E <b>1040</b>		artment of the Treasury-Internal Revenue Servi S. Individual Income Tax		(99) <b>urn</b>	20	20	OMB No. 1545	5-0074	IRS Us	e Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single D Married filing jointly but checked the MFS box, enter the n son is a child but not your dependent	ame of	-	separately ouse. If you		_			,		, 0	ow(er) (QW) ne qualifying
Your first name	and m	iddle initial	Last na	ime							Your so	cial securi	ty number
AKHILA			POLU	J							095-	69-874	1
lf joint return, s	pouse's	s first name and middle initial	Last na	ime							Spouse	's social se	curity number
Home address 60 ARCAI		er and street). If you have a P.O. box, see RD	instructi	ons.				A I	Npt. no. J		Check	here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	ite	ZIP co	de				ntly, want \$3 Checking a
HACKENS	ACK					N	J	076	01			low will not	•
Foreign country	/ name			Foreign p	rovince/stat	e/coun	ty	Foreig	n postal	code	your ta	our tax or refund.	
At any time du	ring 20	020, did you receive, sell, send, excł	nange, o	or otherv	vise acqui	re any	financial intere	est in a	ny virtu	ial cu	rrency?		X No
Standard Deduction Age/Blindness		eone can claim:	n or you		dual-statu			rn befo	ore Jani	uary 2	2, 1956	🗌 ls b	lind
Dependents	s (see	instructions):		(2)	Social secu	rity	(3) Relationsh	nip	(4)	/ if q	ualifies fo	or (see instru	ictions):
If more		irst name Last name			number		to you		Child			1	her dependents
than four													
dependents, see instruction													
and check	5												
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach F	orm(s)	W-2 .							. 1		76,054.
Attach	<b>2</b> a	Tax-exempt interest	2a			bТ	axable interes	t.			. 2t	<b>)</b>	
Sch. B if required.	3a	Qualified dividends	3a			bС	Ordinary divide	nds .			. 3k	)	0.
	4a	IRA distributions	4a			bТ	axable amoun	ıt			. 4k	>	
	5a	Pensions and annuities	5a			bТ	axable amoun	ıt			. 5t	)	
Standard	6a	Social security benefits	6a			bΤ	axable amoun	ıt			. 6t	)	
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	7	Capital gain or (loss). Attach Schee	dule D i	f require	d. If not re	quired	, check here				_ 7		2.
Married filing	8	Other income from Schedule 1, lin									. 8		-5,900.
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. 1	This is yo	our <b>total ir</b>	come				•	▶ 9	_	70,156.
<ul> <li>Married filing iointly or</li> </ul>	10	Adjustments to income:					1						
Jointly or Qualifying	а	From Schedule 1, line 22	· ·				10	а			_		
widow(er), \$24,800	b	Charitable contributions if you take	the star	ndard de	duction. S	ee inst	ructions 10	b					
Head of	С	Add lines 10a and 10b. These are	your <b>to</b>	tal adjus	stments to	o incol	me			•	► 10	_	
household, \$18,650	11	Subtract line 10c from line 9. This	is your	adjusteo	d gross in	come				•	► <u>11</u>		70,156.
<ul> <li>If you checked any box under</li> </ul>	12	Standard deduction or itemized											12,400.
Standard	13	Qualified business income deduction											
Deduction, see instructions.	14	Add lines 12 and 13											12,400.
	15	Taxable income. Subtract line 14	trom lir	ne 11. lf :	zero or les	s, ente	er-0				. 15	5	57,756.

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

Form **1040** (2020)

