

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name TRINADH VARMA PENUMATCHA	Social security number 040-51-0822
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, (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.

1 Adjusted gross income	1	126,331.
2 Total tax	2	21,394.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	23,282.
4 Amount you want refunded to you	4	1,888.
5 Amount you owe	5	

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

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

Taxpayer's PIN: check one box only

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

1	0	8	2	2
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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
---	---	---	---	---	---	---	---	---	---	---

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: TRINADH VARMA
Last name: PENUMATCHA
Your social security number: 040-51-0822
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 1218 POWDERHORN PL
Apt. no.:
City, town, or post office: PISCATAWAY
State: NJ
ZIP code: 08854
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

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

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	21,394.
17	Amount from Schedule 2, line 3	17	0.
18	Add lines 16 and 17	18	21,394.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	21,394.
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	21,394.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	23,282.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	23,282.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	23,282.

• 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	1,888.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,888.
b	Routing number 021200339	c	Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings
d	Account number 381052783544		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation SAS PROGRAMMER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	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 02/18/2021	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
TRINADH VARMA PENUMATCHA

Your social security number
040-51-0822

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ <u>Other Income from box 3 of 1099-Misc</u> 16.	8	16.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	16.

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 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 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
TRINADH VARMA PENUMATCHA

Your social security number
040-51-0822

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)

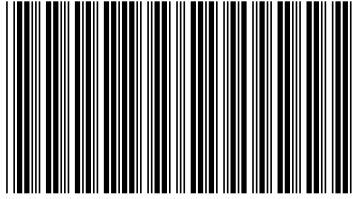
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a 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 .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	32,811.	39,136.	3,490.	-2,835.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). 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				7 -2,835.

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)
8a 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 .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	1,437.	666.		771.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 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				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 287.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 1,058.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	-1,777.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(1,777.)
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		



040MP01200

For Privacy Act Notification, See Instructions

Your Social Security Number (required)
040510822

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
PENUMATCHA TRINADH VARMA

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

County/Municipality Code (See Table page 50)
1212

Home Address (Number and Street, including apartment number)
1218 POWDERHORN PL

City, Town, Post Office
PISCATAWAY

State ZIP Code
NJ 08854

Driver's License Number (Voluntary) (See instructions)
P25977508503921

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

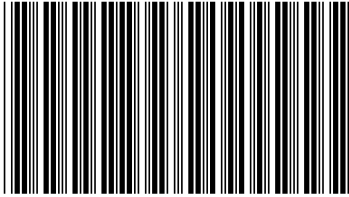
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

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

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2. Account type (C for checking, S for savings)	dd2.	S	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4. Routing number	dd4.		021200339
dd5. Account number	dd5.		381052783544





040MP02200

Name(s) as shown on Form NJ-1040
PENUMATCHA TRINADH VARMA

Your Social Security Number
040510822

1555

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

Fiscal year filers only:
Enter month of your year end 2 0 2 1

Filing Status
Fill in only one.

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

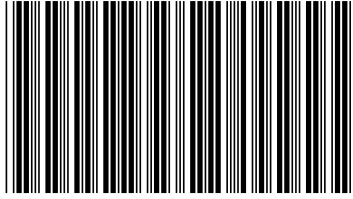
Exemptions

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

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1955 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$6,000 =	_____
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 =	_____
11. Other Dependents	<input type="checkbox"/>					x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	<u>1000</u> .

