

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

Your first name and middle initial VELLIANGIRI	Last name CHINNAGOUNDANPALAYAM	Your social security number 795-56-5864
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 88 MILL ST		Apt. no. 204
City, town, or post office. If you have a foreign address, also complete spaces below. WOONSOCKET		State RI
Foreign country name		ZIP code 02895
Foreign province/state/county		Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

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

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

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

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):
					Child tax credit
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2				1	73,569.
Attach Sch. B if required.	2a Tax-exempt interest	2a		b Taxable interest	2b	
	3a Qualified dividends	3a		b Ordinary dividends	3b	
	4a IRA distributions	4a		b Taxable amount	4b	
	5a Pensions and annuities	5a		b Taxable amount	5b	
	6a Social security benefits	6a		b Taxable amount	6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>				7	
	8 Other income from Schedule 1, line 9				8	-4,500.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶				9	69,069.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:					
	a From Schedule 1, line 22	10a				
	b Charitable contributions if you take the standard deduction. See instructions	10b				
	c Add lines 10a and 10b. These are your total adjustments to income ▶				10c	
	11 Subtract line 10c from line 9. This is your adjusted gross income ▶				11	69,069.
	12 Standard deduction or itemized deductions (from Schedule A)				12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A				13	
	14 Add lines 12 and 13				14	12,400.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-				15	56,669.

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	8,259.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	8,259.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	8,259.
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	8,259.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	11,194.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	11,194.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	11,194.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,935.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,935.
b	Routing number 0 2 1 2 0 0 3 3 9	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 3 8 1 0 4 6 9 4 3 2 2 2		
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	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (973) 462-9412 Email address GIRI.DEV2015@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 09/09/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

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

**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
VELLIANGIRI CHINNAGOUNDANPALAYAM

Your social security number
795-56-5864

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,500.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-4,500.

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

VELLIANGIRI CHINNAGOUNDANPALAYAM

795-56-5864

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	GANAPATHIPALAYAM ERODE TAMIL NADU IN 638453				
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		A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

Type of Property:

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

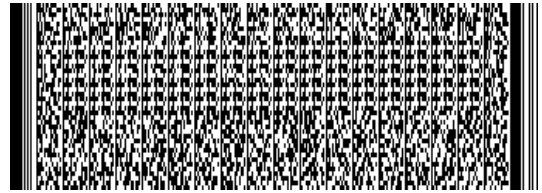
Income:		Properties:		A	B	C
3	Rents received	3		650.		
4	Royalties received	4				
Expenses:						
5	Advertising	5		150.		
6	Auto and travel (see instructions)	6		320.		
7	Cleaning and maintenance	7				
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13		4,500.		
14	Repairs.	14		180.		
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		5,150.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-4,500.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-4,500.)	()
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		5,150.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(4,500.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		-4,500.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



20100115550101



Your social security number Spouse's social security number

Your first name MI Last name Suffix

Spouse's name MI Last name Suffix

Address

City, town or post office State ZIP code

City or town of legal residence Check each box that applies. Otherwise, leave blank. Primary deceased? Spouse deceased? New address? Amended Return? *

ELECTORAL CONTRIBUTION If you want \$5.00 (\$10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.) Yes If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.

FILING STATUS Check one

Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

INCOME, TAX AND CREDITS				
1	Federal AGI from Federal Form 1040 or 1040-SR, line 11	1	69069	00
2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line.	2	0	00
3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases).....	3	69069	00
4	RI Standard Deduction from left. If line 3 is over \$ 207,700 see Standard Deduction Worksheet	4	8900	00
5	Subtract line 4 from line 3. If zero or less, enter 0.....	5	60169	00
6	Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,150 and enter result on line 6. If line 3 is over \$207,700, see Exemption Worksheet	6	4150	00
7	RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0.....	7	56019	00
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet.....	8	2101	00
9a	RI percentage of allowable Federal credit from page 3, RI Sch I, line 22.....	9a		00
b	RI Credit for income taxes paid to other states from page 3, RI Sch II, line 29.....	9b		00
c	Other Rhode Island Credits from RI Schedule CR, line 8.....	9c		00
d	Total RI credits. Add lines 9a, 9b and 9c.....	9d		00
10a	Rhode Island income tax after credits. Subtract line 9d from line 8 (not less than zero).....	10a	2101	00
b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 11.....	10b		00
11	RI checkoff contributions from page 3, RI Checkoff Schedule, line 37. Contributions reduce your refund or increase your balance due	11	0	00
12a	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies	12a		00
b	Individual Mandate Penalty (see instructions). Check ✓ to certify full year coverage.	12b		00
13a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11, 12a and 12b.....	13a	2101	00

Rhode Island Standard Deduction
Single **\$8,900**
Married filing jointly or Qualifying widow(er) **\$17,800**
Married filing separately **\$8,900**
Head of household **\$13,350**

Using a paper clip, please attach Forms W-2 and 1099 here.

Check ✓ to certify use tax amount on line 12a is accurate.

