	.	.
32. Alimony and Separate Maintenance Payments (See instructions)	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	3500	.
38. Taxable Income (Subtract line 37 from line 29)	38.	64342	.
39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	4320	.
39b. Block	.	.	.
39b. Lot	.	.	.
39b. Qualifier			Fill in if you completed Worksheet G
39c. County/Municipality Code			
39d. Indicate your residency status during 2020 (fill in only one)	Homeowner	Tenant	Both
40. Property Tax Deduction (From Worksheet H) (See instructions)	40.	4320	.
41. New Jersey Taxable Income (Subtract line 40 from line 38)	41.	60022	.
42. Tax on Amount on line 41 (Tax Table page 52)	42.	1051	.
43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	174	.
Enter Code			13
44. Balance of Tax (Subtract line 43 from line 42)	44.	877	.
45. Child and Dependent Care Credit (See instructions)	45.	.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
46. Sheltered Workshop Tax Credit	46.	.	.
47. Gold Star Family Counseling Credit (See instructions)	47.	.	.
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	.	.
49. Total credits (Add lines 45 through 48)	49.	.	.
50. Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry	50.	877	.
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0	.
52. Interest on Underpayment of Estimated Tax	52.	.	.
Fill in if Form NJ-2210 is enclosed			



040MP04200

Name(s) as shown on Form NJ-1040
DADI SANYASI NAIDU & UMA DEVI

Your Social Security Number
578531792

1555

53. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in X	53.	0	.
54. Total Tax Due (Add lines 50 through 53)	54.	877	.
55. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	55.	2211	.
56. Property Tax Credit (See instructions page 23)	56.	.	.
57. New Jersey Estimated Tax Payments/Credit from 2019 tax return	57.	.	.
58. New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit	58.	.	.
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	.	.
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.	.
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	.	.
62. Wounded Warrior Caregivers Credit (See instructions)	62.	.	.
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	.	.
64. Total Withholdings, Credits, and Payments (Add lines 55 through 63)	64.	2211	.
65. If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 68 through 75.	65.	.	.
66. If the total on line 64 is more than line 54, you have an overpayment. Subtract line 54 from line 64 and enter the overpayment	66.	1334	.
67. Amount from line 66 you want to credit to your 2021 tax	67.	.	.
68. Contribution to N.J. Endangered Wildlife Fund \$10 \$20 Other	68.	.	.
69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse \$10 \$20 Other	69.	.	.
70. Contribution to N.J. Vietnam Veterans' Memorial Fund \$10 \$20 Other	70.	.	.
71. Contribution to N.J. Breast Cancer Research Fund \$10 \$20 Other	71.	.	.
72. Contribution to U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other	72.	.	.
73. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	73.	.	.
74. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	74.	.	.
75. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	75.	.	.
76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)	76.	.	.
77. Balance due (If line 65 is more than zero, add line 65 and line 76)	77.	.	.
78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66)	78.	1334	.

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

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM **P02082703**
Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LLC **30-1017196**
Firm's Name Firm's Federal Employer Identification Number

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
State of New Jersey
Division of Taxation
Revenue Processing Center - Payment
PO Box 111
Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:
State of New Jersey - TGI
You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

Name(s) as shown on Form NJ-1040 DADI, SANYASI NAIDU & UMA DEVI	Social Security Number 578-53-1792
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Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2020

Part I Net Profits From Business		List the net profit (loss) from business(es). See Instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.			
2.			
3.			
4.	Net Profit or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 18, NJ-1040. If loss, make no entry on line 18.)		4.

Part II Distributive Share of Partnership Income		List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 21, NJ-1040. If loss, make no entry on line 21.)		4.

Part III Net Pro Rata Share of S Corporation Income		List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 22, NJ-1040. If loss, make no entry on line 22.)		4.

Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.	KUKATPALLY	578531792	1	-6,000.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, NJ-1040. If loss, make no entry on line 23.)			4.