	16 17	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		1	6	8,501.
	17									
		Amount from Schedule 2, lin	e3					1	7	
	18	Add lines 16 and 17						1	8	8,501.
	19	Child tax credit or credit for	other dependent	ts				1	9	
	20	Amount from Schedule 3, lin	e7					2	20	
	21	Add lines 19 and 20						2	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				2	2	8,501.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 10 .			2	3	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 🕨 🔤	.4	8,501.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	10,3	327.		
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						2	5d	10,327.
• If you have a	26	2020 estimated tax payment						2	6	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			<sup>No</sup> .	27				
<ul> <li>If you have</li> </ul>	28	Additional child tax credit. At	ttach Schedule 8	3812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lin	e13			31				
	32	Add lines 27 through 31. The	ese are your <b>tota</b>	al other paym	ents and refund	able cred	ts	. 🕨 🖪	2	
	33	Add lines 25d, 26, and 32. The second	hese are your <b>to</b>	tal payments				. 🕨 3	3	10,327.
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amou	int you <b>ov</b> e	erpaid .	3	4	1,826.
	35a	Amount of line 34 you want			is attached, che	eck here	🕨	► 🗌 🔄	5a	1,826.
Direct deposit?	►b	Routing number 0 4 4			► c Type: 🕨	Checkin	g 🗌 Sav	vings		
See instructions.	►d	Account number 1 5 0								
	36	Amount of line 34 you want a	applied to your :	2021 estimate	ed tax 🕨	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>ame</b>	ount you owe	now			. 🕨 🖪	7	
You Owe		Note: Schedule H and Sche	edule SE filers,	line 37 may r	ot represent all	of the tax	es you ow	e for		
For details on how to pay, see		2020. See Schedule 3, line 1	-							
instructions.	38	Estimated tax penalty (see in								
Third Party		you want to allow another					<b>X</b> 0			
Designee		tructions						•		X No
		signee's ne ►		Phone no.			number	l identificati (PIN) ►		
Sign	Un	der penalties of perjury, I declare tl	hat I have examine	d this return and	accompanying sc	nedules and	statements,	and to the	best	of my knowledge and
•	bel	ief, they are true, correct, and com							pare	r has any knowledge.
Here	Yo	ur signature		Date	Your occupation			If the IRS		t you an Identity
	Ν							Protectio		N, enter it here
Joint return? See instructions.	-	ouse's signature. If a joint return, <b>b</b>	ath must sign	Date	SOFTWARE		ER		Ĺ	
Keep a copy for	Sp	ouse's signature. It a joint return, p	oun must sign.	Dale	Spouse's occupa	lion				t your spouse an ction PIN, enter it here
your records.								(see inst.	) ►	
	Ph	one no.		Email address	akhilapol	u@gmai	l.com			
Deid	Pre	eparer's name	Preparer's signat	ure	± -	Date		TIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	1 09/24	/2021   P(	0208270	)3	Self-employed
Preparer	Fin	m's name ► GLOBAL TAX	KES LLC					Phone no	э. (	678)965-9522
Use Only	Fin	m's address ► 2530 Pebbl	le Creek L	n Cumming	g GA 30041			Firm's El		
Ca ta ununu ira a	ov/Forn	1040 for instructions and the lates	st information.		BAA	REV 08/	30/21 PRO			Form <b>1040</b> (2020)

SCHEDULE	1
(Form 1040)	

## Additional Income and Adjustments to Income

OMB No. 1545-0074

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

۱.		Attachment Sequence No. <b>01</b>				
	Your soci	al security number				
	005 60	0 1 1				

 Department of the Treasury Internal Revenue Service
 ► Go to www.irs.gov/F

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

 AKHILA POLU

095-69-8741

### Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
<b>2</b> a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,900.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►		
		8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
_	line 8	9	-5,900.
Par	t 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		
с	Date of original divorce or separation agreement (see instructions)		
19		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 <b>adjustments to income.</b> Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 08/30/21 PRO		e 1 (Form 1040) 2020

## SCHEDULE D

(Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

▶ 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.

2020 Attachment Sequence No. 12

Name(s) shown on return

Department of the Treasury

Internal Revenue Service (99)

Your social security number

AKHILA POLU

095-69-8741

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

lines This	nstructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, columr	from Part I,	(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 <b>Box A</b> checked	24.	22.			2.
2	Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions		•	-	6	( )
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	through 6 in colu	mn (h). If you have	e any long-	7	2.

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

This forms may be assign to assure late if you round off contaits		<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(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 <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.					
12	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824	ions, estates, and	trusts from Sched	dule(s) K-1	11 12	
13 14	Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any				13	
15	Worksheet in the instructions	o to Part III	14 15	()		

Par	III Summary	· · · · · · · · · · · · · · · · · · ·
16	Combine lines 7 and 15 and enter the result	16 2.
	<ul> <li>If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7.</li> <li>Then, go to line 17 below.</li> </ul>	
	• 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.	
	• 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.	
17	Are lines 15 and 16 <b>both</b> gains?	
	X No. Skip lines 18 through 21, and go to line 22.	
18	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	18
19	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	19
20	<ul> <li>Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</li> <li>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.</li> </ul>	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	The loss on line 16; or     (\$3,000), or if married filing separately, (\$1,500)	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	X No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	
	REV 08/30/21 PRO	Schedule D (Form 1040) 2020

Form	8949
1 01111	

## Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

20

Department of the Treasury Internal Revenue Service ► Go to 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.

 x, x, xb, y, and 10 of Schedule D.
 Sequence No. 12A

 Social security number or taxpayer identification number

Name(s) show	vn on return		
AKHILA	POLU		

095-69-8741	
0/0/0/11	

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.

X (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 Date acquired Date sold of Proceeds See the Note of				Adjustment, if If you enter an enter a co See the sep	<b>(h)</b> Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Crypto LLC	06/12/20	06/15/20	1.	1.			0.
Robinhood Securities LLC	06/19/20	09/04/20	23.	21.			2.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), <b>lir</b>	lude on your 1e 2 (if Box B	24.	22.			2.

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.