* If filing an amended return, attach the Explanation of Changes supplemental page

State of Rhode Island Division of Taxation
2020 Form RI-1040
 Resident Individual Income Tax Return - page 2



20100115550102

Name(s) shown on Form RI-1040 or RI-1040NR VELLIANGIRI CHINNAGOUNDANPALAYAM	Your social security number 795-56-5864
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PAYMENTS AND PROPERTY TAX RELIEF CREDIT

13b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 13a.....	13b	2101	00
14a RI 2020 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding.	14a	2845	00
b 2020 estimated tax payments and amount applied from 2019 return....	14b		00
c Property tax relief credit from RI-1040H, line 13. Attach RI-1040H.....	14c		00
d RI earned income credit from page 3, RI Schedule EIC, line 40.....	14d		00
e RI Residential Lead Paint Credit from RI-6238, line 7. Attach RI-6238..	14e		00
f Other payments.....	14f		00
g TOTAL PAYMENTS AND CREDITS. Add lines 14a, 14b, 14c, 14d, 14e and 14f.....	14g	2845	00
h Previously issued overpayments (if filing an amended return).....	14h		00
i NET PAYMENTS. Subtract line 14h from line 14g.....	14i	2845	00
15a AMOUNT DUE. If line 13b is LARGER than line 14i, subtract line 14i from line 13b.....	15a		00
b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 15a or subtracted from line 16, whichever applies.....	15b	0	00
c TOTAL AMOUNT DUE. Add lines 15a and 15b. Complete RI-1040V and send in with your payment ☹️	15c		00
16 AMOUNT OVERPAID. If line 14i is LARGER than line 13b, subtract line 13b from line 14i. If there is an amount due for underestimating interest on line 15b, subtract line 15b from line 16..... 😊	16	744	00
17 Amount of overpayment to be refunded.....	17	744	00
18 Amount of overpayment to be applied to 2021 estimated tax.....	18	0	00

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, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Your driver's license number and state	Date	Telephone number
			973-462-9412
Spouse's signature	Spouse's driver's license number and state	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
SYAM PRIYA RAM SAGAR GUPTA TALLAM	GLOBAL TAXES LLC	09/09/2021	678-965-9522
Paid preparer address	City, town or post office	State	ZIP code PTIN
2530 PEBBLE CREEK LN	CUMMING	GA	30041 P02082703



20100115550103

Name(s) shown on Form RI-1040 or RI-1040NR VELLIANGIRI CHINNAGOUNDANPALAYAM	Your social security number 795-56-5864
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RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

19 RI income tax from page 1, line 8	19		00
20 Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2	20		00
21 Tentative allowable federal credit. Multiply line 20 by 25% (0.2500).....	21		00
22 MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a.....	22		00

RI SCHEDULE II - CREDIT FOR INCOME TAX PAID TO ANOTHER STATE
 (ATTACH COPY OF OTHER STATE(S) RETURN)

23 RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22	23		00
24 Income derived from other state. If more than one state, see instructions.....	24		00
25 Modified federal AGI from page 1, line 3.....	25		00
26 Divide line 24 by line 25	26		
27 Tentative credit. Multiply line 23 by line 26.....	27		00
28 Tax due and paid to other state (see specific instructions). Insert abbreviation for state paid	28		00
29 MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on pg 1, line 9b	29		00

RI CHECKOFF CONTRIBUTIONS SCHEDULE

		\$1.00	\$5.00	\$10.00	Other		
30	Drug program account RIGL §44-30-2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	00
31	Olympic Contribution RIGL §44-30-2.1 Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if a joint return)					31	00
32	RI Organ Transplant Fund RIGL §44-30-2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	00
33	RI Council on the Arts RIGL §42-75.1-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	00
34	Nongame Wildlife Fund RIGL §44-30-2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	00
35	Childhood Disease Victim's Fund RIGL §44-30-2.3 and Substance Use and Mental Health Leadership Council of RI RIGL §44-30-2.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	00
36	RI Military Family Relief Fund RIGL §44-30-2.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	00
37	TOTAL CONTRIBUTIONS. Add lines 30 through 36. Enter here and on RI-1040, page 1, line 11					37	00

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

38 Federal earned income credit from Federal Form 1040 or 1040-SR, line 27	38		00
39 Rhode Island percentage	39		15%
40 RI EARNED INCOME CREDIT. Multiply line 38 by line 39. Enter here and on RI-1040, page 2, line 14d	40		00



20101015550101

Name(s) shown on Form RI-1040 or RI-1040NR VELLIANGIRI CHINNAGOUNDANPALAYAM	Your social security number 795-56-5864
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Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. ***W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.***

Failure to do so may delay the processing of your return. **ATTACH THIS SCHEDULE W TO YOUR RETURN**

Column A	Column B	Column C	Column D	Column E
Enter "S" if Spouse's W-2 or 1099	Enter 1099 letter code from chart	Employer's Name from Box C of your W-2 or Payer's Name from your Form 1099	Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099	Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)
1		COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT	133924155	2845 00
2				00
3				00
4				00
5				00
6				00
7				00
8				00
9				00
10				00
11				00
12				00
13				00
14				00
15				00
16	Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a.....			2845 00
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld			1

Schedule W Reference Chart								
Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box
W-2		17	1099-G	G	11	1099-OID	O	14
W-2G	W	15	1099-INT	I	17	1099-R	R	14
1042-S	S	17a	1099-K	K	8	RI-1099E	E	9
1099-B	B	16	1099-MISC	M	15	RI-1099PT	P	9
1099-DIV	D	15	1099-NEC	N	5			

State of Rhode Island Division of Taxation
2020 RI Schedule E
 Exemption Schedule for RI-1040 and RI-1040NR



20105915550101

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
VELLIANGIRI CHINNAGOUNDANPALAYAM	795565864

EXEMPTIONS

Complete this Schedule listing all individuals you can claim as a dependent.

ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN

Failure to do so may delay the processing of your return.

1a	Yourself	<input checked="" type="checkbox"/>
b	Spouse	<input type="checkbox"/>

	(A) Name of Dependent	(B) Social Security Number	(C) Date of Birth	(D) Relationship
2a				
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				

Exemption Number Summary

3	Enter the number of boxes checked on lines 1a and 1b	3	1
4a	Enter the number of children from lines 2a through 2m who lived with you	4a	0
b	Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation	4b	0
c	Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b.	4c	0
5	Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6.	5	1