

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

Personal information section including: Your first name and middle initial (VARUN), Last name (GAUR), Your social security number (691-42-0701), Spouse's social security number (975-92-7999), Home address (2 POST OAK LANE), Apt. no. (6), City (NATICK), State (MA), ZIP code (01760).

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

Dependents table with columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes dependent SHASHWAT GAUR.

Main income and deduction table with columns 1-15. Includes: 1 Wages, salaries, tips, etc. (77,496); 2a Tax-exempt interest; 3a Qualified dividends; 4a IRA distributions; 5a Pensions and annuities; 6a Social security benefits; 7 Capital gain or (loss); 8 Other income from Schedule 1, line 9 (-5,930); 9 Total income (71,566); 10 Adjustments to income; 11 Adjusted gross income (71,566); 12 Standard deduction or itemized deductions (24,800); 15 Taxable income (46,766).

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	5,218.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	5,218.
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	4,718.
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	4,718.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	7,524.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	7,524.
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	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	9,324.

• 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	4,606.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,606.
b	Routing number 011000138		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 004647557475		
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	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
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.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/22/2021	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
VARUN & MINAKSHI GAUR

Your social security number
691-42-0701

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	-5,930.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-5,930.

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

VARUN & MINAKSHI GAUR

691-42-0701

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	R-6/182 RAJNAGAR GHAZIABAD UTTAR PRADESH IN 201001				
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		400.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,200.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		1,000.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,290.		
15	Supplies	15		1,040.		
16	Taxes	16				
17	Utilities.	17		1,800.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		6,330.		
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		-5,930.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(-5,930.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a			400.	
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			6,330.	
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		(5,930.)		
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				-5,930.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Paid Preparer's Due Diligence Checklist

Department of the Treasury
Internal Revenue Service

*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

Attachment
Sequence No. **70**

▶ **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.**

Taxpayer name(s) shown on return

VARUN & MINAKSHI GAUR

Taxpayer identification number

691-42-0701

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. • 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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Oklahoma Individual Income Tax Declaration for Electronic Filing

**2020
Form 511EF**

NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511NR.

See instructions on Page 2 to determine if you are required to send Form 511EF to the OTC.

Your first name and middle initial VARUN	Last name GAUR	Your social security number 6 9 1 4 2 0 7 0 1
If a joint return, spouse's first name and middle initial MINAKSHI	Last name GAUR	Spouse's social security number 9 7 5 9 2 7 9 9 9
Mailing address (number and street, including apartment number, rural route or PO Box) 2 POST OAK LANE 6		Filing status 2
City, State, ZIP NATICK MA 01760		Total number of exemptions 3

Part One - Tax Return Information (whole dollars only)

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511NR, Line 7)	1	71566	00
2	Oklahoma Income Tax and Use Tax (511, Line 22 or 511NR, Line 26)	2	269	00
3	Oklahoma Income Tax Payments and Credits (511, Line 33 or 511NR, Line 34)	3	352	00
4	Refund (511, Line 38 or 511NR, Line 39)	4	83	00
5	Balance Due (511, Line 43 or 511NR, Line 44)	5		00

For a balance due return with an electronic payment complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

Part Two - Declaration of Taxpayer

6a I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Oklahoma income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b I authorize the Oklahoma State 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 Oklahoma taxes owed on this return and/or a payment of estimated tax. 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.

If I have filed a balance due return, I understand that if the Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2020 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign

Here:

Your Signature

Date

Spouse's Signature (If joint return, both must sign)

Date

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

I declare I have reviewed the above taxpayer's return and the entries on Form 511EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use
Only