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

Namedy before         Your scalal security number           RXHILLA POLJ         Your scalal security number           RXHILLA POLJ         Partial           Income or Loss From Rental Real Estate and Royalties         Note: If you are in the business of renting personal property, test scalar scala		ent of the Treasury Revenue Service (99)	Go to www.irs.gov/ScheduleE fe							Attac	hment ence No. <b>13</b>
Attilitize         Poilt         095-69-8741           PartU         Income or Loss From Rental Real Estate and Royalties         Note: If you are in the builness of renting personal property, us           A Did you make any payments in 2020 that would require you to file Form[§ 1099?		. ,									
Income or Loss From Rental Real Estate and Reyalties       Note: If you are in the business of contring personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4836 on page 2, line 40.         A Did you make any payments in 2020 that would require you to file Form[5] 10997. See instructions       Image: See instruction	. ,										•
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         □ Yes <th>-</th> <th></th> <th>From Rental Real Estate and Ro</th> <th>valtie</th> <th>s Note</th> <th>: If you</th> <th>are in th</th> <th>e business of</th> <th></th> <th></th> <th></th>	-		From Rental Real Estate and Ro	valtie	s Note	: If you	are in th	e business of			
A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions       □       Ves       I         B If "Yes," did you or will you file required Form(s) 1099?       □       □       I       Physical address of each property (street, city, state, 2IP code)       □       □       I       Physical address of each property (street, city, state, 2IP code)       □       □       □       □       □       I       Physical address of each property (street, city, state, 2IP code)       □ <t< th=""><td>T are</td><td></td><td></td><td>-</td><td></td><td>•</td><td></td><td></td><td></td><td></td><td></td></t<>	T are			-		•					
B If "Yes," did you or will you file required Form(s) 1099?       Yes       I         1a       Physical address of each property (street, city, state, 2IP code)       A         A       KHALRITARAD HYDERABAD TELANGANA IN S00004         B       above, report the number of fair rental and personal use days. Check the QV box only from list below)       A 3.       B       C         A       3.       gualified joint venture. See instructions.       A 3.65       0       C         C       If you meet the requirements to file as a gualified joint venture. See instructions.       B       C       C       C         Single Family Residence       3 Vacation/Short-Term Rental 5 Land       7 Self-Rental       C       C       C         Single Family Residence       4 Commercial       6 Royatties       8 Other (describe)       C       C       C       C         Income:       Properties:       A       B       C											
1a       Physical address of each property (street, city, state, Z/P code)         A       XHAIRTABAD HYDERABAD TELANGANA IN 500004         B       C       Pair Rental       Personal Use personal use days. Check the QV tox only. A 3 d65 0       QUV         A       3       Personal Use days. Check the QV tox only. A 3 d65 0       A 3 d65 0       QUV         Type of Property:       3       Vou meet the requirements to file as a qualitied joint venture. See instructions.       A 3 d65 0       QUV         Type of Property:       1       Single Family Residence       4       Commercial       For Properties:       A       B       C         1 Single Family Residence       4       Commercial       For Properties:       A       B       C         3       Get Instructions       3       650.       4       B       C         3       Rents received       3       650.       4       B       C         4       Royattis received       4       B       C       C         5       Advertising       5       4       B       2         6       11       800.       2       2       2         6       11       800.       2       2       2       2       2											
A       KHAIRTABAD       HYDERABAD       TELANGANA       IN       500004         B       C       Fair Rental       Personal Use Days       Days										••□	
B       C       Fair Rental       Personal Use days. Check the QJV loss of the low or property listed approximation are days. Check the QJV loss of the low or sonth the QJV loss of the QJV lose of the QJV loss of the QJV loss of the QJV loss o					7)						
C       Type of Property (from list below)       2       For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QM box only       A       365       0			ERADAD TELANGANA IN 5000	501							
Ib       Type of Property (from list below)       2       For each rental real estate property listed boxe, sport the number of fair prenial and generating use days. Check the QJV box only if you meet the requirements to file as an qualified joint venture. See instructions.       Fair Rental Days       Personal Use Days       QJV Days         0											
Image: construction of the number of fair rental and personal use days. Check the GUV box only qualified joint venture. See instructions.       Days       Days       CUV         A       3       a 55       0       □         genome and use days. Check the GUV box only qualified joint venture. See instructions.       A 365       0       □         Type of Property:       1       Single Family Residence       3 Vacation/Short-Term Rental 5 Land       7 Self-Rental         2       Multi-Family Residence       4 Commercial       6 Royalties       8 Other (describe)         Income:       Properties:       A       B       C         3       Rents received       3       650.       4         4       Boyalties received       4       -         5       Advertising       5       -       -         6       Auto and travel (see instructions)       6       -       -         7       1,000.       8       Commissions.       8       -         9       -       10       -       -       -         12       -       13       -       -       -         13       Other interest paid to banks, etc. (see instructions)       11       800.       -         14		Type of Property	2 Ear and rantal real actate pror	oortuli	ictod		Fair	Rental	Perso	onal Use	
A       3       3       5       1         You meth the requirements to file as a qualified joint venture. See instructions.       A       3 65       0         Type of Property:       1       Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental         Jumiti-Family Residence       4 Commercial       6 Royatties       8 Other (describe)         Income:       Properties:       A       B       C         A dualified joint venture. See instructions.       3       650.       B       C         Income:       Properties:       A       B       C       C         A dualified point venture.       9			above, report the number of fa	ir rent	al and		-				QJV
C       C       □         Type of Property:       1 Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental         2 Multi-Family Residence       4 Commercial       6 Royalties       8 Other (describe)         Income:       Properties:       A       B       C         3 Rents received       .       .       3       650.       C         4 Royalties received       .       .       3       650.       C         5 Advertising       .       .       .       6       .       .         6 Auto and travel (see instructions)       .       .       6       .	Δ	. ,	personal use days. Check the	<b>O.IV</b> b	ox only-	Δ		-		•	
C       C       □         Type of Property:       1 Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental         2 Multi-Family Residence       4 Commercial       6 Royalties       8 Other (describe)         Income:       Properties:       A       B       C         3 Rents received       .       .       3       650.       C         4 Royalties received       .       .       3       650.       C         5 Advertising       .       .       .       6       .       .         6 Auto and travel (see instructions)       .       .       6       .			gualified joint venture. See inst	tructio	ns.			505		0	
Type of Property:         1 Single Family Residence       3 Vacation/Short-Term Rental 5 Land       7 Self-Rental 2         2 Multi-Family Residence       4 Commercial       6 Royatties       8 Other (describe)         Income:       Properties:       A       B       C         3 Rents received       .       .       3       650.       B         4 Royatties received       .       .       4       .       Expenses:         5 Advertising       .       .       .       .       .       .         6 Auto and travel (see instructions)       .       <		+			ŀ	_					