Keep a copy of this schedule for your records

Schedule NJ-BUS-2 New Jersey Gross Income Tax **2020**
(Form NJ-1040) Alternative Business Calculation Adjustment

PART I Income (Loss)		Column A			Column B		
		Reportable Regular Business Income			Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.	1b.	0.		
2.	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.	-6,000.		
5.	Loss Carryforward From Tax Year 2019			5b.	()
6.	Totals	6a.	0.	6b.	-6,000.		
PART II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.				
9.	Business Increment (Line 7 minus line 8)	9.	0.				
10.	Adjustment Percentage	10.	0.50				
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.				
PART III Loss Carryforward to Tax Year 2021							
12.	Loss Carryforward to Tax Year 2021			12.	(6,000.)

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- 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.

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

Name as Shown on Return DADI, SANYASI NAIDU & UMA DEVI	Social Security No. 578-53-1792
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Part I

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

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

Part II

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

QuickZoom to Shared Responsibility Payment Calculation Worksheet ➔ _____

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



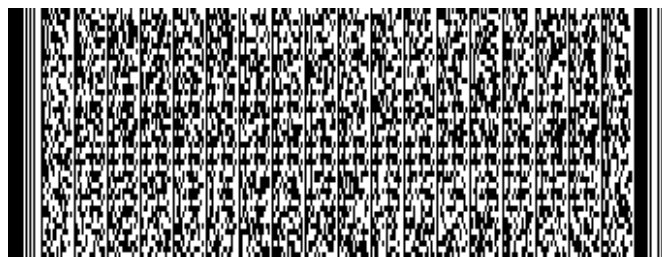
Illinois Department of Revenue
2020 Form IL-1040

Individual Income Tax Return or for fiscal year ending ___/___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

1971
 578-53-1792 966-98-5515 1979
 SANYASI NAIDU DADI
 UMA DEVI DADI
 2203 SUNNY SLOPE ROAD
 BRIDGEWATER NJ 08807



- B** Filing status: Single Married filing jointly Married filing separately Widowed Head of household
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse
D Check the box if this applies to you during 2020: Nonresident - Attach Sch. NR Part-year resident - Attach Sch. NR

Step 2: Income

(Whole dollars only)

1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1 60,049.00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2 .00
3 Other additions. Attach Schedule M.	3 .00
4 Total income. Add Lines 1 through 3.	4 60,049.00

Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5 .00
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6 .00
7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7 .00
8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8 .00
9 Illinois base income. Subtract Line 8 from Line 4.	9 60,049.00

Step 4: Exemptions

10 a Enter the exemption amount for yourself and your spouse. See instructions.	a 4,650.00
b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b .00
c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c .00
d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d 2,325.00
Exemption allowance. Add Lines a through d.	10 6,975.00

Step 5: Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9.	11 9,955.00
Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	
12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero.	12 493.00
Nonresidents and part-year residents: Enter the tax from Schedule NR.	
13 Recapture of investment tax credits. Attach Schedule 4255.	13 .00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14 493.00

Step 6: Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15 .00
16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16 .00
17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17 .00
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18 0.00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 493.00

Step 7: Other Taxes

20 Household employment tax. See instructions.	20 .00
21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21 0.00
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22 .00
23 Total Tax. Add Lines 19, 20, 21, and 22.	23 493.00

IL-1040 2D Front (R-12/20)

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



Staple W-2 and 1099 forms here

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23.

24 493.00

Step 8: Payments and Refundable Credit

25 Illinois Income Tax withheld. Attach Schedule IL-WIT. 25 500.00
26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return. 26 .00
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T. 27 .00
28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. Attach Schedule IL-E/EIC. 28 .00
29 Total payments and refundable credit. Add Lines 25 through 28. 29 500.00

Step 9: Total

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29. 30 7.00
31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24. 31 .00

Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.

32 Late-payment penalty for underpayment of estimated tax. 32 .00
a Check if at least two-thirds of your federal gross income is from farming.
b Check if you or your spouse are 65 or older and permanently living in a nursing home.
c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210.
d Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.
33 Voluntary charitable donations. Attach Schedule G. 33 .00
34 Total penalty and donations. Add Lines 32 and 33. 34 .00

Step 11: Refund

35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30. This is your overpayment. 35 7.00
36 Amount from Line 35 you want refunded to you. Check one box on Line 37. See instructions. 36 7.00
37 I choose to receive my refund by
a direct deposit - Complete the information below if you check this box.