ERO or Paid Preparer's Signature

02/22/2021
Date

PTIN

Paid Preparer
Use Only

Paid Preparer Signature

02/22/2021
Date

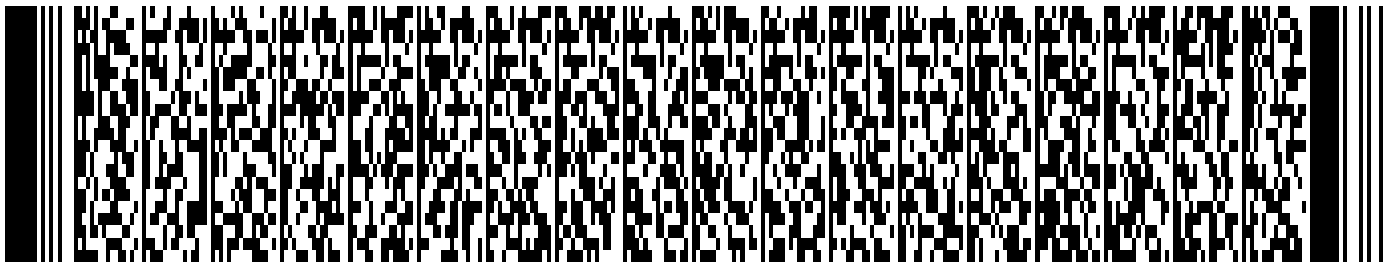
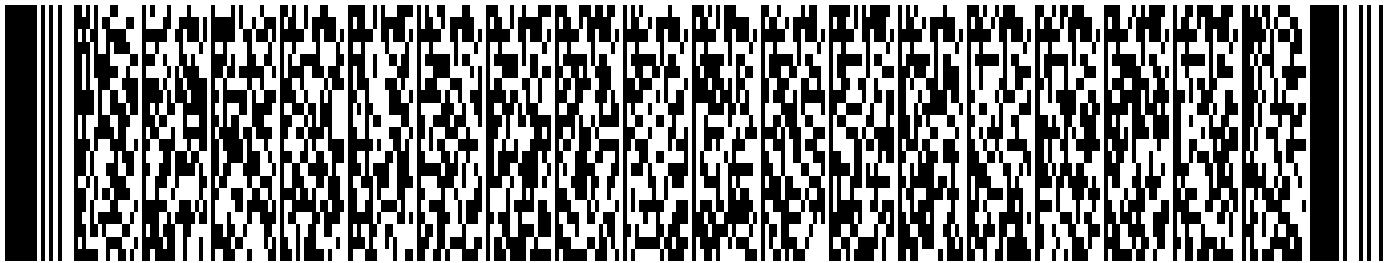
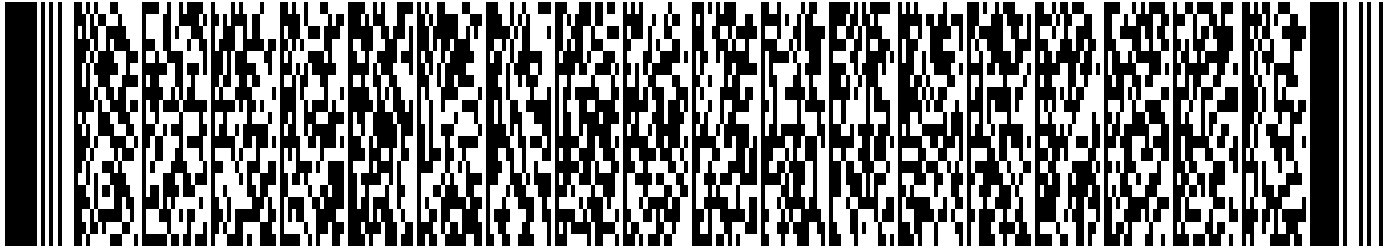
P02082703
PTIN

Firm name (or yours if self-employed), SYAM PRIYA RAM SAGAR GUPTA TALLAM

address and ZIP 2530 PEBBLE CREEK LN CUMMING GA 30041

Phone number (678) 965-9522

**FAILURE TO SUBMIT THIS PAGE
WILL DELAY PROCESSING OF YOUR RETURN**





Oklahoma Nonresident/Part-Year Income Tax Return

Your Social Security Number
691420701

Place an 'X' in this box if this taxpayer is deceased →

Spouse's Social Security Number
(joint return only)
975927999

Place an 'X' in this box if this taxpayer is deceased →

AMENDED RETURN!
Place an 'X' in this box if this is an amended 511NR. See Schedule 511NR-H. →

Name and Address
Please Print or Type

Your first name Middle initial Last name
VARUN GAUR

If a joint return, spouse's first name Middle initial Last name
MINAKSHI GAUR

Mailing address (number and street, including apartment number, rural route or PO Box)
2 POST OAK LANE APT 6

