

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name <b>ASHISH LABHSHANKAR RAVAL</b>	Social security number <b>271-69-9228</b>
Spouse's name	Spouse's social security number

## Part I Tax Return Information – Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	63,546.
<b>2</b> Total tax . . . . .	<b>2</b>	5,948.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	11,331.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	5,383.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

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

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

### Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

9	9	2	2	8
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Spouse's PIN: check one box only

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication – Practitioner PIN Method Only

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8	6	1	9	8	9
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Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status [X] 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: ASHISH LABHSHANKAR
Last name: RAVAL
Your social security number: 271-69-9228
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.
751 VANDENBURG RD
Apt. no.: 3209
Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town, or post office. If you have a foreign address, also complete spaces below.
KING OF PRUSSIA
State: PA
ZIP code: 19406
Foreign country name:
Foreign province/state/county:
Foreign postal code:
[ ] 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. Includes instructions for dependents.

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for, and Taxable income calculation.

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

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	7,038.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	7,038.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	1,090.
<b>21</b>	Add lines 19 and 20	<b>21</b>	1,090.
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	5,948.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	5,948.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	11,331.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	11,331.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <b>NO</b>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	11,331.

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	5,383.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	5,383.
<b>b</b>	Routing number 026009593	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 483058151890		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

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

**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, <b>both</b> must sign.	Date	Spouse's occupation	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 RVSSMANIKUMARAPPANA	Preparer's signature RVSSMANIKUMARAPPANA	Date 05/17/2021	PTIN P02090332	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. (646) 727-7157 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](http://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  
ASHISH LABHSHANKAR RAVAL

Your social security number  
271-69-9228

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-6,082.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-6,082.

**Part II Adjustments to Income**

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

**SCHEDULE 3  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

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

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **03**

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

**Your social security number**  
271-69-9228

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	1,090.
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> _____	<b>6</b>	
<b>7</b>	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	<b>7</b>	1,090.

**Part II Other Payments and Refundable Credits**

<b>8</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>8</b>	
<b>9</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>9</b>	
<b>10</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>10</b>	
<b>11</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>11</b>	
<b>12</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>12a</b>	
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 . . . . .	<b>12b</b>	
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>12c</b>	
<b>d</b>	Other: _____	<b>12d</b>	
<b>e</b>	Deferral for certain Schedule H or SE filers (see instructions) . . . . .	<b>12e</b>	
<b>f</b>	Add lines 12a through 12e . . . . .	<b>12f</b>	
<b>13</b>	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	<b>13</b>	

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 04/16/21 PRO

Schedule 3 (Form 1040) 2020

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

**Capital Gains and Losses**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

ASHISH LABHSHANKAR RAVAL

Your social security number

271-69-9228

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  **Yes**  **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	1,514.	1,450.		64.
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> 64.

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then, go to Part III on the back . . . . .				<b>15</b>

**Part III Summary**

<b>16</b>	Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	64.
	<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.</li> </ul>		
<b>17</b>	Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input checked="" type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b>	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶	<b>18</b>	
<b>19</b>	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶	<b>19</b>	
<b>20</b>	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16. <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b>	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul>	<b>21</b>	( )
	<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b>	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 16.  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		



**Sales and Other Dispositions of Capital Assets**

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

ASHISH LABHSHANKAR RAVAL

Social security number or taxpayer identification number

271-69-9228

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC		12/31/20	1,514.	1,450.			64.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				1,514.	1,450.			64.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

ASHISH LABHSHANKAR RAVAL

271-69-9228

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	NEAR RIDHHI SOCIETY GHATLODIA, AHMEDABAD IN 380061				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	1		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<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)

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		510.		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>				
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		1,290.		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>				
<b>14</b>	Repairs. . . . .	<b>14</b>		2,109.		
<b>15</b>	Supplies . . . . .	<b>15</b>		1,102.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		2,091.		
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		6,592.		
<b>21</b>	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 <b>Form 6198</b> . . . . .	<b>21</b>		-6,082.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-6,082.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		510.		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		6,592.		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	(	6,082.)		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>		-6,082.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

**2020**  
Attachment  
Sequence No. **50**

Name(s) shown on return

ASHISH LABHSHANKAR RAVAL

Your social security number

271-69-9228



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

**Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .	<b>1</b>	
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>2</b>	
<b>3</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>3</b>	
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .	<b>4</b>	
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>5</b>	
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . <input type="checkbox"/>	<b>7</b>	
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . . . .	<b>8</b>	

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .	<b>9</b>	
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	12,925.
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	10,000.
<b>12</b>	Multiply line 11 by 20% (0.20) . . . . .	<b>12</b>	2,000.
<b>13</b>	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er) . . . . .	<b>13</b>	69,000.
<b>14</b>	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>14</b>	63,546.
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	5,454.
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>16</b>	10,000.
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	0.545
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	<b>18</b>	1,090.
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .	<b>19</b>	1,090.