Routing number 081000032 [X] Checking or Savings
Account number 355010064875

b Illinois Individual Income Tax refund debit card. I acknowledge I have reviewed the card information found at http://tax.illinois.gov/DebitCard prior to making this election.
c paper check.

38 Amount to be credited forward. Subtract Line 36 from Line 35. See instructions. 38 .00

Step 12: Amount You Owe

39 If you have an amount on Line 31, add Lines 31 and 34. - or -
If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the amount you owe. See instructions. 39 .00

Step 13: If this is a joint return, both you and your spouse must sign below.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here: Your signature, Date, Spouse's signature, Date, Daytime phone number (732) 322-6560
Paid Preparer Use Only: SYAM PRIYA RAM SAGAR GUPTA TALLAM, SYAM PRIYA RAM SAGAR GUPTA TALLAM, 09/10/2021, Check if self-employed, P02082703, Paid Preparer's PTIN
Third Party Designee: Designee's name, Designee's phone number, Check if the Department may discuss this return with the third party designee shown in this step.

Refer to the 2020 IL-1040 Instructions for the address to mail your return.



Step 3: Continued

		Column A Federal Total	Column B Illinois Portion
Adjustments to Income	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	11,259.00
	22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 10)	22	.00
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	23	.00
	24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	24	.00
	25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	25	.00
	26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	26	.00
	27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	27	.00
	28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	28	.00
	29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	29	.00
	30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 18a)	30	.00
	31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 19)	31	.00
	32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	32	.00
	33 Tuition and fees (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	33	.00
	34 RESERVED	34	.00
	35 Other adjustments (see instructions)	35	.00
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36	.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	60,049.00
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38	11,259.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
Illinois Adjustments	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00
	40 Other additions (Form IL-1040, Line 3)	40	.00
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41	11,259.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00
	43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00
	44 Other subtractions (Form IL-1040, Line 7)	44	.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45	.00

Step 5: Figure your Illinois income and tax

Tax Calculations	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	46	11,259.00
	47 Enter the base income from Form IL-1040, Line 9.	47	60,049.00
	48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0.187
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	49	6,975.00
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50	1,304.00
	51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11. →	51	9,955.00
	52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. →	52	493.00



Illinois Department of Revenue
2020 Schedule IL-E/EIC
 Attach to your Form IL-1040



Illinois Exemption and Earned Income Credit

IL Attachment No. 30

Read this information first

Complete this schedule only if you are claiming dependents or are eligible for the Illinois Earned Income Credit. If you fraudulently claim the Earned Income Credit, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

You must have claimed the federal Earned Income Credit in order to claim the Illinois Earned Income Credit. The total amount of Illinois Earned Income Credit may exceed the amount of tax.

Note → If claiming the Illinois Earned Income Credit, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

Step 1: Provide the following information

SANYASI NAIDU & UMA DEVI DADI

Your name as shown on your Form IL-1040

5 7 8 - 5 3 - 1 7 9 2

Your Social Security number

Illinois Dependent Exemption Allowance

Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Dependent's first name	Dependent's last name	Social Security number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
YASHASWIN NAIDU	DADI	972-90-6844	Son	10/10/2013	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

1 Multiply the total number of dependents you are claiming by \$2,325. 1 X \$2,325

Enter the result here and on Form IL-1040, Line 10d.

1 2,325.00

Continue to Page 2 to calculate Illinois Earned Income Credit





Illinois Earned Income Credit

Complete this section **only** if you qualify for the Illinois Earned Income Credit. Attach a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.
Note → If you are not claiming a qualifying child, do not complete the table below.