1 Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental         2 Multi-Family Residence       4 Commercial       6 Royatties       8 Other (describe)         income:       Properties:       A       B       C         3 Rents received       .       .       3       650.       C         4 Royatties received       .       .       4       .       .         Expenses:       5       .       .       .       .       .         5 Advertising       .       .       .       .       .       .         6 Auto and travel (see instructions)       .		of Property:				•					
2 Multi-Family Residence       4 Commercial       6 Royalties       8 Other (describe)         Income:       Properties:       A       B       C         3 Rents received			3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental			
Income:       Properties:       A       B       C         3       Rents received	-										
3       Rents received       3       650.         4       Royalties received       4         Expenses:       5       Advertising         5       Advertising       5         6       Auto and travel (see instructions)       6         7       Cleaning and maintenance       7         1       Cleaning and maintenance       7         1       Bursance       9         10       Legal and other professional fees       10         11       Management fees       11         12       Mortgage interest paid to banks, etc. (see instructions)       12         11       800.       11         12       Mortgage interest paid to banks, etc. (see instructions)       12         13       14       1,500.         14       1,250.       16         15       Supplies       16         19       Other (list) ▶       19         20       6,550.       21         21       -5,900.       23a         22       (-5,900)(()       (()         23a       Cotal of all amounts reported on line 3 for all rental properties       23a         23a       Total of all amounts reported on line 12 for all proper								_ ` <i>(</i>			С
4       Royalties received       4         Expenses:       5       Advertising         5       Advertising       5         6       Auto and travel (see instructions)       6         7       Cleaning and maintenance       7         9       10       10         8       9       10         10       Legal and other professional fees       10         11       Management fees       11         8       11       800         12       Mortgage interest paid to banks, etc. (see instructions)       12         13       Other interest       13         14       Repairs.       14         14       1,500       11         15       1,250       16         16       17       2,000         18       19       20         20       Total expenses. Add lines 5 through 19       20         21       -5,900       21         22       -5,900       23a         23e       650       23e         23e       650       23e         23a       650       23e         23a       650       23e         <	3	Bents received		3			650				•
Expenses:       5       Advertising       5         6       Auto and travel (see instructions)       5         6       Auto and travel (see instructions)       6         7       1,000.       8         9       Insurance       7         10       Legal and other professional fees       9         10       Legal and other professional fees       10         11       Management fees       11         13       Other interest.       11         14       Repairs.       14         15       1,250.       16         16       20       6,550.         18       Depreciation expense or depletion       18         19       20       6,550.         21       -5,900.       (())         23a       Cotal of all amounts reported on line 3 for all rental properties       23a         10       12       23a       650.         23a       Cotal of all amounts reported on line 4 for all properties       23a       650.         23a       Cotal of all amounts reported on line 12 for all properties       23a       650.         23a       Cotal of all amounts reported on line 20 for all properties       23a       6,550.				-							
5       Advertising       5											
6       Auto and travel (see instructions)       6       7       1,000.         7       1,000.       8       7       1,000.         8       9       10       10       10         10       Legal and other professional fees       9       10       11         11       Management fees       10       11       800.       11         12       Mortgage interest paid to banks, etc. (see instructions)       12       11       800.       11         13       0ther interest.       13       14       1,500.       15       1,250.       16         14       n,500.       15       1,250.       16       17       2,000.       16         14       n,500.       18       12       10       10       11       10       11	-			5							
7       Cleaning and maintenance       7       1,000.         8       Commissions.       8       9         9       Insurance       9       9         10       Legal and other professional fees       9       9         11       Management fees       10       11       800.         12       Mortgage interest paid to banks, etc. (see instructions)       12       12         13       Other interest.       13       14       1,500.         14       Repairs.       14       1,250.       16         15       Supplies       16       17       2,000.       18         19       Other (list) ▶       19       19       10       10         20       6,550.       21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -5,900.       12         21       -5,900.       22       (-5,900)(()       )(       12         23a       Total of all amounts reported on line 3 for all ropatties       23a       650.         23a       Total of all amounts reported on line 12 for all properties       23a       650.         23a       Total of all amounts reported on line 16 or				6							
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9       Insurance       9         10       Legal and other professional fees       11       800.         11       Management fees       11       800.         12       Mortgage interest paid to banks, etc. (see instructions)       12       11       800.         13       14       1,500.       12         14       1,500.       13       14       1,250.         15       Supplies       14       1,250.       16         17       Utilities       17       2,000.       18         10       10       10       11       800.         16       17       2,000.       16       17         17       2,000.       18       19       10         20       10       12       20       6,550.       21       -5,900.         21       -5,900.       21       -5,900.       23a       650.       23a       650.         21       0 other (list)       22       23a       650.       23a       650.         22       0 other other all real estate loss after limitation, if any, on Form 8582 (see instructions)       23a       650.       23a       650.       23a       650.       23a	8			8							
10       Legal and other professional fees       11       Management fees       11       800.         11       Mortgage interest paid to banks, etc. (see instructions)       12       11       800.       12         13       Other interest.       13       13       14       1,500.       15         14       Repairs.       14       1,500.       15       1,250.       16         14       Taxes       16       16       16       17       18       19       16       17       19       17       2,000.       18       19       16       17       19       17       2,000.       18       19       10	9			9							
11       Management fees       11       800.         12       Mortgage interest paid to banks, etc. (see instructions)       12       14         13       0ther interest.       13       14         14       Repairs.       14       1,500.       15         15       Supplies       14       1,500.       16         16       12       16       17       18         17       Utilities.       16       17       18         19       Other (list) ▶       19       19       10         20       6,550.       21       5,900.       12         21       -5,900.       12       10       10         22       (-5,900)(       )(       10       10         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.         23a       Total of all amounts reported on line 12 for all properties       23a       650.         23a       Total of all amounts reported on line 12 for all properties       23a       650.         23b       23a       650.       23b       23a       650.         24       Total of all amounts reported on line 12 for all properties       23a       650.	10			10							