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

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____			
b.	_____			
c.	_____			
d.	_____			



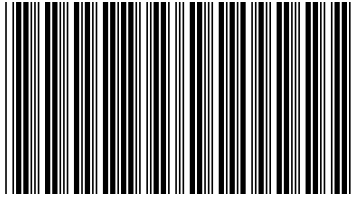
040MP03200

Name(s) as shown on Form NJ-1040
PENUMATCHA TRINADH VARMA

Your Social Security Number
040510822

1555

15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	129858	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	.
17. Dividends	17.	731	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	.	.
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	.	.
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	.	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	.
24. Net Gambling Winnings (See instructions)	24.	.	.
25. Alimony and Separate Maintenance Payments received	25.	.	.
26. Other (Enclose documents) (See instructions)	26.	16	.
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	130605	.
28a. Retirement/Pension Exclusion (See instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet D and instructions page 19)	28b.	.	.
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	.	.
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	130605	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000	.
31. Medical Expenses (See Worksheet F and instructions)	31.	.	.
32. Alimony and Separate Maintenance Payments (See instructions)	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	.
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000	.
38. Taxable Income (Subtract line 37 from line 29)	38.	129605	.
39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	.	.
39b. Block	.	.	.
39b. Lot	.	.	.
39b. Qualifier			Fill in if you completed Worksheet G
39c. County/Municipality Code			
39d. Indicate your residency status during 2020 (fill in only one)	Homeowner	Tenant	Both
40. Property Tax Deduction (From Worksheet H) (See instructions)	40.	.	.
41. New Jersey Taxable Income (Subtract line 40 from line 38)	41.	129605	.
42. Tax on Amount on line 41 (Tax Table page 52)	42.	6130	.
43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	.	.
Enter Code			
44. Balance of Tax (Subtract line 43 from line 42)	44.	6130	.
45. Child and Dependent Care Credit (See instructions)	45.	.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
46. Sheltered Workshop Tax Credit	46.	.	.
47. Gold Star Family Counseling Credit (See instructions)	47.	.	.
48. Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	.	.
49. Total credits (Add lines 45 through 48)	49.	.	.
50. Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry	50.	6130	.
51. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0	.
52. Interest on Underpayment of Estimated Tax	52.	.	.
Fill in if Form NJ-2210 is enclosed			



040MP04200

Name(s) as shown on Form NJ-1040
PENUMATCHA TRINADH VARMA

Your Social Security Number
040510822

1555

53. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in X	53.	0	.
54. Total Tax Due (Add lines 50 through 53)	54.	6130	.
55. Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	55.	6664	.
56. Property Tax Credit (See instructions page 23)	56.	.	.
57. New Jersey Estimated Tax Payments/Credit from 2019 tax return	57.	.	.
58. New Jersey Earned Income Tax Credit (See instructions) Fill in if you had the IRS calculate your federal earned income credit Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit	58.	.	.
59. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	150	.
60. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.	.
61. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	.	.
62. Wounded Warrior Caregivers Credit (See instructions)	62.	.	.
63. Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	.	.
64. Total Withholdings, Credits, and Payments (Add lines 55 through 63)	64.	6814	.
65. If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 and enter the amount you owe If you owe tax, you can still make a donation on lines 68 through 75.	65.	.	.
66. If the total on line 64 is more than line 54, you have an overpayment. Subtract line 54 from line 64 and enter the overpayment	66.	684	.
67. Amount from line 66 you want to credit to your 2021 tax	67.	.	.
68. Contribution to N.J. Endangered Wildlife Fund \$10 \$20 Other	68.	.	.
69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse \$10 \$20 Other	69.	.	.
70. Contribution to N.J. Vietnam Veterans' Memorial Fund \$10 \$20 Other	70.	.	.
71. Contribution to N.J. Breast Cancer Research Fund \$10 \$20 Other	71.	.	.
72. Contribution to U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other	72.	.	.
73. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	73.	.	.
74. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	74.	.	.
75. Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	75.	.	.
76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)	76.	.	.
77. Balance due (If line 65 is more than zero, add line 65 and line 76)	77.	.	.
78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66)	78.	684	.