City State ZIP
NATICK MA 01760

Filing Status

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate
• If spouse is also filing, list Name: _____
name and SSN in the boxes: SSN: _____

4 Head of household with qualifying person

5 Qualifying widow(er) with dependent child
• Please list the year spouse died in box at right: _____

Residency Status

Nonresident(s) State of Residence: NC

Part-Year Resident(s) From _____ to _____

Resident/Part-Year Resident/Nonresident
State of Residence: Yourself _____ Spouse _____

Not Required to File

Place an 'X' in this box if you are a nonresident whose gross income from Oklahoma sources is less than \$1,000. (see instructions)..... →

* Note: If claiming Special Exemption, see instructions on page 10 of 511NR Packet.

Exemptions	Regular	* Special	Blind	=	1	(a)
	1	+				
	Spouse			=	1	(b)
	1	+				
Number of dependents				=	1	(c)
Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:						
					3	

Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

Age 65 or Older? (Please see instructions) Yourself Spouse

Complete Schedule 511NR-1 "Income Allocation for Nonresidents and Part-Year Residents" to arrive at Oklahoma Source Income (line 1) and Federal adjusted gross income (line 2).

		Please Round to Nearest Whole Dollar	
		Federal Amount	Oklahoma Amount
1	Oklahoma source income (Schedule 511NR-1, line 18)		7885 00
2	Federal adjusted gross income (Schedule 511NR-1, line 19)	71566 00	
3	Oklahoma additions: Schedule 511NR-A, line 8	00	00
4	Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3)	71566 00	7885 00
5	Oklahoma subtractions: Schedule 511NR-B, line 17	00	00
6	Adjusted gross income: Oklahoma Source (line 4 minus line 5)		7885 00
7	Adjusted gross income: All Sources (line 4 minus line 5) Also enter on line 8.	71566 00	
8	Adjusted gross income: All Sources (from line 7)		71566 00
9	Oklahoma Adjustments (Schedule 511NR-C, line 7)		00
10	Income after adjustments (line 8 minus line 9)		71566 00
11	Oklahoma itemized deductions (Schedule 511NR-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350) ..		12700 00
12	Exemptions: Enter the total number of exemptions claimed above <input type="text" value="3"/> X \$1,000		3000 00
13	Total deductions and exemptions (add lines 11 and 12)		15700 00
14	Oklahoma Taxable Income: (line 10 minus line 13)		55866 00
15	(a) Oklahoma Income Tax from Tax Table or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 15	2439 00	
15a	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 15	00	
15b	Oklahoma Income Tax (line 15a plus line 15b)		2439 00
16	Oklahoma child care/child tax credit (see instructions)		00
17	Subtract line 16 from line 15 (This is your tax base) (Do not enter less than zero)		2439 00

STOP AND READ: If line 7 is equal to or larger than line 2, complete line 16. If line 7 is smaller than line 2, see Schedule 511NR-E.



2020 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 2

Name(s) shown on Form 511NR: VARUN & MINAKSHI GAUR

Your Social Security Number: 691420701

Table with 36 rows for tax calculations. Includes fields for Amount from line 17, Tax percentage (Oklahoma/Federal), Oklahoma Income Tax, Oklahoma earned income credit, and various credits and payments. Total tax due is 0.00.

Schedule 511NR-G provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from Schedule 511NR-G in the box. If you give to more than one organization, put a "99" in the box. Provide Schedule 511NR-G

Table with 3 rows (37-39) for Schedule 511NR-G. Includes fields for Donations from your refund, Total deductions from refund, and Amount to be refunded.

Direct Deposit Note: Verify your account and routing numbers are correct. Is this refund going to or through an account that is located outside of the United States? Deposit my refund in my: X Checking Account Savings Account. Routing Number: 011000138 Account Number: 004647557475

Table with 5 rows (40-44) for tax due and donations. Includes fields for tax due, donations to Oklahoma General Revenue Fund and Public School Classroom Support Fund, underpayment of estimated tax interest, and total tax, donation, penalty and interest.

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief.

Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.

Taxpayer's signature, Date, Spouse's signature, Date, Taxpayer's occupation (SOFTWARE ENGINEER), Daytime Phone Number (optional)

Spouse's signature, Date, Spouse's occupation (HOME MAKER), A COPY OF FEDERAL RETURN MUST BE PROVIDED.

Paid Preparer's signature, Date (02/22/2021), Paid Preparer's address and phone number (678) 965-9522, 2530 PEBBLE CREEK LN, CUMMING GA 30041, Paid Preparer's PTIN P02082703

Please remit to: Oklahoma Tax Commission, P.O. Box 269045, Oklahoma City, OK 73126-9045



Note: Provide this page with your return.

Name(s) shown on Form 511NR: VARUN & MINAKSHI GAUR

Your Social Security Number: 691-42-0701

Schedule 511NR-1: Income Allocation for Nonresidents and Part-Year Residents

Lines 1-19: In the Federal column, enter the amounts from your Federal tax return. See the instructions to figure the amounts to report in the Oklahoma column.

	Federal Amount	Oklahoma Amount
1 Wages, salaries, tips, etc.....	77496 00	7885 00
2 Taxable interest income.....	00	00
3 Dividend income.....	00	00
4 Taxable IRA distribution.....	00	00
5 Taxable pensions and annuities.....	00	00
6 Taxable Social Security benefits (also enter on line 2 of Sch. 511NR-B)...	00	00
7 Capital gains or losses (Federal Schedule D).....	00	00
8 Taxable refunds (state income tax).....	00	00
9 Alimony received.....	00	00
10 Business income or (loss) (Federal Schedule C).....	00	00
11 Other gains or losses (Federal Form 4797).....	00	00
12 Rental real estate, royalties, partnerships, etc.....	-5930 00	0 00
13 Farm income or (loss).....	00	00
14 Unemployment compensation.....	00	00
15 Other income (identify: _____)	00	00
16 Add lines 1 through 15.....	71566 00	7885 00
17 Total Federal adjustments to income (identify: _____)	00	00
18 Oklahoma source income (line 16 minus line 17) Enter here and on page 1, line 1.....		7885 00
19 Federal adjusted gross income (line 16 minus line 17) Enter here and on page 1, line 2.....	71566 00	

Schedule 511NR-A: Oklahoma Additions See instructions for details on qualifications and required documents.

	Federal Amount	Oklahoma Amount
1 State and municipal bond interest.....	00	00
2 Lump sum distributions (not included in your Federal AGI).....	00	00
3 Federal net operating loss.....	00	00
4 Recapture depletion claimed on a lease bonus or add back of excess Federal depletion.....	00	00
5 Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s).....	00	00
6 Oklahoma loss distributed by an electing PTE.....	00	00
7 Miscellaneous: Other additions (enter number in box for the type of addition <input type="text"/>).....	00	00
8 Total additions (add lines 1-7, enter total here and on line 3 of Form 511NR).....	00	00



2020 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 4
Note: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) shown on Form 511NR: VARUN & MINAKSHI GAUR

Your Social Security Number: 691-42-0701

Schedule 511NR-B: Oklahoma Subtractions See instructions for details on qualifications and required documents.

Table with columns: Federal Amount, Oklahoma Amount. Rows include Interest on U.S. government obligations, Taxable Social Security, Federal civil service retirement, Military Retirement, Oklahoma government or Federal civil service retirement, Other retirement income, U.S. Railroad Retirement Board Benefits, Additional depletion, Oklahoma net operating loss, Exempt tribal income, Gains from the sale of exempt government obligations, Nonresident military wages, Oklahoma Capital Gain Deduction, Income Tax Refund, Oklahoma income distributed by an electing PTE, Miscellaneous: Other subtractions, Total subtractions.

Schedule 511NR-C: Oklahoma Adjustments See instructions for details on qualifications and required documents.

Table with columns: Federal Amount, Oklahoma Amount. Rows include Military pay exclusion - Active Duty, Reserve and National Guard, Qualifying disability deduction, Qualified adoption expense, Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s), Deductions for providing foster care, Miscellaneous: Other adjustments, Total Adjustments.