12       Mortgage interest paid to banks, etc. (see instructions)       12	11			11			800.				
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15       Supplies       15       1,250.         16       Taxes       17       2,000.         17       Utilities       17       2,000.         18       Depreciation expense or depletion       17       2,000.         19       Other (list) ▶       18       19         20       Total expenses. Add lines 5 through 19       20       6,550.         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -5,900.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (-5,900)(         23a       650.       23a       650.         24       Cotal of all amounts reported on line 4 for all royalty properties       23a       6,550.         23a       Total of all amounts reported on line 12 for all properties       23a       650.         23b       C       23a       650.       23a         23b       C       23a       650.       23a         23b       C       23a       650.       23a         23c       C       23a       6,550.       23a         24       23a       6,550.       23a	14			14		1,	500.				
17       Utilities.       17       2,000.         18       Depreciation expense or depletion       18         19       Other (list) ▶       19         20       Total expenses. Add lines 5 through 19       20         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -5,900.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (-5,900.)         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.         b       Total of all amounts reported on line 12 for all properties       23a       650.         c       Total of all amounts reported on line 12 for all properties       23c       23d         c       Total of all amounts reported on line 20 for all properties       23d       23e       6,550.         24       Losses. Add positive amounts shown on line 21. Do not include any losses       24       25       5,90	15			15		1,	250.				
18       Depreciation expense or depletion       18       19         19       Other (list) ▶       19       19         20       Total expenses. Add lines 5 through 19       20       6,550         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -5,900         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (-5,900.)         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.         b       Total of all amounts reported on line 12 for all properties       23a       650.         c       Total of all amounts reported on line 12 for all properties       23a       650.         c       Total of all amounts reported on line 12 for all properties       23a       650.         c       Total of all amounts reported on line 12 for all properties       23a       650.         c       Total of all amounts reported on line 20 for all properties       23a       650.         c       Total of all amounts reported on line 20 for all properties       23a       6,550.         c       Total of all amounts reported on line 20 for all properties       23a       6,550.         c       Total of all	16	Taxes		16							
19       Other (list) ▶       19       19         20       Total expenses. Add lines 5 through 19       20       6,550.         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	17			17		2,	000.				
19       Other (list) ▶       19       19         20       Total expenses. Add lines 5 through 19       20       6,550.         21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	18	Depreciation expense	e or depletion	18							
21       Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198       21       -5,900.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (-5,900.)         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.         b       Total of all amounts reported on line 4 for all royalty properties       23a       650.         c       Total of all amounts reported on line 12 for all properties       23d       650.         d       Total of all amounts reported on line 18 for all properties       23d       6,550.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25 ( 5,90	19	Other (list)		19							
result is a (loss), see instructions to find out if you must file Form 6198	20	Total expenses. Add	lines 5 through 19	20		б,	550.				
file Form 6198       1       -5,900.         22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (-5,900.)(       )(         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.         b       Total of all amounts reported on line 4 for all royalty properties       23b       23c         c       Total of all amounts reported on line 12 for all properties       23c       23d         d       Total of all amounts reported on line 18 for all properties       23d       6,550.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       24	21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If								
22       Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)       22       (-5,900.)(       )(         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.         b       Total of all amounts reported on line 4 for all royalty properties       23b       23c         c       Total of all amounts reported on line 12 for all properties       23c       23d         d       Total of all amounts reported on line 18 for all properties       23d       6,550.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25       5,900			-								
on Form 8582 (see instructions)       22       ( -5,900.)(       )(         23a       Total of all amounts reported on line 3 for all rental properties       23a       650.         b       Total of all amounts reported on line 4 for all royalty properties       23b       23c         c       Total of all amounts reported on line 12 for all properties       23c       23d         d       Total of all amounts reported on line 18 for all properties       23d       23d         e       Total of all amounts reported on line 20 for all properties       23e       6,550.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25				21		-5,	900.				
23a       Total of all amounts reported on line 3 for all rental properties       23a       650.         b       Total of all amounts reported on line 4 for all royalty properties       23b       23b         c       Total of all amounts reported on line 12 for all properties       23c       23c         d       Total of all amounts reported on line 18 for all properties       23c       23d         e       Total of all amounts reported on line 20 for all properties       23e       6,550.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25	22										
b       Total of all amounts reported on line 4 for all royalty properties       23b         c       Total of all amounts reported on line 12 for all properties       23c         d       Total of all amounts reported on line 18 for all properties       23d         e       Total of all amounts reported on line 20 for all properties       23d         24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25		•			(	-5,9		(		)(	
c       Total of all amounts reported on line 12 for all properties       23c         d       Total of all amounts reported on line 18 for all properties       23d         e       Total of all amounts reported on line 20 for all properties       23e       6,550.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       25	23a				• •				650	0.	
d       Total of all amounts reported on line 18 for all properties       23d         e       Total of all amounts reported on line 20 for all properties       23e       6,550.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here       25				erties							
e       Total of all amounts reported on line 20 for all properties       23e       6,550.         24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here .       24				• •							
24       Income. Add positive amounts shown on line 21. Do not include any losses       24         25       Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here       25										_	
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . 25 ( 5,90							23e				
					-						
	25									25 (	5,900.
<b>26</b> Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result	26										
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> -5,9										26	-5,900.