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

Child's first name	Child's last name	Social Security number	Child's relationship to you	Child's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

- 1** Enter your wages, salaries and tips from your federal Form 1040 or 1040-SR, Line 1. **1** _____ .00
- 2** Enter your business income or (loss) from your federal Form 1040 or 1040-SR, Schedule 1, Line 3.
If you report an amount on Line 2, you must answer the question in Line 2a below. **2** _____ .00
- 2a** Does your occupation require a city, state, or county issued professional license, registration, or certification? **2a** Yes No
- 2b** If you answered "Yes" to Line 2a, you must enter the name of the issuing agency and your license, registration, or certification number.

Issuing Agency	License, Registration, or Certification Number

- 3** If you are filing your 2020 federal return as married filing jointly but are filing your 2020 Illinois return as married filing separately, enter your federal adjusted gross income (AGI) from your married filing jointly federal Form 1040 or 1040-SR, Line 11. **3** _____ .00
- 3a** If you entered an amount on Line 3, enter your spouse's Social Security number from your married filing jointly federal return. **3a** _ _ _ - - - - -
- 4** Is the statutory employee box marked on your W-2, Wage and Tax Statement, Box 13? **4** Yes No

Step 4: Figure your Illinois Earned Income Credit

- 5** Enter the amount of federal Earned Income Credit from your federal Form 1040 or 1040-SR, Line 27. **5** _____ .00
- 6** Multiply the amount on Line 5 by 18% (.18). **6** _____ .00
- 7** **Illinois residents:** Enter 1.0.
Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48. **7** _____ ●
- 8** Multiply Line 6 by the decimal on Line 7. This is your Illinois Earned Income Credit.
Enter this amount here and on your Form IL-1040, Line 28. **8** _____ .00

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act



Illinois Department of Revenue

2020 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. **IL Attachment No. 31**

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

SANYASI NAIDU DADI

Your name as shown on Form IL-1040

5 7 8 - 5 3 - 1 7 9 2
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	46-5491792	\$ 66,049.00	\$ 11,259.00	\$ 500.00
2		\$.00	\$.00	\$.00
3		\$.00	\$.00	\$.00
4		\$.00	\$.00	\$.00
5		\$.00	\$.00	\$.00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

UMA DEVI DADI

Your spouse's name as shown on Form IL-1040

9 6 6 - 9 8 - 5 5 1 5
Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$.00	\$.00	\$.00
7		\$.00	\$.00	\$.00
8		\$.00	\$.00	\$.00
9		\$.00	\$.00	\$.00
10		\$.00	\$.00	\$.00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 500.00

➔ Attach all Schedules IL-WIT to your IL-1040. ➔



Illinois Department of Revenue

Submission ID boxes

2020 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Form fields for Step 1: SANYASI NAIDU, UMA DEVI, DADI, Social Security number 578-53-1792, Mailing address 2203 SUNNY SLOPE ROAD, BRIDGEWATER, NJ 08807, Spouse's Social Security number (732) 322-6560, Daytime phone number.

Step 2: Complete information from tax return

Form fields for Step 2: 1 Net income from Form IL-1040, Line 11 9,955.00; 2 Tax from Form IL-1040, Line 14 493.00; 3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 500.00; 4 Overpayment from Form IL-1040, Line 35 7.00; 5 Total amount due from Form IL-1040, Line 39 1.00; 6 Filing status: Single, Married filing jointly (checked), Married filing separately, Widowed, Head of household.

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

Form fields for Step 3: 7 Routing no. (RN): 081000032; 8 Account no. (AN): 355010064875; 9 Type of account: Checking (checked), Savings; 10 Date the payment is to be electronically withdrawn: ___/___/___; 11 Electronic funds withdrawal amount: 1.00; 12 Name on account: _____

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- [X] I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. 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 Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2020 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here: Your signature, Date, Spouse's signature (if joint return, both must sign), Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

Form fields for Step 5: ERO's signature, Date 09/10/2021, Check if paid preparer: (checked), Your PTIN P 02082703, Firm's name or your name if self-employed GLOBAL TAXES LLC, Mailing address 2530 Pebble Creek Ln, Cumming, GA 30041, Federal employer identification number (FEIN) (678) 965-9522, Daytime phone number.

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.