Note: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) shown on Form 511NR: VARUN & MINAKSHI GAUR

Your Social Security Number: 691-42-0701

Schedule 511NR-D: Oklahoma Itemized Deductions

If you claimed itemized deductions on your Federal return, you must claim Oklahoma Itemized Deductions.

1	Federal itemized deductions from Federal Sch. A, line 17	1		00
2	State and local sales or income taxes from Federal Sch. A, line 5a (If Federal Sch A, line 5e is limited, enter that portion of Federal Sch A, line 5a included in line 5e)	2		00
3	Line 1 minus line 2	3		00
4	Medical and Dental expenses from Federal Sch. A, line 4	4		00
5	Gifts to Charity from Federal Sch. A, line 14	5		00
6	Line 3 minus lines 4 and 5	6		00
7	Is line 6 more than \$17,000? <input type="checkbox"/> YES. Your itemized deductions are limited. Complete lines 9-11. <input type="checkbox"/> NO. Your itemized deductions are not limited. Skip lines 9 & 10. Go to line 11.			
8	Maximum amount allowed for itemized deductions. (exception, lines 9 & 10)	8	17,000	00
9	Medical and Dental expenses from Federal Sch. A, line 4	9		00
10	Gifts to Charity from Federal Sch. A, line 14	10		00
11	Oklahoma Itemized Deductions If you responded YES on line 7: Add lines 8, 9 and 10 If you responded NO on line 7: enter the amount from line 3	11		00

Enter your Oklahoma Itemized Deductions on line 11 of Form 511NR.

Schedule 511NR-E: Child Care/Child Tax Credit See instructions for details on qualifications and required documents.

If your Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credit for child care expenses or the child tax credit on your Federal return, then as a resident, part-year resident or nonresident military, you are allowed a credit against your Oklahoma tax. Your Oklahoma credit is the **greater** of:

- 20% of the credit for child care expenses allowed by the IRS Code. Your allowed Federal credit cannot exceed the amount of your Federal tax reported on your Federal return, **OR**
- 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundable child tax credit and the refundable additional child tax credit.

The credit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income. If your Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy of your Federal return and, if applicable, the Federal child care credit schedule.

1	Enter your Federal child care credit	1		00
2	Multiply line 1 by 20%	2		00
3	Enter your Federal child tax credit (total of child tax credit & additional child tax credit)	3		00
4	Multiply line 3 by 5%	4		00
5	Enter the larger of line 2 or line 4	5		00
6	Divide the amount on line 7 of Form 511NR by the amount on line 2 of Form 511NR <div style="text-align: center; margin: 5px 0;"><input style="width: 150px; height: 25px;" type="text"/> ÷ <input style="width: 150px; height: 25px;" type="text"/></div> Enter the percentage from the above calculation here (do not enter more than 100%)	6		%
7	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit. Enter total here and on line 16 of Form 511NR	7		00



2020 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 6
Note: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) shown on Form 511NR: VARUN & MINAKSHI GAUR

Your Social Security Number: 691-42-0701

Schedule 511NR-F: Earned Income Credit

See instructions for details on qualifications and required documents.

Residents and part-year residents are allowed a credit equal to 5% of the Earned Income Credit allowed on the Federal return. The credit must be prorated on the ratio of Oklahoma source AGI to Federal AGI. Provide a copy of your Federal return.

Nonresidents do not qualify.

Form with 4 lines for Earned Income Credit calculation, including boxes for percentages and dollar amounts.

Schedule 511NR-G: Donations from Refund (Original return only)

This schedule allows you to make a donation from your refund to a variety of Oklahoma organizations. Information regarding each program, its mission, how funds are utilized and mailing addresses are shown in Schedule 511NR-G Information on page 28 of the 511NR Packet.

Place an 'X' in the box associated with the dollar amount you wish to have deducted from your refund and donated to that organization. Then carry that figure over into the column at the right.

Table with 12 rows listing various donation programs (e.g., Support of Programs for Volunteers to Act, Indigent Veteran Burial Program) and columns for dollar amounts and percentages.