**Supplemental Income and Loss** 

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

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

SCHEDULE E

(Form 1040)

OMB No. 1545-0074

20

2



### Payment by Credit Card

You may pay your 2020 New Jersey income taxes or make payment of estimated tax for 2021 by credit card by visiting the Division's website at <u>www.njtaxation.org</u> and selecting "Make a Payment".

### **Payment by E-Check**

You may pay your 2020 New Jersey income taxes or make a payment of estimated tax for 2021 by e-check. This option is available on the Division's Website at: <u>www.njtaxation.org</u>. Taxpayers who do not have access to the Internet can make a payment by calling the Division's Customer Service Call Center at 609-292-6400. **Do not use the payment voucher if you pay your taxes by e-check.** 

### Payment by Check

If you are paying your 2020 New Jersey income taxes, with your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111.

If you are paying your 2020 New Jersey income taxes, separate from your return, by check, be sure to enclose the payment voucher printed below with your check or money order. Mail to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 643, Trenton, NJ 08646-0643.

If you are making your first installment payment of estimated tax for 2021, use separate checks or money orders for each payment. Send your 2021 estimated tax payment with a NJ-1040-ES voucher to: State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 222, Trenton, NJ 08646-0222.

### **DO NOT CUT THIS PAGE**

New Jersey Gross Income Tax Resident Payment Voucher NJ-1040-V 095-69-8741 POLU POLU, AKHILA 60 ARCADIA RD, Apt. N HACKENSACK, NJ 07601

1555 2020

Make your check payable to 'State of New Jersey - TGI'. Write your social security # and tax year on your check.