Name(s) shown on return ASHISH LABHSHANKAR RAVAL	Your social security number 271-69-9228
-----------------------------------------------------	--------------------------------------------



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<p><b>20</b> Student name (as shown on page 1 of your tax return) ASHISH LABHSHANKAR RAVAL</p>	<p><b>21</b> Student social security number (as shown on page 1 of your tax return)  271-69-9228</p>		
<p><b>22</b> Educational institution information (see instructions)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p><b>a.</b> Name of first educational institution Campbellsville University Inc.</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 University Drive Campbellsville KY 42718</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.  61-0469267</p> </td> <td style="width:50%; vertical-align: top;"> <p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.</p> </td> </tr> </table>		<p><b>a.</b> Name of first educational institution Campbellsville University Inc.</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 University Drive Campbellsville KY 42718</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.  61-0469267</p>	<p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.</p>
<p><b>a.</b> Name of first educational institution Campbellsville University Inc.</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1 University Drive Campbellsville KY 42718</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.  61-0469267</p>	<p><b>b.</b> Name of second educational institution (if any)</p> <p><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p><b>(2)</b> Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(3)</b> Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b>. You can get the EIN from Form 1098-T or from the institution.</p>		
<p><b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p>			
<p><b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.</p>			
<p><b>25</b> Did the student complete the first 4 years of postsecondary education before 2020? See instructions. <input checked="" type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.</p>			
<p><b>26</b> Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.</p>			



**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>	
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>	
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>	
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>	

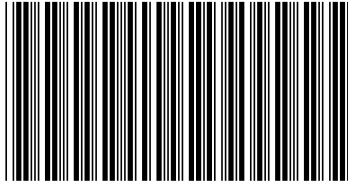
**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>	12,925.
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2020 NJ-1040NR  
New Jersey Nonresident Income Tax Return

For Privacy Act Notification, See Instructions

NJ-1040NR  
2020  
Page 1



040NV01200

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

1555

Your Social Security Number  
271699228

Last Name, First Name, Initial (Joint filers enter first name and middle initial of each. Enter spouse/CU partner last name only if different.)  
RAVAL ASHISH LABHSHANKAR

Spouse's/CU Partner's Social Security Number

State of Residency (outside NJ)  
Pennsylvania

Home Address (Number and Street, incl. apt. # or rural route)  
751 VANDENBURG RD, Apt. 3209

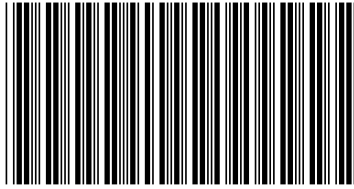
Driver's License # (Voluntary)	State	City, Town, Post Office	State	ZIP Code
		KING OF PRUSSIA	PA	19406

This is an amended return  
Federal extension application attached or enter confirmation number \_\_\_\_\_  
The address above is a foreign address  
Your address has changed  
Death certificate for deceased taxpayer is attached (See instructions page 9)  
I authorize the Division of Taxation to discuss my return and enclosures with my preparer

**NJ Residency Status** If you were a New Jersey resident for ANY part of the tax year, give the period of New Jersey residency. From: To:

<b>Gubernatorial Elections Fund</b>	Do you wish to designate \$1 of your taxes for this fund? If joint return, does your spouse/CU partner wish to designate \$1? Note: If you check the "Yes" box(es), it will not increase your tax or reduce your refund.	Yes	No
		Yes	No





040NV02200

Name(s) as shown on Form NJ-1040NR  
**RAVAL ASHISH LABHSHANKAR**

Your Social Security Number  
**271699228**

1555

**Filing Status**  
(Check only ONE box)

- 1.  Single
- 2.  Married/CU Couple, filing joint return
- 3.  Married/CU Partner, filing separate return
- 4.  Head of Household Name and SSN of Spouse/CU Partner
- 5.  Qualifying Widow(er)/Surviving CU Partner

**Exemptions**

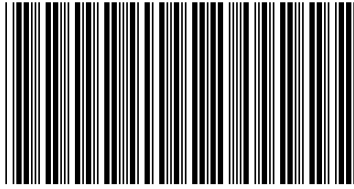
6. Regular	Self	Spouse/CU Partner	Domestic Partner	6.	<b>1</b>		
7. Age 65 or over	Self	Spouse/CU Partner		7.			
8. Blind or Disabled	Self	Spouse/CU Partner		8.			
9. Veteran Exemption	Self	Spouse/CU Partner					9.
10. Number of your qualified dependent children							10.
11. Number of other dependents							11.
12. Dependents attending colleges (See Instructions)				12.			
13. For line 13a – Add lines 6, 7, 8, and 12. For line 13b – Add lines 10 and 11. For line 13c – Enter amount from line 9.				13a.	<b>1</b>	13b.	13c.

**Dependent Information**

14. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year
a. _____		
b. _____		
c. _____		
d. _____		

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

15. Wages, salaries, tips, and other employee compensation Check box if you completed lines 66 through 72	15.	<b>69560</b>	.	15.	<b>69560</b>	.
16. Interest	16.		.	16.		.
17. Dividends	17.	<b>4</b>	.	17.	<b>0</b>	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4)	18.		.	18.		.
19. Net gains or income from disposition of property (From line 65)	19.	<b>64</b>	.	19.	<b>0</b>	.
20. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, line 4)	20.	<b>0</b>	.	20.	<b>0</b>	.
21. Net gambling winnings (See Instructions)	21.		.	21.		.
22. Pensions, Annuities, and IRA Withdrawals	22.		.	22.		.
23. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, line 4)	23.		.	23.		.
24. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, line 4)	24.		.	24.		.
25. Alimony and separate maintenance payments received	25.		.	25.		.
26. Other – State Nature and Source _____	26.		.	26.		.
27. TOTAL INCOME (Add lines 15 through 26)	27.	<b>69628</b>	.	27.	<b>69560</b>	.
28a. Pension Exclusion (See Instructions)	28a.		.	28a.		.
28b. Other Retirement Income Exclusion (See Worksheet and Instructions)	28b.		.	28b.		.
28c. Total Exclusion Amount (Add line 28a and line 28b)	28c.		.	28c.		.
29. Gross Income (Subtract line 28c from line 27)	29.	<b>69628</b>	.	29.	<b>69560</b>	.
30. Total Exemption Amount (See Instructions)	30.	<b>1000</b>	.			.
31. Medical Expenses (See Worksheet and Instructions)	31.		.			.
32. Alimony and separate maintenance payments	32.		.			.
33. Qualified Conservation Contribution	33.		.			.
34. Health Enterprise Zone Deduction	34.		.			.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	<b>0</b>	.			.