Schedule 511NR-H: Amended Return Information

Did you file an amended Federal return? Yes [] No []

If Yes, provide a copy of the IRS Form 1040X or 1045 AND proof of IRS acceptance, such as a copy of the IRS "Statement of Adjustment," IRS check or deposit slip.

Explain the changes to income, deductions, and/or credits below. Enter the line reference number for which you are reporting a change and give the reason.

D-400 (50) 8-10-20 **2020 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

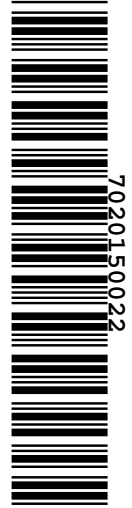
North Carolina Department of Revenue

Amended Return

DOR
Use
Only

For calendar year 2020, or fiscal year beginning <u>20</u> and ending _____		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
VARUN GAUR MINAKSHI GAUR	6 Your SSN: 691420701	Is your spouse a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2 POST OAK LANE NATICK MA 01760	Spouse's SSN: 975927999	Were you granted an automatic extension to file your 2020 federal income tax return (Form 1040)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)	Year spouse died: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Return for deceased taxpayer.	Date of death: _____
Was your spouse a resident for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Return for deceased spouse.	Date of death: _____
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2021, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	2	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	Y	VT	N	SVT	N
GAUR	2	PO	01760	DS	N	EA	N	TD		SD		FDEXT	N		
VARUN				GAUR				691420701							
MINAKSHI				GAUR				975927999		MA	01760				
2	POST	OAK	LANE					6	NATICK						
06			71566				16		269			26C			0
07			0				18	Y				26E			0
09			0				20A		2559			EU			
10A			0				20B		0			27			0
10B			0				21A		0			29			0
11	S	Y	I	N			21B		0			30			0
11			21500				21C		0			31			0
13			00000				21D		0			32			0
14			50066				26A		0			34			200
15			2628				26B		0						
TN	5087457540			PN			6789659522			PP		P02082703			



Sign Return Below	<input checked="" type="checkbox"/> Refund Due <u>200</u>	<input type="checkbox"/> Payment Due <u>0</u>
I declare and certify 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.		<input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.
Your Signature _____	Date _____	Spouse's Signature (If filing joint return, both must sign.) _____ Date _____
		Contact Phone No. (Include area code) <u>5087457540</u>
PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.		
<u>SYAM PRIYA RAM SAGAR GUPT</u>	<u>02 22 21</u>	<u>6789659522</u>
Paid Preparer's Signature	Date	Preparer's Contact Phone Number (Include area code)
		Preparer's FEIN, SSN, or PTIN <u>P02082703</u>

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001
 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	71566
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	71566
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	21500
12.	a. Add Lines 9, 10b, and 11	12a.	21500
	b. Subtract amount on Line 12a from Line 8	12b.	50066
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.0000
14.	N.C. Taxable Income	14.	50066
15.	N.C. Income Tax	15.	2628
16.	Tax Credits	16.	269
17.	Subtract Line 16 from Line 15	17.	2359
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2359

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	2559
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2020 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	2559
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	2559
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	200

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2021 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	200

D-400TC (50)

8-10-20

2020 Individual Income Tax Credits

North Carolina Department of Revenue

DOR Use Only

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) GAUR Your Social Security Number 691420701

Table with 8 columns: Line number, Amount, Code, Count, Code, Amount, Count, Code. Rows include 01, 02, 04, 06, 07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 7a.

Table with 3 columns: Description, Line number, Amount. Rows 1-7b.

Part 2. Credits for Rehabilitating Historic Structures

Enter expenditures and expenses on Lines 8a, 9a, 10a, and 11a only in the first year the credit is taken. For Lines 8a and 9a, the expenditures and expenses must have been incurred prior to January 1, 2015. For Lines 10a and 11a, an eligibility certification must have been submitted to the State Historic Preservation Office prior to January 1, 2015. Enter the installment amount of the tax credit on Lines 8b, 9b, and 11b, and the total amount of the tax credit on 10b.

Table with 3 columns: Description, Line number, Amount. Rows 8a-13.

Part 3. Computation of Total Tax Credits to be Taken for Tax Year 2020

Table with 3 columns: Description, Line number, Amount. Rows 14-19.