State of New Jersey Division of Taxation Revenue Processing Center PO Box 643 Trenton, NJ 08646-0643

Enter amount of payment here:

1003.00







NJ-1040	
2020	
Page 1	

095698741



### 2020 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

1555

 $\cap 4$ MP01200

Your Social Security Number (required)

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.) POLU AKHILA

HACKENSACK

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

County/Municipality Code (See Table page 50) 0410

Home	Address (Number an	nd Stree	t, includin	g apartment number)
60	ARCADIA	RD	APT	Ν

City, Town, Post Office

State	ZIP Code
NJ	07601

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

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.

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.	4		
dd2. Account type (C for checking, S for savings)		dd2.			
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.			
dd4. Routing number		dd4.			
dd5. Account number		dd5.			

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



**Gubernatorial Elections Fund** 





NJ-1 2020 Page	2	P02200	Name(s) as shown on l POLU AKHI Your Social Security N 095698741	LA		1555
Part-v	year residents, provide months/days yo		esident during 2020:	Fiscal year	filers only:	
From				-	h of your year end	2021
Fill in 1. 2. 3. 4. 5.	<ul> <li>g Status only one.</li> <li>X Single Married/CU Couple, filing jo Married/CU Partner, filing se Head of Household Qualifying Widow(er)/Surviv Indicate the year of your spou</li> </ul>	parate return ving CU Partner	h: 2018 20	Enter spouse's/CU partner' 19	's SSN	
	aptions the ovals that apply. You must enter a total	in the boxes to the right an	d complete the calculation.			
6.	Regular	× Self	Spouse/CU Partner	Domestic Partner	1 x \$1,000 =	1000
7.	Senior 65+ (Born in 1955 or earlier)	Self	Spouse/CU Partner		x \$1,000 =	
8.	Blind/Disabled	Self	Spouse/CU Partner		x \$1,000 =	
9.	Veteran	Self	Spouse/CU Partner		x \$6,000 =	
10.	Qualified Dependent Children				x \$1,500 =	
11.	Other Dependents				x \$1,500 =	
12.	Dependents Attending Colleges (See	instructions)			x \$1,000 =	
13.	Total Exemption Amount (Add totals	from the lines at 6 thro	ough 12)		13.	1000 .
14. a.	Dependent Information. Provide the Last Name, First Name, Middle Initia	al	-	Social Security Number	Birth Year	No Health Insurance
b.						
c.						
d.						



Page 3



Name(s) as shown on Form NJ-1040 POLU AKHILA

Your Social Security Number 095698741

1555

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	76054	•
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.		•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.		•
17.	Dividends	17.		•
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.		•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	2	•
20a.	Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.		•
20b.	Excludable Pensions, Annuities, and IRA Withdrawals	20b.		•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.		•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.		•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.		•
24.	Net Gambling Winnings (See instructions)	24.		•
25.	Alimony and Separate Maintenance Payments received	25.		•
26.	Other (Enclose documents) (See instructions)	26.		•
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	76056	•
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.	76056	•
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.	75056	•
39a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	2160	•
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.	2160	•
41.	New Jersey Taxable Income (Subtract line 40 from line 38)	41.	72896	•
42.	Tax on Amount on line 41 (Tax Table page 52)	42.	2534	•
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.	2534	•
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.	2534	•
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



Page 4

Division Use:



Name(s) as shown on Form NJ-1040 POLU AKHILA

Your Social Security Number 095698741

1555

53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose	Schedule l	HCC and fi	ll in		53.	1651 .	•
54.	Total Tax Due (Add lines 50 through 53)					54.	4185 .	•
55.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)					55.	3182 .	•
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)					58.		•
	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							
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instr	uctions)				59.		•
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (S	ee instruct	ions)			60.		•
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450	) (See inst	ructions)			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.	3182 .	•
65.	5. If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 and enter the amount you owe					65.	1003 .	•
	If you owe tax, you can still make a donation on lines 68 through 75.							
66.	If the total on line 64 is more than line 54, you have an overpayment. Subtract	line 54 fro	om line 64 a	and enter th	he overpayment	66.		•
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.	1003 .	•
78.	Refund amount (If line 66 is more than zero, subtract line 76 from line 66)					78.		•

Under penalties of perjury, I declare that I have examined this Inco the best of my knowledge and belief, it is true, correct, and comple based on all information of which the preparer has any knowledge.				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	
Your Signature         Date         Spouse's/CU Partner's Signature (required if filing jointly)         Date				Trenton, NJ 08645-0111 Include Social Security number and make check or	
Paid Preparer's Signature		Federal Identification Number		money order payable to: State of New Jersey – TGI You can also make a payment on our website:	
SYAM PRIYA RAM SAGAR GUPTA	A TALLAM	P02082703		www.njtaxation.org Refund or No Tax Due Address	
Firm's Name		Firm's Federal Employer Identification	n Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555	
GLOBAL TAXES LLC		30-1017196		Trenton, NJ 08647-0555	

\_ 4 \_ REV 05/18/21 PRO \_\_\_\_5 \_\_\_\_

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Name(s) as shown on Form NJ-1040	Social Security Number
POLU, AKHILA	095-69-8741

## **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)	(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)			
	Robinhood Crypto LLC	06/12/2020	06/15/2020	1.	1.	0.			
	Robinhood Securities LLC	06/19/2020	09/04/2020	23.	21.	2.			
2.	Capital Gains Distributions								
3.	Other Net Gains								
4.	Net Gains (Add lines 1, 2, and 3.) entry on line 19.)					2.			