040NV03200

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

Your Social Security Number  
271699228

1555

36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000	.
38.	TAXABLE INCOME (Subtract line 37 from line 29, column A)	38.	68628	.
39.	Tax on amount on line 38 (From Tax Table page 34)	39.	2299	.
40.	Income Percentage B. (line 29) / A. (line 29) = <u>99.90</u> %			
41.	NEW JERSEY TAX (Multiply amount from line 39 by income percentage from line 40)	41.	2297	.
42.	Sheltered Workshop Tax Credit (Enclose GIT-317. See Instructions)	42.	.	.
43.	Gold Star Family Counseling Credit (See Instructions)	43.	.	.
44.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	44.	.	.
45.	Total credits (Add lines 42, 43, and 44)	45.	.	.
46.	Balance of Tax After Credits (Subtract line 45 from line 41)	46.	2297	.
47.	Penalty for Underpayment of Estimated Tax. Check box if Form NJ-2210NR is enclosed	47.	.	.
48.	Total Tax and Penalty (Add line 46 and line 47)	48.	2297	.
49.	Total New Jersey Income Tax Withheld (From enclosed Forms W-2 and 1099)	49.	2563	.
50.	New Jersey Estimated Tax Payments/Credit from 2019 return	50.	.	.
51.	Tax paid on your behalf by Partnership(s)	51.	.	.
52.	EXCESS NJ UI/WF/SWF Withheld (Enclose Form NJ-2450)	52.	.	.
53.	EXCESS NJ Disability Insurance Withheld (Enclose Form NJ-2450)	53.	.	.
54.	EXCESS NJ Family Leave Insurance Withheld (Enclose Form NJ-2450)	54.	.	.
55.	Pass-Through Business Alternative Income Tax Credit (See instructions)	55.	.	.
56.	Total Payments/Credits (Add lines 49 through 55)	56.	2563	.
57.	If line 56 is LESS THAN line 48, enter AMOUNT YOU OWE	57.	.	.
58.	If line 56 is MORE THAN line 48, enter OVERPAYMENT	58.	266	.
59.	Deductions from Overpayment on line 58 that you elect to credit to:			
	(A) Your 2021 Tax	59A.	.	.
	(B) N.J. Endangered Wildlife Fund	59B.	.	.
	(C) N.J. Children's Trust Fund	59C.	.	.
	(D) N.J. Vietnam Veterans' Memorial Fund	59D.	.	.
	(E) N.J. Breast Cancer Research Fund	59E.	.	.
	(F) U.S.S. N.J. Educational Museum Fund	59F.	.	.
	(G) Designated Contribution Code	59G.	.	.
60.	Total Deductions From Overpayment (Add lines 59A through 59G)	60.	.	.
61.	REFUND (Amount to be sent to you. Subtract line 60 from line 58)	61.	266	.

Also enter on line 50:  
• Payments made in connection with sale of NJ real property  
• Payments by S corporation for nonresident shareholder

NOTE:  
An entry on line 59A, B, C, D, E, F, or G will reduce your tax refund

Under penalties of perjury, I declare that I have examined this 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 taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> \_\_\_\_\_  
Your Signature Date

> \_\_\_\_\_  
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

RVSSMANIKUMARAPPANA

P02090332

Firm's Name

Firm's Federal Employer Identification Number

GLOBAL TAXES LLC

30-1017196

Pay amount on line 57 in full. Write Social Security number(s) on check or money order and make payable to:

State of New Jersey - TGI  
Division of Taxation  
Revenue Processing Center  
PO Box 244  
Trenton, NJ 08646-0244

You may also pay by e-check or credit card.

Name(s) as shown on Form NJ-1040NR: **RAVAL ASHISH LABHSHANKAR**  
 Your Social Security Number: **271699228**

**PART I Net Gains or Income From Disposition of Property** List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
62. Robinhood Securiti	VARIOUS	12/31/2020	1514	1450	64
63. Capital Gains Distribution .....					
64. Other Net Gains.....					
65. Net Gains (Add lines 62, 63, and 64) (Enter here and on line 19) (If loss, enter zero) .....					64

**PART II Allocation of Wage and Salary Income Earned Partly Inside and Outside New Jersey** (See instructions if compensation depends entirely on volume of business transacted or if other basis of allocation is used.)

66. Amount reported on line 15 in column A required to be allocated .....	66.	
67. Total days in taxable year .....	67.	
68. Deduct nonworking days (Sundays, Saturdays, holidays, sick leave, vacation, etc.) .....	68.	
69. Total days worked in taxable year (subtract line 68 from line 67) .....	69.	
70. Deduct days worked outside New Jersey.....	70.	
71. Days worked in New Jersey (subtract line 70 from line 69).....	71.	
72. ALLOCATION FORMULA $\frac{\text{(Line 71)}}{\text{(Line 69)}} \times \frac{\text{(Enter amount from line 66)}}{\text{(Salary earned inside N.J.)}} = \text{_____}$ (Include this amount on line 15, col. B)		

**PART III Allocation of Business Income to New Jersey** (See instructions if other than Formula Basis of allocation is used.)