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

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

Paid Preparer's Signature Federal Identification Number

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

GLOBAL TAXES LLC **30-1017196**

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

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

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2020

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)	(b)	(c)	(d)	(e)	(f)
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)
	ROBNINHOOD SECURITIES LLC	03/18/2020	11/01/2020	28,758.	30,339.	-1,581.
	APEX CLEARING	08/26/2020	12/14/2020	4,053.	5,307.	-1,254.
	ROBNINHOOD SECURITIES LLC	09/18/2018	10/01/2020	1,425.	464.	961.
	VANGUARD BROKERAGE	01/19/2018	10/01/2020	9.	198.	-189.
	APEX CLEARING	08/26/2020	08/28/2020	3.	4.	-1.
2.	Capital Gains Distributions					287.
3.	Other Net Gains.....					
4.	Net Gains (Add lines 1, 2, and 3.) (Enter here and on line 19. If loss, enter ZERO here and make no entry on line 19.).....					0.

Schedule NJ-WWC

Wounded Warrior Caregivers Credit

2020

<p>Did you provide care for a relative who was a qualifying armed services member (see instructions)? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If "Yes," enter the name and Social Security number of the qualifying service member.</p> <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> Last Name, First Name, Initial Social Security number </p> <p>Enter your relationship to the qualifying service member.</p> <p>_____</p> <p>If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry on line 62, NJ-1040.</p>			
1. Enter the federal disability compensation of the armed services member	1.		
2. Maximum credit allowed	2.	675	00
3. Enter the lesser of line 1 or line 2	3.		
4. Were you the only caregiver for this service member during the tax year? <input type="radio"/> Yes <input type="radio"/> No If "No," enter your share (percentage) of the total care expenses for the year.	4.		%
5. If you answered "Yes" at line 4, enter the amount from line 3 here and on line 62, NJ-1040. If you answered "No" at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040	5.		

Keep a copy of this schedule for your records

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

PART I Income (Loss)		Column A			Column B		
		Reportable Regular Business Income			Alternative Business Income (Loss)		
1.	Net Profits From Business	1a.	0.	1b.	0.		
2.	Distributive Share of Partnership Income	2a.	0.	2b.	0.		
3.	Net Pro Rata Share of S Corporation Income	3a.	0.	3b.	0.		
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.	4b.	0.		
5.	Loss Carryforward From Tax Year 2019			5b.	(6,050.)	
6.	Totals	6a.	0.	6b.	-6,050.		
PART II Adjustment Calculation							
7.	Total Regular Business Income	7.	0.				
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	0.				
9.	Business Increment (Line 7 minus line 8)	9.	0.				
10.	Adjustment Percentage	10.	0.50				
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.	0.				
PART III Loss Carryforward to Tax Year 2021							
12.	Loss Carryforward to Tax Year 2021			12.	(6,050.)	

Instructions

- Line 1a. Enter the amount from line 18, Form NJ-1040.
- Line 1b. Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from line 21, Form NJ-1040.
- Line 2b. Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from line 22, Form NJ-1040.
- Line 3b. Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from line 23, Form NJ-1040.
- Line 4b. Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from line 12 of your 2019 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of lines 1a through 4a.
- Line 6b. Enter the total of lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from line 6a of this schedule.
- Line 8. Enter the amount from line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract line 8 from line 7. If the result is zero, enter zero on line 11 and continue with line 12.
- Line 10. The adjustment percentage for Tax Year 2020 is 50% (0.50).
- Line 11. Multiply the amount on line 9 by 50% (0.50). Enter here and on line 35 of Form NJ-1040.
- Line 12. If the amount on line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Name(s) as shown on Form NJ-1040

Social Security Number

Form NJ-2450**Employee's Claim for Credit For Excess UI/WF/SWF,
Disability Insurance, and/or Family Leave
Insurance Contributions for Calendar Year 2020****2020**

To claim this credit, you must complete the items below using the information from your W-2 forms. Enclose this form and the W-2s with your New Jersey State Income Tax return. Any items not substantiated by a W-2 or any information that is incomplete will cause the claim to be rejected. The amount withheld for unemployment insurance/workforce development partnership fund/supplemental workforce fund, disability insurance, and family leave insurance must be reported separately on all W-2 statements.

Note on Joint NJ-1040 return: Each spouse/CU partner must file a separate Form NJ-2450 when claiming a refund for excess contributions.