# Schedule NJ-WWCWounded Warrior Caregivers Credit2020

	Did you provide care for a relative who was a qualifying armed services member (see instructions)?	> Ye	s O No							
	If "Yes," enter the name and Social Security number of the qualifying service member.									
	Last Name, First Name, Initial Social Security number									
	Enter your relationship to the qualifying service member.									
			- 00 NU 4040							
	If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry	on iin T	e 62, NJ-1040.							
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?									
	O Yes O No									
	If "No," enter your share (percentage) of the total care expenses for the year.	4.		%						
5.	If you answered " <b>Yes</b> " at line 4, enter the amount from line 3 here and on line 62, NJ-1040.									
	If you answered " <b>No</b> " 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.								

Name(s) as shown on Form NJ-1040	Social Security Number
POLU, AKHILA	095-69-8741

## Schedule NJ-BUS-1 (Form NJ-1040)

## New Jersey Gross Income Tax Business Income Summary Schedule

2020

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

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

Pa	art III Net Pro Rata Share of S Corp	poration Income		st the pro rata share of income (usable ss) 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 (Add lines 1, 2, and 3.) (Enter here and on line 2 If loss, make no entry on line 22.)	4.						

Part IV		Net Gains or Income From Rents, Royalties, Patents, and Copyrights	form of rents, royalties of Property:	et loss, derived from or in the opyrights. See instructions. Type 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.	RAAM NAGAR		095698741	1	-5,900.
2.					
3.					
4.		me or (Loss). (Add lines 1, 2, and 3.) ere and on line 23, NJ-1040. If loss, mal	ke no entry on line 23.)	4.	-5,900.

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

Name(s) as shown on Form NJ-1040	Social Security Number
POLU, AKHILA	095-69-8741

## Schedule NJ-BUS-2

(Form NJ-1040)

### New Jersey Gross Income Tax

Alternative Business Calculation Adjustment

2020

			Column B							
PAR	TI Income (Loss)		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	За.	0.		3b.	0.				
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	0.		4b.	-5,900.				
5.	Loss Carryforward From Tax Year 2019			·	5b.	(	)			
6.	Totals	6a.	0.		6b.	-5,900.				
PAR	TII 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.							
PAR	TIII Loss Carryforward to Tax Year 202	21								
12.	Loss Carryforward to Tax Year 2021	12.	( 5,900.	)						

### 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.

2020

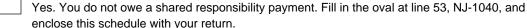
If your income on line 29 is at or below the filing threshold,

do not complete this schedule.

Name as Shown on Return	Social Security No.
POLU, AKHILA	095-69-8741

### Part I

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



enclose this schedule with your return.

X 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.

Name	SSN	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
AKHILA POLU	095-69-8741												
Exemption Code		_		box if t box if t						•	on nun	nber .	
Exemption Code			Check	box if t	his indi	vidual	has mo	re that	n one e	xempti	ion nun	nber .	
			Check	box if t	his indi	vidual	s unde	r 18 .		· · · ·			
Exemption Code		_		box if t						•	ion nun	nber .	
	I		Check	box if t	his indi	vidual	s unde	r 18 .	 I				
Exemption Code	I			box if t	his indi	vidual	has mo	re thai	n one e	xempti	ion nun	nber .	I
		_		box if t									
Exemption Code		_	Check	box if t	his indi	vidual	has mo	ore than	n one e	exempti	ion nun	nber .	
	1		Check	box if t	his indi	vidual	is unde	r 18 .	 I	· · · ·	· · · ·		ı —
Everation Code													
Exemption Code		_		box if t box if t						•	ion nun	nber .	
Exemption Code	I		Check	box if t	his indi	vidual	has mo	ore that	n one e	xempti	ion nun	nber .	
		-	Check	box if t	h <u>is ind</u> i	vidual	s unde	r 18 .	. <u></u> .	<u></u>	. <u></u> .	<u></u>	
Exemption Code				box if t							ion nun	nber .	
	I		Check	box if t	his indi	vidual	is unde	r 18 .	 I	· · ·	· · · ·		
Exemption Code	<u> </u>			box if t	his indi	vidual							I
		_		box if t						•			
Exemption Code	·		Check	box if t	his indi	vidual	has mo	ore that	n one e	xempti	ion nun	nber .	
			Check	box if t	his indi	vidual	is unde	r 18 .					

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