Business Allocation Percentage (From Schedule NJ-NR-A)  
 Enter below the line number and amount of each item of business income reported in column A that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_% = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_% = \$ \_\_\_\_\_

From Line No. \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_% = \$ \_\_\_\_\_



Name(s) as shown on Form NJ-1040NR RAVAL , ASHISH LABHSHANKAR	Social Security Number 271-69-9228
------------------------------------------------------------------	---------------------------------------

**Schedule NJ-BUS-1**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2020**

<b>Part I</b> 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, column A. If loss, enter ZERO on line 18, column A.)		4.	
<b>Part II</b> 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.	NEAR RIDHHI SOCIETY	271699228	1	-6,082.
2.				
3.				
4.	Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter ZERO on line 20, column A.)		4.	-6,082.
<b>Part III</b> 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)	Share of tax paid on your behalf by Partnerships
1.				
2.				
3.				
4.	Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter ZERO on line 23, column A.)			
5.	Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 51.			
<b>Part IV</b> 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 24, column A. If loss, enter ZERO on line 24, column A.)		4.	

Keep a copy of this schedule for your records

Name(s) as shown on Form NJ-1040NR RAVAL , ASHISH LABHSHANKAR	Social Security Number 271-69-9228
------------------------------------------------------------------	---------------------------------------

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

New Jersey Gross Income Tax  
Alternative Business Calculation Adjustment

**2020**

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.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	2a.	0.	2b.	-6,082.
3.	Distributive Share of Partnership Income	3a.	0.	3b.	0.
4.	Net Pro Rata Share of S Corporation Income	4a.	0.	4b.	0.
5.	Loss Carryforward From Tax Year 2019			5b.	( )
6.	Totals	6a.	0.	6b.	-6,082.
<b>PART II Adjustment Calculation</b>					
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.		
<b>PART III Loss Carryforward to Tax Year 2021</b>					
12.	Loss Carryforward to Tax Year 2021	12.		(	6,082. )

**Instructions**

- Line 1a. Enter the amount from line 18, column A, Form NJ-1040NR.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 2a. Enter the amount from line 20, column A, Form NJ-1040NR.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 3a. Enter the amount from line 23, column A, Form NJ-1040NR.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 4a. Enter the amount from line 24, column A, Form NJ-1040NR.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040NR).
- Line 5b. Enter the amount from line 12 of your 2019 Schedule NJ-BUS-2 (Form NJ-1040NR).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and on line 35 of Form NJ-1040NR, and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2020 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040NR.
- Line 12. If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

**Keep a copy of this schedule for your records**

MAKE CHECK PAYABLE TO:  
MAIL TO:  
PA DEPARTMENT OF REVENUE  
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT  
PO BOX 280403  
HARRISBURG, PA 17128-0403

PA DEPARTMENT OF REVENUE

-----  
2021 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 04-15-21  
FISCAL FILER ONLY

271-69-9228 RA

DECLARATION OF EST TAX PAYMENT AMOUNT

RAVAL  
ASHISH LABHS

\$ 2140.00 \$ 535.00

APT 3209  
751 VANDENBURG RD  
KING OF PRUSS  
PA  
19406 201-234-7356

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue

2102519465

2021 ESTIMATED 2021 ESTIMATED 2021 ESTIMATED  
PA-40ES

MAKE CHECK PAYABLE TO:  
MAIL TO:  
PA DEPARTMENT OF REVENUE  
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT  
PO BOX 280403  
HARRISBURG, PA 17128-0403

PA DEPARTMENT OF REVENUE

-----  
2021 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 06-15-21  
FISCAL FILER ONLY

271-69-9228 RA

DECLARATION OF EST TAX PAYMENT AMOUNT

RAVAL  
ASHISH LABHS

\$ 2140.00 \$ 535.00

APT 3209  
751 VANDENBURG RD  
KING OF PRUSS  
PA  
19406 201-234-7356

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue

2102519465

2021 ESTIMATED 2021 ESTIMATED 2021 ESTIMATED  
PA-40ES

MAKE CHECK PAYABLE TO:  
MAIL TO:  
PA DEPARTMENT OF REVENUE  
BUREAU OF IMAGING AND DOCUMENT MANAGEMENT  
PO BOX 280403  
HARRISBURG, PA 17128-0403

PA DEPARTMENT OF REVENUE

-----  
2021 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 09-15-21  
FISCAL FILER ONLY

271-69-9228 RA

DECLARATION OF EST TAX PAYMENT AMOUNT

RAVAL  
ASHISH LABHS

\$ 2140.00 \$ 535.00

APT 3209  
751 VANDENBURG RD  
KING OF PRUSS  
PA  
19406 201-234-7356

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue

2102519465

2021 ESTIMATED 2021 ESTIMATED 2021 ESTIMATED  
PA-40ES

MAKE CHECK PAYABLE TO: PA DEPARTMENT OF REVENUE  
 MAIL TO:  
 PA DEPARTMENT OF REVENUE  
 BUREAU OF IMAGING AND DOCUMENT MANAGEMENT  
 PO BOX 280403  
 HARRISBURG, PA 17128-0403