Claimant Name: PENUMATCHA, TRINADH VARMA Claimant SSN: 040-51-0822

Address: 1218 POWDERHORN PL

City: PISCATAWAY State: NJ ZIP Code: 08854

TAKE ALL INFORMATION FROM YOUR W-2 FORMS. If the amount deducted by any one employer exceeds the maximum for either UI/WF/SWF, disability insurance, or family leave insurance, enter the maximum in the appropriate column(s) and contact that employer for a refund of the balance of the deduction.		COLUMN A UI/WF/SWF DEDUCTED	COLUMN B DISABILITY INSURANCE DEDUCTED	COLUMN C FAMILY LEAVE INSURANCE DEDUCTED
1A.	Employer's Name: <u>STATMINDS LLC</u> Fed. Emp. I.D.#: <u>26-2634783</u> Private Plan#: _____ Wages: <u>60,544.</u>	150.00	157.00	97.00
B.	Employer's Name: <u>TECHDATA SERVICE COMPANY, LLC</u> Fed. Emp. I.D.#: <u>23-3064123</u> Private Plan#: _____ Wages: <u>69,314.</u>	150.00	180.00	111.00
C.	Employer's Name: _____ Fed. Emp. I.D.#: _____ Private Plan#: _____ Wages: _____			
D.	Employer's Name: _____ Fed. Emp. I.D.#: _____ Private Plan#: _____ Wages: _____			
E.	Employer's Name: _____ Fed. Emp. I.D.#: _____ Private Plan#: _____ Wages: _____			
F.	*If additional space is required, enclose a rider and enter the total on this line.			
2.	Total Deducted. Add lines 1A through 1F. Enter here.	300.00	337.00	208.00
3.	Correct UI/WF/SWF, Disability Insurance, and/or Family Leave Deductions.	150.03	350.74	215.84
4.	Subtract line 3 column A from line 2 column A. Enter on line 59 of the NJ-1040.	150.		
5.	Subtract line 3 column B from line 2 column B. Enter on line 60 of the NJ-1040.			
6.	Subtract line 3 column C from line 2 column C. Enter on line 61 of the NJ-1040.			

I hereby apply for a credit for worker contributions deducted in excess of \$150.03 for NJ UI/WF/SWF and/or in excess of \$350.74 for NJ Disability Insurance and/or in excess of \$215.84 for NJ Family Leave Insurance deductions by reason of having received wages from two or more employers during the above calendar year and hereby submit the following statement of wages and deductions.

Claimant's Signature: _____ Date: _____

Other Income Statement

2019

Name <u>PENUMATCHA, TRINADH VARMA</u>	Social Security No. <u>040-51-0822</u>
--	---

	Income from all sources	Income attributed to New Jersey (part-year resident or non- resident only)
1 Prizes and awards (enter source): _____ _____ _____		
2 Income in respect of a decedent (Enter name and social security number of the deceased): _____ _____ _____		
3 Income from estates and trusts: _____ _____ _____		
4 Scholarships and fellowships (Enter name and identification number of grantor): _____ _____ _____		
5 Alternative Trade Adjustment Assistance payments: _____ _____ _____		
6 Residential rental value or allowance paid by employer (enter name and identification number): _____ _____ _____		
7 Jury duty pay		
8 Bartering income		
9 Reserved		
10 Substitute payments		
11 Income from REMICS		
12 Reimbursement for deducted medical expenses		
13 Recoveries of bad debts		
14 Income from the rental of personal property		
15 Income from "not for profit" activities (hobbies):		
16 Other: <u>APEX CLEARING</u>	16.	
17 Total	16.	

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

Name as Shown on Return PENUMATCHA, TRINADH VARMA	Social Security No. 040-51-0822
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Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2019? (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

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

Part II

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

QuickZoom to Shared Responsibility Payment Calculation Worksheet ➔ _____

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

Additional information from your 2020 New Jersey Tax Return

Form NJ-1040: Income Tax Resident Return

Other

Continuation Statement

NatureOfPrizeSource	Amount
APEX CLEARING	16