2021 DECLARATION OF ESTIMATED INCOME TAX FOR INDIVIDUAL, FIDUCIARY OR PARTNERSHIP

DUE DATE 01-18-22  
 FISCAL FILER ONLY

271-69-9228 RA

DECLARATION OF EST TAX PAYMENT AMOUNT

RAVAL  
 ASHISH LABHS

\$ 2140.00 \$ 535.00

APT 3209  
 751 VANDENBURG RD  
 KING OF PRUSS  
 PA  
 19406 201-234-7356

DEPARTMENT USE ONLY

Make check or money order  
 payable to the Pennsylvania  
 Department of Revenue

[Empty rectangular box for Department Use Only]

2102519465

2021 ESTIMATED 2021 ESTIMATED 2021 ESTIMATED  
 PA-40ES

MAKE CHECK PAYABLE TO:  
PENNSYLVANIA DEPARTMENT OF REVENUE  
MAIL TO:  
PENNSYLVANIA DEPARTMENT OF REVENUE  
PAYMENT ENCLOSED  
1 REVENUE PLACE  
HARRISBURG, PA 17129-0001

NOTE:  
WRITE THE LAST FOUR DIGITS OF YOUR SSN (AND SPOUSE'S SSN IF FILING JOINT),  
DAYTIME PHONE NUMBER AND TAX YEAR ON YOUR CHECK.

2020 PA-40 V PA PAYMENT VOUCHER

1555  
REV 04/06/21 PRO

271-69-9228 RA

2000918793

PAYMENT AMOUNT

RAVAL  
ASHISH LABHS

201-234-7356

\$ 3.00

APT 3209  
751 VANDENBURG RD  
KING OF PRUSS  
PA  
19406

DEPARTMENT USE ONLY

Make check or money order  
payable to the Pennsylvania  
Department of Revenue



PA-40 - 2020
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (06-20)

271699228

RAVAL

ASHISH LABHSHAN Occupation SOFTWARE E

Occupation

APT 3209

751 VANDENBURG RD

KING OF PRUSSIA PA 19406

201-234-7356 46560

N Extension. N Amended Return.

R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to

S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name NORRISTOWN AR

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number and Amount. Rows include 1a (69560), 1b (0), 1c (69560), 2 (0), 3 (4), 4 (0), 5 (64), 6 (0), 7 (0), 8 (0), 9 (69628), 10 (0), 11 (69628).



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[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

PA-40 - 2020

Social Security Number

271699228 Name(s) ASHISH LABHSHANK RAVAL

- 12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
- 13 Total PA Tax Withheld. See the instructions.
- 14 Credit from your 2019 PA Income Tax return.
- 15 2020 Estimated Installment Payments. REV-459B included. N
- 16 2020 Extension Payment.
- 17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)
- 18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

- 19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
- 19b Dependents, Section II, Line 2, PA Schedule SP
- 20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.
- 21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

- 22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.
- 23 Total Other Credits. Submit your PA Schedule OC.
- 24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
- 25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.
- 26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code:  
If including form REV-1630/REV-1630A, mark the box. N

- 28 TOTAL PAYMENT DUE. See the instructions.
- 29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.  
The total of Lines 30 through 36 must equal Line 29.
- 30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND
- 31 Credit - Amount of Line 29 you want as a credit to your 2021 estimated account.

- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		2138
13		0
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		2135
23		0
24		2135
25		0
26		3
27		0
28		3
29		0
30		0
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number RVSSMANIKUMARAPPANA 6467277157	Date 051721

E-File Opt Out N

Firm FEIN 301017196

Preparer's PTIN P02090332



**PA SCHEDULE B**  
Dividend Income

2001510029

PA-40 B (EX) 06-20 (I)  
PA Department of Revenue

**2020**

OFFICIAL USE ONLY

Name shown first on the PA-40 (if filing jointly) ASHISH LABHSHANK RAVAL	Social Security Number (shown first) 271-69-9228
-----------------------------------------------------------------------------	-----------------------------------------------------

**CAUTION:** Federal and PA rules for dividend income are different. **Read the instructions.**

If your total PA-taxable dividend and capital gains distributions income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and does not include any amounts for Lines 2 through 11 (not including subtotal Line 6) of PA Schedule B, you must report your income on Line 3 of the PA-40, but you do not have to submit PA Schedule B. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 11 (not including subtotal Line 6), you must complete and submit PA Schedule B with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 11 (not including subtotal Line 6) of Schedule B. However, if all the income is earned on a joint basis, one schedule may be completed. Complete the oval to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule B is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

**PA SCHEDULE B - PA-Taxable Dividend and  
Capital Gains Distributions Income** (See the instructions.)

Taxpayer  Spouse  Joint

1. Dividend income from Line 3b of your federal return. <b>See instructions.</b>	1.	\$	4
2. Dividend income from federal Schedule K-1(s). <b>See instructions.</b>	2.	\$	
3. Pennsylvania exempt-interest dividend income. <b>See instructions.</b>	3.	\$	
4. Other reduction adjustments. <b>See instructions.</b> Description: _____	4.	\$	
5. Add the amounts on Lines 2, 3 and 4.	5.	\$	
6. Subtract Line 5 from Line 1.	6.	\$	4
7. Total exempt-interest dividends. <b>See instructions.</b>	7.	\$	
8. Other addition adjustments. <b>See instructions.</b> Description: _____	8.	\$	
9. Repatriation of foreign income. <b>See instructions.</b>			
a. Total earnings and profits included on Line 1 of IRC Section 965 Transition Tax Statement.      9a. _____			
b. Total payments of earnings and profits included in Line 9a received in prior years.            9b. _____			
c. Payments of earnings and profits included in Line 9a received in current year.   9c.		\$	
10. Capital Gains Distributions - <b>See instructions.</b>	10.	\$	
11. Dividend income from PA S corporation(s) and partnerships, reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.	11.	\$	
<b>12. Total PA-Taxable Dividend Income.</b> Add Lines 6, 7, 8, 9c, 10 and 11. Enter on Line 3 of your PA-40.	12.	\$	4

1555  
REV 04/06/21 PRO



2001510029

2001510029



**PA SCHEDULE E**  
Rents and Royalty Income (Loss)

2001410022

PA-40 E (EX) 06-20 (I)  
PA Department of Revenue

**2020**

OFFICIAL USE ONLY

Name of the taxpayer filing this schedule: **ASHISH LABHSHANK RAVAL**  
Social Security Number (shown first) or EIN: **271-69-9228**

Sales Tax License Number (if applicable). See the instructions. \_\_\_\_\_ Are rental payments made by lessees through a third party broker?  Yes  No

**See the instructions.** Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. **Note:** If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

**SECTION I PROPERTY DESCRIPTION**

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. See the instructions.

Type	Description of Property	For Profit Property	Complete Address (street, city, state and ZIP code)
A	1 A-19 GAURINAGAR SOCIETY	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NEAR RIDHHI SOCIETY GHATLODIA, AHMEDABAD, 380061, India
B		YES <input type="checkbox"/> NO <input type="checkbox"/>	
C		YES <input type="checkbox"/> NO <input type="checkbox"/>	

**Property type:** 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: \_\_\_\_\_

**SECTION II INCOME & EXPENSES**

	Property A	Property B	Property C
<b>Line a:</b> Identify the property from Section I and indicate ownership (T/S/J)	<input checked="" type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> J
<b>Line b:</b> Is the property rental location in PA?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Line c:</b> Is the property rented for any period less than 30 days?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Income:</b> 1. Rent received	510		
2. Royalties received			
<b>Expenses:</b> 3. Advertising			
4. Automobile and travel			
5. Cleaning and maintenance	1,290		
6. Commissions			
7. Insurance			
8. Legal and professional fees			
9. Management fees			
10. Mortgage interest			
11. Other interest			
12. Repairs	2,109		
13. Supplies	1,102		
14. Taxes - not based on net income			
15. Utilities	2,091		
16. Depreciation expense - See the instructions			
17. Other expenses (itemize):			
18. Total Expenses - Add Lines 3 through 17	6,592		
<b>Income or Loss:</b> 19. Income – Subtract Line 18 from Line 1 or 2			
20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss)	<input type="checkbox"/> 0 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the instructions. (fill in the oval, if a net loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the instructions. (fill in the oval, if a net loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0
23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your PA Schedule(s) RK-1 or NRK-1. (fill in the oval, if a net loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more than one schedule, total all Line 22 and 23 amounts and include on Line 6 of your PA-40. (fill in the oval, if a net loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0

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1555



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**PA SCHEDULE G-L**  
**PA-40/PA-41 G-L**  
**(10-20)**  
**PA Department of Revenue**

**SECTION I – CALCULATION OF THE CREDIT**

ASHISH LABHSHANK RAVAL

271699228

1. Name of other state	NEW JERSEY	Credit from a Pass-Through Entity (see the instructions)		
		A Amount of income subject to tax in PA per PA return	B Amount of income subject to tax in the other state	C Lesser of Column A or B
2. Class of income subject to tax in the other state				
a. Compensation		69560	69560	
b. Unreimbursed business expenses		0		
c. Net compensation		69560	69560	69560
d. Interest		0	0	0
e. Dividends		4	0	0
f. Net income or loss from business, profession or farm		0	0	0
g. Gain or loss from sale, exchange or disposition of property		64	0	0
h. Income or Loss from rents, royalties, patents and copyrights		0	0	0
i. Estate or trust income		0	0	0
j. Gambling and lottery winnings		0	0	0
3. Income subject to tax in the other state - Add Lines 2c thru 2j for Column C. Enter the result here.				69560
4. a. Tax due or assessed in the other state				2297
b. Tax paid in the other state				2297
c. Enter the lesser of Line 4a or Line 4b				2297
d. Less: adjustments - Enter the amount from Section III, Line 5.				0
e. Adjusted tax paid in the other state - Subtract Line 4d from Line 4c. Enter the result here.				2297
5. Line 3 x 3.07 percent (0.0307)				2135
6. PA Resident Credit. Enter the lesser of Line 4e or Line 5 here and on the appropriate form (see instructions).				2135

**SECTION II – SOURCES AND AMOUNTS OF INCOME SUBJECT TO TAX**

	A	B	C	D	E TOTALS
1. Source entity name					
2. Income by class					
Compensation					69560
Interest					0
Dividends					0
Net income or loss from business, profession or farm					0
Gain or loss from sale, exchange or disposition of property					0
Income or loss from rents, royalties, patents and copyrights					0
Estate or trust income					0
Gambling and lottery winnings					0

**SECTION III – ADJUSTED TAX PAID**

1. Enter the amount from Section I, Column C, Line 3 here.	69560
2. Add the amounts from Section I, Column B, Lines 2c through 2j. Enter the result here.	69560
3. Divide the amount from Section III, Line 1 by Section III, Line 2. Enter the result here (calculate to six decimal places). If the amount on Section III, Line 3 equals 1.000000, you may stop here and enter "0" on Section I, Line 4d.	1.000000
4. If the amount on Section III, Line 3 is less than 1.000000, subtract the decimal from 1.000000. Enter the result here (calculate to six decimal places).	0.000000
5. Multiply the decimal on Section III, Line 4 by the amount on Section I, Line 4c. Enter the result here and on Section I, Line 4d.	0





# TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

**GREAT VALLEY S**

*You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.*

*\*If you have relocated during the tax year, please supply additional information.*

Tax Year 20

DATES LIVING AT EACH ADDRESS	STREET ADDRESS (No PO Box, RD or RR)	CITY OR POST OFFICE	STATE	ZIP
TO				
TO				

*\*\*If you need additional space - please see back of form.*

LAST NAME, FIRST NAME, MIDDLE INITIAL <b>RAVAL , ASHISH LABHSHANK</b>	SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL		
STREET ADDRESS (No PO Box, RD or RR) <b>751 VANDENBURG RD , APT 3209</b>			
SECOND LINE OF ADDRESS			
CITY <b>KING OF PRUSSIA</b>		STATE <b>PA</b>	ZIP CODE <b>19406</b>

DAYTIME PHONE NUMBER	RESIDENT PSD CODE <span style="border: 1px solid black; padding: 2px;">1 5 0 4 0 2</span>	EXTENSION <input type="checkbox"/>	AMENDED RETURN <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>
----------------------	----------------------------------------------------------------------------------------------	------------------------------------	-----------------------------------------	---------------------------------------

<p>The calculations reported in the first column MUST pertain to the name printed in the column, regardless of whether the husband or wife appears first. <b>Combining income is NOT permitted.</b></p> <p style="text-align: center;"><b>ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM</b></p> <p><input checked="" type="checkbox"/> Single <input type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Final Return*</p>	<p style="text-align: center;">Social Security #</p> <p style="text-align: center;"><span style="border: 1px solid black; padding: 2px;">2 7 1 6 9 9 2 2 8</span></p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student  <input type="checkbox"/> deceased <input type="checkbox"/> military  <input type="checkbox"/> homemaker <input type="checkbox"/> retired  <input type="checkbox"/> unemployed</p>	<p style="text-align: center;">Spouse's Social Security #</p> <p style="text-align: center;"><span style="border: 1px solid black; padding: 2px;">  </span></p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student  <input type="checkbox"/> deceased <input type="checkbox"/> military  <input type="checkbox"/> homemaker <input type="checkbox"/> retired  <input type="checkbox"/> unemployed</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. Gross Compensation as Reported on W-2(s). (Enclose W-2s) . . . . .	69560 .00	0 .00
2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE) . . . . .	0 .00	0 .00
3. Other Taxable Earned Income * . . . . .	0 .00	0 .00
<b>4. Total Taxable Earned Income</b> (Subtract Line 2 from Line 1 and add Line 3) . . . . .	<b>69560 .00</b>	<b>0 .00</b>
5. Net Profit (Enclose PA Schedules*) . . . . . NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>	0 .00	0 .00
6. Net Loss (Enclose PA Schedules*) . . . . .	0 .00	0 .00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero) . . . . .	0 .00	0 .00
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7) . . . . .	69560 .00	0 .00
9. <b>Total Tax Liability</b> (Line 8 multiplied by 0.7500) . . . . .	522 .00	0 .00
10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)	348 .00	0 .00
11. Quarterly Estimated Payments/Credit From Previous Tax Year . . . . .	0 .00	0 .00
12. Out-of-State or Philadelphia Credits (include supporting documentation) . . . . .	0 .00	0 .00
13. <b>TOTAL PAYMENTS and CREDITS</b> (Add Lines 10 through 12) . . . . .	<b>348 .00</b>	<b>0 .00</b>
14. <b>Refund</b> IF MORE THAN \$1.00, enter amount (or select option in 15) . . . . .	0 .00	0 .00
15. <b>Credit Taxpayer/Spouse</b> (Amount of Line 13 you want as a credit to your account) . . . . . <input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse	0 .00	0 .00
16. <b>EARNED INCOME TAX BALANCE DUE</b> (Line 9 minus Line 13) . . . . .	<b>174 .00</b>	<b>0 .00</b>
17. <b>Penalty after April 15*</b> (multiply Line 16 by ) . . . . .	0 .00	0 .00
18. <b>Interest after April 15*</b> (multiply Line 16 by ) . . . . .	0 .00	0 .00
19. <b>TOTAL PAYMENT DUE</b> (Add Lines 16, 17, and 18) . . . . .	<b>174 .00</b>	<b>0 .00</b>

\*See Instructions REV 04/06/21 PRO

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.		
YOUR SIGNATURE	SPOUSE'S SIGNATURE (If Filing Jointly)	DATE (MM/DD/YYYY)
PREPARER'S PRINTED NAME & SIGNATURE <b>RVSSMANIKUMARAPPANA</b>		PHONE NUMBER <b>(646) 727-7157</b>

**Make Check Payable To:** **Mail To:**



Declaration Control Number/Submission ID

Primary Taxpayer's Name ASHISH LABHSHANK RAVAL	Social Security Number 271-69-9228
Secondary Taxpayer's Name	Social Security Number

**SECTION I TAX RETURN INFORMATION – TAX YEAR ENDING DEC. 31, 2020 (whole dollars only)**

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	69,628
2. PA Tax Liability (Form PA-40, Line 12)	2.	2,138
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	
4. Refund (Form PA-40, Line 30)	4.	
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5.	3

**SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2020 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

**Primary Taxpayer's Personal Identification Number (PIN): (mark one oval only)**

- I authorize GLOBAL TAXES LLC to enter my PIN 99228 as my signature on my tax year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Secondary Taxpayer's PIN: (mark one oval only)**

- I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature on my tax year 2020 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Practitioner PIN Program Participants Only – Continue Below**

**SECTION III CERTIFICATION AND AUTHENTICATION**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 587278 / 61989

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2020 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature \_\_\_\_\_ Date \_\_\_\_\_

**ERO must retain this form and the supporting documents for three years.**

**DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE**

Name  
ASHISH LABHSHANK RAVAL

Social Security Number  
271-69-9228

**Federal Forms W-2**

# of W2	* N T / T X B L	TS	N R H	Employer Name  Employer identification number from box B	Federal wages from box 1  Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1		T		RANDSTAD PROFESSIONALS US LLC 26-3305087	69,560. 3,040.	69,560. 0.	NJ

	Taxpayer	Spouse
Pennsylvania W-2 . . . . .	69,560.	0.
Pennsylvania W-2 to Schedule NRH, line 9 . . . . .		
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Non-Pennsylvania W-2 to Schedule SP, line 6 . . . . .		
Withholding . . . . .	0.	

**Federal Forms W-2: Local Tax**

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
1		T	26-3305087	150402-67	69,560.	348.	PA

	Taxpayer	Spouse
Pennsylvania Local W-2 . . . . .	69,560.	
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Withholding . . . . .	348.	

**Excess Reimbursements**

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements . . . . .		

**Miscellaneous Compensation from Federal Forms 1099MISC, 1099K, 1099NEC, and other statements**

*	Payer Name	Payer EIN	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

**Pennsylvania Payment type:**

- |                                                                           |                                                                              |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>A</b> Executor fee                                                     | <b>H</b> Other nonemployee compensation.<br>Describe: _____                  |
| <b>B</b> Jury duty pay                                                    | <b>I</b> Employer sponsored retirement/pension/deferred compensation plan    |
| <b>C</b> Director's fee                                                   | <b>J</b> Distribution from IRA (Traditional or Roth)                         |
| <b>D</b> Expert witness fee                                               | <b>K</b> Distribution from Life Insurance, Annuity or Endowment Contracts    |
| <b>E</b> Honorarium                                                       | <b>L</b> Distribution from Charitable Gift Annuities                         |
| <b>F</b> Covenant not to compete                                          | <b>M</b> Distribution from Employee Stock Ownership Plan.<br>Describe: _____ |
| <b>G</b> Damages or settlement for lost wages, other than personal injury | <b>N</b> Fiduciary fees from a trust                                         |
|                                                                           | <b>O</b> Other income not listed above<br>Describe: _____                    |

	Taxpayer	Spouse
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC.	_____	_____
Withholding . . . . .	_____	_____

**Compensation from Federal Forms 1099R**

*	Payer's EIN Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

**Pennsylvania Distribution type:**

- |                                                                                               |                                                         |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>N</b> No entry                                                                             | <b>I22</b> I'm not eligible yet; plan is eligible in PA |
| <b>I31</b> PA school, state, or municipal employee plan                                       | <b>J1</b> Traditional or Roth IRA; I'm over 59.5        |
| <b>I11</b> United Mine Workers pension                                                        | <b>J2</b> Traditional or Roth IRA; I'm under 59.5       |
| <b>I32</b> Military pension                                                                   | <b>K2</b> Non-qualified deferred compensation plan      |
| <b>I33</b> U.S. Civil service retirement/disability/annuity                                   | <b>K3</b> Life insurance or endowment                   |
| <b>K1</b> Annuity or Non-civil service disability (including Qual Joint Survivorship Annuity) | <b>L</b> Distribution from Charitable Gift Annuities    |
| <b>I21</b> Early distribution from a retirement plan                                          | <b>M1</b> ESOP: Allocated ESOP Stock Dividend           |
| <b>I12</b> Rollover                                                                           | <b>M2</b> ESOP: Non-Allocated ESOP Stock Dividend       |
| <b>I13</b> I'm eligible; plan is eligible (no PA tax)                                         | <b>M3</b> KSOP: Taxable ESOP within a 401(k)            |
|                                                                                               | <b>M4</b> KSOP: Nontaxable ESOP within a 401(k)         |

	Taxpayer	Spouse
Distribution from Life Insurance, Annuity, Endowment Contracts or . . . . . ineligible retirement plans (see Tax Help FAQ's for more info) . . . . .	_____	_____
Distribution from Charitable Gift Annuities . . . . .	_____	_____
Compensation from Form 1099R (eligible retirement plans) . . . . .	_____	_____
Withholding . . . . .	_____	_____

**Total Gross Compensation**

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a . . . . .	69,560.	0.
Total Schedule NRH gross compensation to PA-40, line 12 . . . . .	_____	_____
Withholding to Form PA-40 line 13 . . . . .	0.	_____

Total gross compensation to Form PA-40 line 1a . . . . . 69,560.

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.